Evaluating the Effectiveness of a Relapse Prevention Group

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ABSTRACT. Relapse prevention programming is arguably the most significant development in the addiction field since the formation of Alcoholics Anonymous. A multiple time series design was employed to evaluate the effectiveness of delivering relapse prevention programming through a small group format. Using the Coping Behaviours Inventory, significant changes were found between pre-test scores and scores after completion of eight weeks of group counselling. Improvement continued two and six months post group with clients increasing the number and frequency of coping responses over time. An unexpected outcome was the discovery that while there was a gradual increase among males in using the new strategies, there was a significant increase among female clients over time. This leads to the question of whether different counselling strategies should be employed with men and women in relapse prevention programming.

KEYWORDS. Relapse prevention, evaluation, group, gender differences

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INTRODUCTION

It could be argued that the two most significant events in addiction treatment have been the initial meeting of Bill Wilson and Bob Smith in 1935 and the inability of many substance abusers to remain abstinent. The former led to the unfolding of addiction rehabilitation in North America while the latter led to the acknowledgement that relapse is not a failing of the client, but rather part of the ongoing recovery process (Marlatt, 1973; Marlatt and George, 1984). This was perhaps best illustrated by Polich et al.'s (1981), work prior to the widespread introduction of relapse prevention programming, which reported that approximately 90% of clients experienced at least one relapse episode in the four year period following treatment.

Relapse prevention has since grown into an essential aspect of addiction counselling. It is a planned method of teaching clients who are currently, and typically, newly abstinent to recognize the signs indicating that alcohol or other drug use is again imminent and to manage the risk of using by employing alternative coping behaviours. Signs of a return to substance use are both predicated by intrapersonal-environmental factors as well as interpersonal determinants including stress, negative emotions, interpersonal conflicts, social pressure, and interestingly, enhanced positive emotions, or simply, feeling too good (Daley, 1987; DeJong, 1994; Marlatt and Gordon, 1985). This article examines the effectiveness of providing relapse prevention programming through the auspices of a small group.

THE RELAPSE PREVENTION GROUP

The Relapse Prevention (RP) Group is one service provided by Alcohol and Drug Services of Thames Valley in London, Ontario, Canada. The agency's mission is to assist persons who are affected by substance use, abuse and dependency or with gambling problems. Intake and clinical screening is done using Prochaska and DiClemente's (1992) stages of change model. Group work is an integral aspect of the agency's activities. This begins at the intake level when one can attend the Choices Program, an information and screening session for persons who feel they have a problem and are preparing to make change or who have recently begun to make some change. The Education Group is for those persons who do not feel that they have a problem or need to change, but who are under some legal requirement or encouraged by family to at-

tend counselling. There are also specific support groups for men and women at the agency, including a 16 step empowerment group for women.

The goal of the Relapse Prevention Group is to assist clients in maintaining and strengthening their abstinence from alcohol and other drugs. It is an outpatient counselling modality that utilizes mutual aid, professional facilitation, and a variety of cognitive-behaviourial strategies including cognitive restructuring and behaviour modification. These approaches are employed to assist clients in becoming more aware of past triggers that led to substance use, to increase their ability to identify high risk situations, and to develop alternative coping techniques including different uses of their leisure time.

The RP Group is a closed group consisting of eight consecutive weekly sessions of two hours each. Clients who do not present for two consecutive weeks and who do not call are referred back to their individual counsellor. The initial hour of group consists of a check-in process when members discuss their activities and difficulties over the past week, with an emphasis upon current functioning. The second hour focuses upon discussing the exercises handed out the week prior along with reviewing new materials to be worked on during the forthcoming week. At the end of each session, members complete a participation form that is forwarded to the client's individual addiction counsellor for inclusion in their clinical file. Initial topics for the eight weeks focus on recovery issues such as: What is relapse, What is improvement, Features of post acute withdrawal, Identifying recovery goals and Developing rewards. The Addiction Research Foundation of Ontario's Inventory of Drug Taking Situations is used by clients to develop their own profile on problem index and relapse risks. Handouts are provided on various coping skills such as dealing with boredom, developing social supports, handling cravings, managing stress and establishing or enhancing use of leisure time. Further topics investigate the identification and management of emotions, strategies for interpersonal problems and sexuality in recovery. Holistically oriented questionnaires are periodically utilized for clients to examine the present and anticipated balance in their lifestyles. Information on stages of change and the recovery process is also presented.

