A Critical Comment on Pithers' Relapse Prevention Model

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The application of Marlatt's relapse prevention model to the treatment of sexual offenders has greatly facilitated the assessment and therapy of these difficult men. In particular, Pithers' reformulation of the model has been found useful. However, in applying this model of addiction to the sexual aggressor, certain conceptual and empirical problems have been overlooked. Specifically, redefining a lapse and incorporating the problem of immediate gratification into the abstinence violation effect has created theoretical confusion and is not supported by recent empirical research. The clinical implications of these problems are discussed.

KEY WORDS: relapse prevention; cognitive therapy; sexual offending.

INTRODUCTION

Sexually aggressive behavior is typically characterized as exhibiting a chronic relapsing course (Furby, Weinrott, & Blackshaw, 1989; Marshall & Barbaree, 1990). This feature contributes significantly to the cost of sexual abuse and constitutes the major puzzle which challenges theory builders and clinicians alike (Hudson, Ward, & Marshall, 1992).

The view that relapse constitutes a process or chain of behaviors occurring across time (Marlatt & Gordon, 1985; Pithers, Marques, Gibat, & Marlatt, 1983) has led to relapse prevention as a model, both to guide therapy and to enhance the client's self-management skills in order to maintain the initial behavior change induced by therapy. This approach has been applied

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to the treatment of sexual offenders, and while appearing to have enhanced
the effectiveness of therapy with these difficult men (Marshall, Hudson, &
Ward, 1992; Marshall, Jones, Ward, Johnston, & Barbaree, 1991; Pithers,
1990), some problems remain to be addressed. In this paper we focus
specifically on the implications of redefining a lapse and relapse to temporally
earlier points in the offense behavior chain. In our view this has resulted in
conceptual confusion. Additionally these definitions seem not to be accepted
by offenders, at least not prior to treatment, and as such they are not
supported by the available research evidence (Ward, Hudson, & Marshall,
1994). We have chosen to focus on the most recent version of Pithers' (1990)
adaptation of the relapse prevention model to the sexual offending area, as
it is arguably the most influential. Marlatt's original relapse prevention model
is described first to place Pithers' work in its wider theoretical context.

MARLATT'S RELAPSE PREVENTION MODEL

In Marlatt's original model (Marlatt & Gordon, 1985) the typical relapse
process begins with the experience of stress, often arising as a result of lifestyle
imbalance (when the negative influences in a person's life outweigh the posi-
tive). This may result in a desire for indulgence, in addition to a sense of being
entitled to something pleasurable. These background factors in turn lead to
high-risk situations, which are defined as threats to personal control over ad-
dictive behavior and include situations or states such as being in a bar and
feeling anxious, angry, or depressed. Associated with this craving and desire for
indulgence are a number of cognitive distortions and maladaptive decisions that
set the stage for a lapse and, possibly, a subsequent relapse. Once in a high-risk
situation, skills that enable an individual to cope effectively with the threat to
abstinence are of crucial importance. Effective coping results in increased self-
efficacy (Bandura, 1986) and a consequent strengthening of the perception of
control. This in turn leads to a lowered risk for relapse. If, however, someone
fails to respond adaptively to a high-risk situation, his or her chances of lapsing
and ultimately relapsing are considerably increased.

There are a number of mechanisms or processes that are hypothesized
to mediate and assist these transitions from a high-risk situation to a lapse
and eventually a relapse. The focus on immediate pleasurable features of
indulgence as opposed to acknowledging the long-term negative conse-
cquences, in association with impaired decision making, increases the chances
of a lapse occurring. This has been labeled the problem of immediate gratifi-
cation. Once a person has lapsed, the biphasic effect of drugs or addictive
substances (an initial positive feeling with delayed negative consequences)
functions to intensify the initial positive experience.