

PART I: About SRP

Introduction

What Is Structured Relapse Prevention?

Structured Relapse Prevention (SRP) is an approach to outpatient counselling that uses cognitive-behavioural treatment to help clients learn the coping skills they need to deal effectively with day-to-day substance use triggers and risk situations. It was developed starting in the late 1980s at the Addiction Research Foundation, one of the founding organizations of the Centre for Addiction and Mental Health (CAMH). SRP has been used as a stand-alone, outpatient intervention of eight to 12 sessions, as an aftercare component to inpatient treatment, and as a set of tools to be used as needed when working with clients who are ambivalent about changing their substance use. SRP has also been used with individuals or groups in a variety of service contexts, including substance use treatment services, employee assistance programs, probation and parole settings, and mental health settings.

About This Manual

This manual provides all of the clinical tools you will need to implement SRP treatment with groups and individual clients. Although the manual presents a set of structured session-by-session guidelines and tools, it can be adapted to fit the needs of your own clients and groups. Some clients will benefit from the complete treatment program outlined here, while others will be best served by using selected clinical tools in a less formal way.

The structure of the manual is as follows:

Part I includes this introduction, an overview of the approach, some background material on how SRP relates to the five stages of change, and a summary of some empirical studies on its effectiveness.

Part II gives a detailed, session-by-session guide to the SRP approach. It is divided into five sections, corresponding to the phases, or “components,” of SRP counselling:

Assessment, Motivational Interviewing, Individualized Treatment Planning, Initiation of Change and Maintenance of Change.

The descriptions of the SRP treatment components contain all of the clinical materials you will need, including forms for client homework assignments and questionnaires, all of which can be copied for your clinical use (or printed from the CD that accompanies this manual). In addition, Therapist Checklists are included for each of the components: brief, point-form lists of the materials you will need, the topics for discussion during the session, the related clinical tools, and the homework assigned at the end of the session. While the Therapist Checklists are meant to provide you with suggested guidelines for doing SRP, as has been mentioned, the program can be adapted in whatever ways best fit your setting and your clients' needs.

Part III provides a series of exercises to help clients develop and improve coping skills; you are free to copy or print these, too, for clinical use. You and your client can identify the areas of coping that would be most relevant and helpful to work on in treatment, using a simple checklist provided as part of the Individualized Treatment Planning component in Part II.

Part IV contains a new feature of this edition of the manual: an adapted version of the SRP guidelines specifically for clients with concurrent mental health and substance use problems ("concurrent disorders"). This "CD-adapted" section contains general suggestions for screening and assessing clients with concurrent disorders, hints for running SRP groups with this population, revised versions of the Therapist Checklists, and adaptations of many of the clinical tools, including several of the most crucial Coping Skills Exercises.

Appendix A offers some supplementary administrative forms you may find useful (sample clinical notes and a chart audit checklist).

Appendix B reproduces three clinical articles containing background information useful for working with SRP clients:

Tupker, E. & Sagorsky, L. (2004). Motivational Interviewing. In S. Harrison & V. Carver (Eds.), *Alcohol & Drug Problems: A Practical Guide for Counsellors* (3rd ed.; pp. 23–44). Toronto: Centre for Addiction and Mental Health.

Herie, M. & Watkin-Merek, L. (2004). Relapse prevention. In S. Harrison & V. Carver (Eds.), *Alcohol & Drug Problems: A Practical Guide for Counsellors* (3rd ed.; pp. 143–168). Toronto: Centre for Addiction and Mental Health.

Martino, S., Carroll, K., Kostas, D., Perkins, J. & Rounsaville, B. (2002). Dual diagnosis motivational interviewing: A modification of motivational interviewing for substance-abusing patients with psychotic disorders. *Journal of Substance Abuse Treatment*, 23(4), 297–308.

At certain points in this manual, you will be advised to read one of the articles. In addition, you may want to review the articles periodically throughout your SRP work, since they include useful insights that may address some of the challenges your clients may be facing.

As you will see, there are many resources and tools in this manual! Although you may want to review the book from beginning to end the first time you use it, it is designed to be a "toolkit" of resources and client exercises. We have tried to make it as practical and user-friendly as possible, and we hope that you and your clients find it useful.

Who Are SRP Clients?

SRP counselling is designed for people who have a moderate to severe substance use problem and are willing to work, on an outpatient basis, with a counsellor toward changing their use of alcohol or other drugs.

SRP clients are men and women of various ages and backgrounds. They have different problems and needs, and they begin treatment at different stages of readiness.

A few sample profiles of clients who have been through SRP at CAMH are presented below.

