Relapse in the addictive behaviors: Integration and future directions

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Abstract

This paper identifies the major consistencies in substantive and methodological findings across the review papers in this special issue on relapse in the addictive behaviors. The papers were consistent in suggesting that there have been major methodological advances which have helped to move the field forward. Furthermore, the papers show the need for taking a biopsychosocial approach to the study of relapse and the major difficulty across addictive behaviors in creating an acceptable operational definition of relapse. Suggestions for future research directions that follow from the papers include deriving and evaluating relapse definitions, systematically developing and testing models and theories of relapse, and understanding and narrowing the relapse research–clinical practice gap.
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This special issue has included articles on the processes and prediction of relapse across an array of addictive behaviors and several subgroups of individuals. Besides providing excellent summaries of the literature within each of their respective topics, the articles highlight major consistencies that are indicators of the status of research and clinical work on relapse. The first of these is a fundamental one: As McKay, Franklin, Patapus, and Lynch (this issue) show, advances in methodology have allowed more precise tests of hypotheses about relapse. In particular, the increased use of ecological momentary assessment (EMA) methods for near-real time measurement of "proximal" (to the relapse event) variables has permitted more accurate (compared to retrospective self-reports) tests of hypotheses of how proximal variables might trigger a relapse.

McKay et al. point to major increases in the accessibility to clinical researchers of improvements in methods of longitudinal data analyses that have developed over the last 20 years as another boost to the study of relapse (and to treatment outcome in general). Such methods allow for the interpretation of findings that are not as limited by modest rates of missing data, and for the modeling of non-continuous outcomes. In summary, improved methods of measurement and data analysis, along with increases in their accessibility to non-statisticians, position the field for advances in knowledge that were previously unattainable.

A review of articles in this special issue also shows a substantial amount of consistency. On a conceptual level, there is unanimous recognition among the authors of these papers that the prediction and understanding of relapse requires a multivariate, biopsychosocial perspective. Although the different substantive areas represented by the collection of papers seem to have acted on this awareness to different degrees, there is general agreement that it is the

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only conceptual approach that is sensible. Therefore, consistency is evident across the addictive behaviors in the predictors of relapse, such as self-efficacy, coping skills, and negative affect, but there also is agreement that the understanding of relapse phenomena requires the consideration of any one factor in the context of others. Along these lines, investigation of the interaction of proximal and distal antecedents of relapse is considered critical.

A major problem identified and discussed consistently is the difficulty of deriving an acceptable operational definition of relapse. In this regard, a wide variety of discrete and continuous definitions have been used by investigators studying a given problem behavior area (e. g., alcohol abuse/dependence, illicit drug use, nicotine dependence), which can make a comparison of findings across studies challenging, to say the least. Indeed, in this context, it is remarkable that the field has produced substantive findings within and across behaviors or subgroups that show any consistency at all. As elaborated upon in the next section of this paper, the problems of relapse definition constitute a fundamental problem for future investigations.

1. Directions for future research on relapse in the addictive behaviors

1.1. Relapse definitions

Although it seems far easier to gain consensus on a conceptual definition of relapse (Brownell, Marlatt, Lichtenstein, & Wilson, 1986), arriving at an operational definition of relapse for a given behavior that is acceptable to researchers and clinicians alike is daunting. The magnitude of the difficulty is illustrated for alcohol use, for example, by the argument that six factors be considered in constructing a definition of relapse (Miller, 1996). Miller also argued that, at least for alcohol use, the concept of relapse may not fit at all, based on patterns of the clinical course of alcohol use data showing a norm of variation in the presence and degree of such use over time following an episode of treatment.

It may not be possible to arrive at a single operational definition of relapse that applies to all research and clinical contexts for a given behavior. However, it does seem essential to provide a rationale for whatever definition(s) of relapse is proposed and to show how the use of such a definition might have influenced findings and their interpretation.

1.2. Theoretical development

As noted earlier, authors were unanimous in their call for multivariate theoretical models of relapse. Several authors also noted the existence of a number of such models in the field (Connors, Maisto, & Donovan, 1996), at least regarding the substance use disorders. Nevertheless, overall, the field lacks consistent and systematic theory testing and modification, either by a single group of investigators or by multiple groups of investigators studying selected theoretical models. Probably the closest that the field has come to long-term systematic testing of a theoretical model of relapse has been the research devoted to Marlatt's cognitive–behavioral model of relapse (Marlatt & Gordon, 1985). However, even that body of research does not typically involve tests of the full model, such as that provided by Miller, Westerberg, Harris, and Tonigan (1996). There is little doubt that more attention to theory development and testing will advance the field significantly.

Another point related to theory is the importance of considering "relapse" in the more general context of clinical course, which includes remission and recovery as well as relapse. Chung and Maisto discuss relapse in the general context of clinical course in their paper (this issue) on relapse among adolescents following treatment for a substance use disorder. It seems that considering relapse in its broader context of clinical course would facilitate understanding of the relapse process and its role in long-term functioning of individuals, which is the primary concern of this research field. Related to this point is that the field would benefit by more investigations of multiple relapse episodes over time. Statistical modeling procedures are available for studying multiple relapse events (Hosmer & Lemeshow, 1999), but there are surprisingly few such investigations regarding any of the behaviors reviewed in this issue.

1.3. Is relapse linear?

Witkiewitz and Marlatt (2004), as well as others (Hufford, Witkiewitx, Shields, Kodya, & Caruso, 2003), have argued that the process of relapse may not only be determined my multiple factors, but that these factors interact in a