



Relapse Prevention Therapy (RPT)

Description:

Relapse Prevention Therapy (RPT) is a method of teaching clients to anticipate and cope effectively with high-risk scenarios where relapse is most likely. There are several approaches to relapse prevention. Those with the most research support are based on Cognitive-Behavioral Therapy (See *Foundations Section*). This fact sheet focuses on Marlatt's model of RPT.

Six key questions are addressed in RPT:

1. What are the specific high-risk scenarios (HRS) that pose the greatest risk for relapse?
2. How are the processes occurring before first use or a lapse different from a full-blown relapse?
3. How does a client react after a lapse? How does this effect the chances of a full-blown relapse occurring?
4. How do some clients set-up a relapse by covertly entering a high-risk scenario where it is virtually impossible to resist temptation?
5. Where in the process can a client intervene to prevent or manage a relapse episode?
6. How can clients be taught to anticipate exposure to HRS for relapse and learn more effective coping strategies?

In RPT, Relapse "Prevention" involves helping a client recognize and deal effectively with their unique profiles of high-risk scenarios to avoid the initial use of substances. In contrast, Relapse "Management" involves intervening after the initial substance lapse to prevent a full-blown relapse.

Treatment Logistics:

Appropriate Age Range: 12 and up

Participants: Adolescent, family members, peers, and others as appropriate

of Sessions: variable numbers of individual, family, or group meetings

RPT uses five categories of intervention strategies:

- Assessment - history, motivation, recent use, risk factors/ history, coping skills, self-efficacy
- Insight/Awareness Raising - understanding the process of relapse, learning principles of self-efficacy, self-monitoring of exposure to high-risk scenarios and urges/ cravings
- Coping Skills Training - problem-solving, relapse rehearsal, stress management
- Cognitive Strategies - appraisal, coping imagery, cognitive restructuring
- Lifestyle Modification - relaxation and meditation for stress reduction, social support, balancing wants/shoulds

Evidence-Base:

Refer to Appendix B for a matrix that lists the organizations that have approved RPT as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online. RPT is equally effective in preventing relapse when compared to other substance abuse treatments; however, it is more effective in reducing the frequency, intensity, and duration of lapses when they do occur. RPT is also more effective in maintaining treatment effects over long-term follow up periods. RPT has been evaluated using several different treatment modalities including individual, group, and couples therapy.

Reference to Treatment Manual:

Marlatt, G.A., Parks, G.A., Witkiewitz, K. (2002). *Clinical guidelines for implementing relapse prevention therapy*. Peoria, IL: The Behavioral Health Recovery Management Project.

Larimer, M.E., Palmer, R.S., & Marlatt, G.M. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. *Alcohol Research & Health*, 23, 151-160.

Additional References:

Delay, D.C. & Sproule, C.R. (2004). *Adolescent relapse prevention workbook: A guide to staying off alcohol and drugs*. Holmes Beach, FL: Learning Publications, Inc.



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