The Relapse Prevention Group is targeted for clients who are actively abstaining from substances. Group members are expected to show respect for the diversity of the group and be accepting of all members regardless of sexual orientation, race, colour, ethnicity, spiritual beliefs, or age. There is also an expectation that all paths to recovery are

acceptable within the group, though members are encouraged to speak in their own words, avoiding recovery jargon and overly lengthy speeches. Other requirements that are outlined in the contract are that group members come to group free of any mood-altering substance, complete their weekly homework assignment, stay focused on the present, and be non-judgemental. Members are supported if they lapse or relapse during the group and in return are expected to be honest if this occurs, while being compassionate to others who might experience a temporary return to substance use.

METHODOLOGY

As small groups are an integral aspect of addictions programming, so too should be their evaluation. However, as a typical small group consists of only six to eight members, it can be difficult to assess the impact of the intervention in light of other confounding environmental variables. Thus, a multiple time series design was selected to increase sample size. The instrument chosen to assess effectiveness of the group counselling process was the Coping Behaviours Inventory (CBI).

The Coping Behaviours Inventory is a 36-item instrument that assesses an individual's use of coping strategies in response to an urge to drink or drug. It is a reliable and valid measure that has been employed in a variety of outcome studies and has been found to be a sensitive indicator of change. Initially designed for alcoholics, it has subsequently been revised to be more inclusive for the range of psychoactive drugs (Addiction Research Foundation, 1994). The CBI was initially tested in conjunction with a relapse prevention group (Litman et al., 1983) and therefore was considered a good fit for evaluating the cognitive-behaviourial based Relapse Prevention Group. The lower individuals score on the CBI, the greater the range and frequency of coping techniques being used to avoid drinking or drugging. The instrument lists a variety of options of how an individual can avoid using substances again. There are four alternatives indicating how frequently this method is employed: usually, often, sometimes, or never. Among the coping options are: "keeping in the company of non-users," "telephoning a friend," "thinking positively," "thinking of the promises I've made to others," and "thinking of the mess I've got myself into through using alcohol or other drugs."

Group participants completed the CBI prior to commencing the group and then received a copy at the end of the eighth week to complete at home and return. They were then mailed copies of the CBI

along with a stamped return envelope two months and six months after they had completed their last group counselling session.

SAMPLE

The study's subjects consisted of persons referred to and voluntarily agreeing to participate in one of the four relapse prevention groups run by Alcohol and Drug Services of Thames Valley between September 1998 and July 1999. Five persons began and completed the September 1998 group, all seven persons who began completed the January 1999 group, while six began but only three completed the March 1999 sessions and four of five completed the June 1999 RP Group. This was a lower number than anticipated, as in previous years initial group membership had averaged nine persons. Of the 23 initial participants, 19 completed the group counselling, an 82.7% retention rate.

Of the nineteen individuals who completed the eight weeks of group counselling, nine were women and ten were men. Average age for the men was 42 while the women's average age was 41. Three group members were single, nine married or living common-law, while seven were separated or divorced. Fourteen had abused alcohol, one cannabis and two crack and/or cocaine, while the other two reported to be polydrug abusers. Only four subjects indicated a concurrent disorder, three stating they also suffered from depression, while the fourth reported having a bi-polar disorder. Four of the sample had completed either university or college, another four had some post-secondary education, five had finished high school and the remaining six had some high school education. Four members of the study were currently employed, five were on sick leave, including two individuals receiving Workers' Compensation Benefits, four were unemployed, three were receiving social assistance and surprisingly, three members were retired.

RESULTS

Table 1 indicates the number of respondents who returned questionnaires at each of the four measurement intervals along with the mean score and standard deviation (s.d.) on the Coping Behaviours Inventory in total and by sex. As is typical in longitudinal data collection, there was a gradual decline in response rate from the pre-test to the post-test phase at the two and six month follow-up intervals. At the six month in-

TABLE 1. Coping Behaviour Inventory Scores

	Pre-Group	Post-Group	2 Months Post-Group	6 Months Post-Group
Female				
n	9	6	6	5
mean	49.7	44.8	39.0	34.8
s.d.	8.5	9.9	6.6	6.6
Male				
n	10	9	7	5
mean	51.1	49.1	47.4	47.0
s.d.	12.3	15.7	22.6	15.9
Total				
n	19	15	13	10
mean	50.4	47.4	43.5	40.9
s.d.	10.4	13.4	17.1	13.2

terval ten responses were returned completed and three additional questionnaires were returned because clients had moved and had not provided a forwarding address.