Client Profile: John

“John,” a 28-year-old business manager, started SRP counselling to address his alcohol and cocaine use. John was encouraged to seek treatment by his family physician, who was concerned when John presented in his office with complaints of lack of energy and depressed mood. John found that his cocaine use was always triggered after a drinking occasion. He also noticed that his substance use was having a negative effect on his relationship and his productivity at work. When he first started attending Motivational Interviewing sessions before his SRP group began, John said that he wanted to quit using cocaine, but just to cut down on his drinking. John’s counsellor worked with John’s stated goals, and helped him to weigh the costs and benefits of quitting cocaine use and cutting down alcohol consumption. As John began attending the Initiation phase sessions of SRP, he began to notice that even small amounts of alcohol placed him at high risk of cocaine use. Midway through his SRP treatment sessions, he changed his goal to abstinence from all substances. John told his counsellor that it had been important to him to come to this decision on his own.

Client Profile: Kumar

“Kumar,” age 35, was mandated to treatment as a condition of bail after he was arrested and charged with assault. One evening, after being out with friends at a bar, he had come home and gotten into an argument with his partner. He became aggressive and pushed her against a wall. She called emergency services, and Kumar was arrested and charged. In the beginning Kumar was resistant to the idea of coming in for treatment, and he repeatedly stated, “But I’m not an alcoholic!” Kumar typically drank eight beers on Friday nights after work, and three or four beers on two other days during the week. After a few group SRP sessions, he began to identify some of the negative consequences of his drinking. Kumar decided that cutting down on his drinking would be his best option. Although his counsellor expressed some concerns about his goal given his aggressive behaviour and involvement with the legal system, the counsellor and Kumar

agreed to look at a harm reduction plan for reduced drinking. Kumar's goal was to not drink at the bar alone or with friends, but to have one or two drinks on a Saturday, and only if it did not interfere with his being able to participate in family activities. At the end of treatment Kumar reported being able to keep to his goal, and had begun attending anger management counselling.

Client Profile: Dianna

“Dianna,” a 25-year-old self-employed personal shopper and SRP client, was encouraged by concerned family members to seek treatment for her heavy use of alcohol. She reported drinking five to eight glasses of wine, five days per week. She said that her drinking often led to blackouts and high-risk sexual behaviour. Also, Dianna had sustained a life-threatening injury as a result of falling while intoxicated, which had left her with permanent health consequences. Dianna promised her family that she would be abstinent from alcohol for a period of six months. During her 11 weeks in SRP treatment, Dianna began seeing many benefits to not drinking, including a new relationship with a partner who did not use substances. However, even after three months of abstinence, Dianna was expressing ambivalence about abstinence as a long-term goal. She and her counsellor agreed to follow up her SRP treatment with biweekly sessions to address her ambivalence, and to continue to work on relapse prevention.

“John,” “Kumar” and “Dianna” are just three out of hundreds of clients at CAMH who have benefited from SRP. With the help of their therapists and SRP program aids, these clients identified their problems and triggers to use; they set clear goals, learned new coping strategies and changed their substance use behaviour.

How Does SRP Work?

SRP is a flexible program, designed to accommodate clients' different needs and treatment goals.

SRP counselling focuses on engaging the client to:

- assess his or her goals and commitment to change
- design an individually tailored treatment plan
- identify his or her strengths and resources
- learn to anticipate triggers to alcohol or other drug use, and develop alternative ways of coping
- develop confidence by practising coping skills in real-life risk situations
- make connections between alcohol and other drug use and other life situations
- ultimately, take over the therapist's role by anticipating risk situations and pre-planning coping strategies.

What Does SRP Include?

A complete program involving SRP typically includes:

- a full clinical assessment with personalized feedback
- one or more Motivational Interviewing appointments prior to SRP counselling
- engaging the client in developing an individually tailored treatment plan consisting of:
 - a treatment contract
 - a personal hierarchy of triggers to alcohol or other drug use, to be worked on in treatment through homework assignments
 - client goal setting and self-monitoring.
- eight to 12 counselling sessions (individual or group)
- Initiation of Change homework assignments
- Maintenance of Change homework assignments.

Program Overview

There are five major components of SRP counselling:

- Assessment
- Motivational interviewing
- Individualized treatment planning
- Initiation of change counselling
- Maintenance of change counselling.

A summary of each of these components, and, in the case of the last two, a description of the tools used, is given below.

ASSESSMENT

Counselling begins with a full clinical assessment, with a focus on the following areas of the client's situation:

- psychosocial functioning
- history of alcohol and other drug use, and of related problems and consequences
- reasons for and commitment to change
- coping strengths and weaknesses.

This assessment is complemented by a detailed exploration of the client's most problematic triggers to alcohol or other drug use over the year prior to entering treatment. (Triggers may involve internal mood states as well as environmental and social situations that affect clients.) The Inventory of Drug-Taking Situations (IDTS-8) assessment tool (provided in this manual) should be included as part of the Assessment phase.