The results obtained were extremely positive. They indicated that the Relapse Prevention Group had been effective in enhancing coping skills and contributing to the avoidance of alcohol and other drug use by the group's members. There was a steady decline in scores from the pre-test to the post-test to both the two and six month follow-up periods. There was a drop of 9.5 points (18.8%) between the pre-test interval and the six month post group follow-up.

Examining only the 15 persons who completed the CBI at both the pre-group and post-group interval, a significant difference occurred between the scores after the completion of the eight weekly group counselling sessions. The mean CBI score dropped from 51.7 to 47.4. The results of a paired sample t-test analysis indicate $t = 2.07$, $df = 14$, $p < .058$ (two tailed). Similarly, examining only the scores of the ten persons who responded at both the initial and final interval, an even greater difference in means scores was observed. The average CBI score for the ten was 48.8 prior to the beginning of the group and 40.9 six months after completing counselling. The results of this paired sample t-test are $t = 3.54$, $df = 9$, $p < .006$ (2-tailed).

What was not anticipated and was somewhat surprising was the gender difference that emerged. There was only a minimal difference in the

pre-test CBI scores between men and women. However, while the men's scores had a slight drop over time, the women's CBI scores dropped significantly. Mean score for the ten men on the CBI before beginning the group was 51.1, while the mean for the five who completed the CBI six month post-treatment was 47.0. However, the women's mean score dropped from 49.7 to 34.8. The variance in the mean score grew from 1.4 in the pre-test phase to 4.3 at the conclusion of the eight group counselling sessions, to 12.2 at the six month follow-up. Employing an independent samples test, this too was found to be a significant difference ($F = 4.88$, $df = 4.4$ $p < .058$). There was also a much greater range in the men's CBI scores when compared to women as evidenced by the differences in the standard deviation (Table 1).

DISCUSSION

It was affirming to discover that the relapse prevention strategies that were presented and taught during the group counselling were not only employed but apparently effective in increasing alternative coping behaviours to drinking and drugging. Thus, the goal of the counselling had been achieved. It was interesting to note that not only was the initial group-supported learning maintained, but for those who continued to participate in the study, coping abilities increased over time. In this regard, this small study adds further support to the utility of relapse prevention groups as an integral component of addiction treatment.

What was surprising and unexpected was the significant difference between men and women. Much of the overall group success in this study was a result of the significant increases in women's coping strategies and abilities over the duration of the eight weeks and at the two and six months follow-up intervals. Women utilized more coping strategies and used them more frequently than did men during the course of the group counselling and after leaving the group.

For some time there has been discussion in the literature that women and men relapse for different reasons (Lutz, 1991; Saunders et al., 1993; Schneider et al., 1995). Greenfield et al. (2000) examined the relationship of self-efficacy expectancies during inpatient treatment and time to first drink and relapse following hospitalization. They found that those persons who believed they would be most successful were the least likely to relapse and that there was no gender difference in self-efficacy measured during hospitalization, nor were there gender differences in the relationship of self-efficacy to time of relapse. However, Skutle

(1999) did find gender differences in relapse. His research indicated that women were at greater risk from relapsing due to positive emotional state and pleasant emotional state with others than were their male counterparts. Rubin et al. (1996) had also reported that women were at greater risk of relapse when in the presence of a romantic partner, though their work indicated that men were at greater risk of relapsing when in a positive mood state. Schuckit et al. (1997) in their study of 1,853 alcohol dependent persons reported that being female was one of the key variables in predicting abstinence of over three months.

LIMITATIONS OF STUDY AND CONCLUSIONS

It is important to acknowledge the limitations produced by the small sample size and the number of individuals who did not return questionnaires at the six month interval. Yet despite this, the findings are worthy of further investigation and add to the view that women and men recover differently and that they may require different methods of counselling to enhance their recovery probability.

This study, in conjunction with the existing literature, suggests that we further examine whether different approaches are required in relapse prevention work with men and women to maximize outcomes. What is not yet known and will also require additional investigation is which methods and counselling modalities are superior for women and which for men and if these work equally well in mixed as well as gender-specific groups.

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