MOTIVATIONAL INTERVIEWING

Personalized feedback of the assessment results takes place within the context of the Motivational Interviewing phase, which helps the client reach, and then begin to act on, a decision to change his or her alcohol or other drug use. Motivational Interviewing focuses on exploring the client's expressed reasons for changing his or her alcohol or other drug use, on the perceived pros and cons associated with such a change, and on the strength of his or her commitment to change, supplemented by a discussion of the client's triggers for use and his or her coping strengths.

The client *must* reach an explicit decision to try to work toward changing his or her substance use before proceeding to SRP counselling.

INDIVIDUALIZED TREATMENT PLANNING

Following the Assessment and Motivational Interviewing components, each client is engaged in developing an individually tailored treatment plan. The steps include:

- an orientation to SRP counselling, with the client agreeing to sign a treatment contract
- a review by the client of specific recent triggers to alcohol or drug use, with the client deciding on a personal hierarchy of risk areas to be worked on in treatment through a series of homework assignments
- goal setting by the client and self-monitoring of triggers.

INITIATION OF CHANGE

The actual SRP counselling consists of two phases—Initiation and Maintenance—which comprise the final two components of the approach. The Initiation phase focuses on counselling strategies known to be powerful in initiating a change in behaviour, while the Maintenance phase concentrates on strategies with greater potential for the long-term maintenance of this change (i.e., relapse prevention).

Powerful initiation aids include avoidance of risk situations for alcohol or other drug use; coercion (e.g., a legal mandate); hospitalization or residential treatment; protective medications (e.g., Antabuse); the involvement of a partner or other responsible person; and a relatively directive role by the therapist.

Four counselling sessions are typically involved in the initiation phase of SRP counselling. If both group and individual sessions are available, clients should be encouraged to choose their preferred treatment situation.

MAINTENANCE OF CHANGE

In the Maintenance, or relapse prevention, phase, performance aids used in the Initiation phase are gradually withdrawn as the focus shifts to the client's own coping strategies. The strategies are designed to help the client develop confidence and self-efficacy in being able to confront and successfully cope with triggers to alcohol or other drug use. Planned homework assignments, involving gradual exposure to increasingly more difficult drug use triggers, encourage clients to anticipate their identified high-risk situations and to practise new coping strategies between counselling appointments. Four to eight counselling sessions are typically involved in this phase.

Monitoring Tools

Both phases of SRP counselling make use of a number of client monitoring forms. These forms record weekly homework assignments (i.e., anticipated triggers, proposed coping responses, actual coping used and outcomes) and document weekly goal setting, daily recording of urges and temptations, level of confidence experienced, details of any lapse or relapse that occurs and specific coping exercises.

The Situational Confidence Questionnaire (SCQ-8) is administered periodically over the course of treatment to monitor the client's growth in confidence in coping with substance-use triggers across each of eight risk areas for relapse.

These treatment monitoring tools can help focus further homework assignments on areas in which the client reports a continuing lack of confidence in dealing with specific types of substance use triggers. An attempt is made to raise the client's confidence and self-efficacy in all areas of identified risk before he or she is discharged from treatment.

SRP and the Five Stages of Change

The five phases of SRP counselling can be matched to the five stages of change: precontemplation, contemplation, preparation, action and maintenance.

SRP Counselling Phase	Stage of Change
1. Assessment	Precontemplation
2. Motivational Interviewing	Contemplation
3. Individualized Treatment Planning	Preparation
4. Initiation of Change Counselling	Action
5. Maintenance of Change Counselling	Maintenance

Empirical Support for SRP

Results of clinical trials of SRP counselling have shown excellent treatment process and treatment outcome results, which are summarized below.

For a discussion of some of the empirical findings, as well as a more complete examination of the theoretical and conceptual issues related to relapse prevention, see "Relapse Prevention" by Herie and Watkin-Merek (2004), reproduced in Appendix B.

TREATMENT PROCESS

- Most homework assignments (83 per cent) are successfully completed by clients. Homework assignments that are generated by the client are more likely to be completed successfully (90 per cent) than those generated by the therapist (73 per cent).
- Although homework assignments involve entry into risk situations for substance use, most clients successfully adhere to their treatment goals. Typically, any lapses occur outside of the conduct of homework assignments.
- Negative mood states and interpersonal conflict increase the likelihood that a lapse will lead to a serious relapse.

TREATMENT OUTCOME

- In the year following SRP treatment, most clients dramatically reduce their substance use (e.g., in one study, alcohol consumption was reduced to about one-eighth of the pre-treatment levels).
- Group SRP counselling can be just as effective as Individual SRP counselling.
- Clients with well-differentiated Inventory of Drug-Taking Situations profiles (i.e., those who can identify a hierarchy of risk situations) do better in SRP counselling than clients with undifferentiated profiles.
- Clients with good outcomes show high confidence levels and make use of coping strategies when faced with high-risk situations.
- The greater the number and variety of coping strategies used by a client, the lower the likelihood of relapse.

Results from client satisfaction surveys indicate that 95 per cent of clients rate the program as effective in helping them deal with their problems.