

Brief article

Relapse-onset factors in Project MATCH: The Relapse Questionnaire

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Received 15 March 2006; accepted 14 May 2006

Abstract

Previously, items on the relapse-onset section of the Relapse Questionnaire have been grouped together based on face validity. In the present article, an empirical scoring method for this measure is derived through a factor analysis of Project MATCH data. Three factors replicate the factor solutions of other measures of alcohol relapse onset and relapse risk. The three factors found in this study include the following: Negative Affect/Family Influences, Craving/Cued, and Social Pressure. This study also replicates earlier findings that social pressure relapses are most likely to repeat, and that negative affect relapses are more severe. Earlier studies typing relapses have hypothesized that this may be one method to detect treatment effects that might otherwise be missed if relapses are not differentiated and only generic measures (such as time to first drink) are used. This hypothesis is tested in the present article, and Motivational Enhancement Therapy is revealed to offer protection against social pressure relapses that is less than those offered by Cognitive–Behavioral Coping Skills Therapy or Twelve-Step Facilitation Therapy. © 2006 Elsevier Inc. All rights reserved.

Keywords: Alcohol; Relapse; Treatment outcome

1. Introduction

The Relapse Questionnaire is a structured interview that assesses three components of treatment process and outcome: relapse onset, relapse termination, and abstinence maintenance. The focus of this study is on the first of these three components: relapse onset. The relapse-onset section of the Relapse Questionnaire (Maisto, McKay, & O'Farrell, 1985) is a series of close-ended questions regarding client-perceived influences that contribute to alcohol relapse. The items on this section of the questionnaire were developed from the content coding of responses to open-ended questions (McKay, Maisto, & O'Farrell, 1996). To begin the Relapse Questionnaire, the first day of the relapse is identified (with *relapse* being defined in a particular manner for each study). Next, the client is asked whether each item

(e.g., feeling angry) influenced him or her to start drinking on that day. Then, the client is asked to rate each endorsed item on a 5-point scale (1 = *small influence*, 3 = *moderate influence*, 5 = *great influence*).

The scoring of the Relapse Questionnaire has varied from study to study in two ways. First, the items have been grouped together using three systems based on face validity. Maisto, McKay, and O'Farrell (1995) made the distinction between situational and personal influences. McKay et al. (1996) grouped the items into four categories (affect, cognition, interpersonal situations, and other). Connors, Maisto, and Zywiak (1998) added three items (e.g., physical urges or cravings to drink) to assess a fifth “physical” category. Second, the scoring of individual items has also varied. Connors et al. and Maisto et al. (1995) have given two variable values to each item. First, each item is coded as endorsed or unendorsed. For endorsed items, the 5-point rating scale is used as another variable. McKay et al. combined these two variables into a single variable that ranged from 0 to 5. Available sample sizes have previously

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prohibited the factor analysis of the relapse-onset section of the Relapse Questionnaire. One of the primary goals of the present article is to report the results of a factor analysis afforded by two large samples made available through Project MATCH.

Despite the various scoring methods used with the Relapse Questionnaire, a number of interesting relationships have been demonstrated. Relapse-onset characteristics have been found to vary as a function of treatment condition (Maisto et al., 1995). The general ranking of relapse-onset characteristics has been found to be consistent across a long-term follow-up period (although these ratings were made by different participants; McKay et al., 1996).

The primary goal of this study is to develop an empirically based scoring algorithm of the relapse-onset section of the Relapse Questionnaire. In addition, a number of questions regarding these factors will also be examined. Do the three Project MATCH psychosocial therapies have differing impacts on any of these relapse-onset factors? Are some types of relapse more likely to repeat? Are some types of relapse more severe than others?

2. Materials and methods

Project MATCH was a randomized clinical trial that was conducted to answer the question, “Which kind of individuals is likely to respond to which kind of alcohol treatments?” Clients were randomly assigned to one of three manualized alcohol treatments: Cognitive–Behavioral Coping Skills Therapy (CBT), Motivational Enhancement Therapy (MET), and Twelve-Step Facilitation Therapy (TSF). These three therapies have been manualized, and these manuals have been published as monographs (Kadden et al., 1992; Miller, Zweben, DiClemente, & Rychtarik, 1992; Nowinski, Baker, & Carroll, 1992). The CBT manual borrows heavily from the coping skills training guide of Monti, Abrams, Kadden, and Cooney (1989). This coping skills training guide has since been updated (Monti, Kadden, Rohsenow, Cooney, & Abrams, 2002). Likewise, the motivational interviewing text upon which the MET manual has been derived has been updated (Miller & Rollnick, 2002).

2.1. Participants

There were two recruitment strategies in Project MATCH. In the outpatient arm, clients were recruited from the community or outpatient treatment centers and randomized to one of three MATCH treatments, without receiving any contiguous prior treatment. In the aftercare arm, clients were recruited following completion of inpatient or intensive day-hospital treatment (Project MATCH Research Group, 1998). The outpatient arm consisted of 952 clients. The sample was 28% female, 12% Hispanic, 8% other minorities, 64% single, 51% employed, and 45% previously

treated. The average age was 39 (± 11) years, and the average length of formal education was 13.4 (± 2.2) years. All clients met criteria for current alcohol abuse or dependence, alcohol was the principal drug of abuse, and no clients were currently dependent on sedatives, hypnotics, stimulants, cocaine, or opiates. All clients were actively drinking prior to beginning MATCH treatment in the outpatient arm or inpatient/intensive day-hospital treatment. All participants provided informed consent, and the protocol was approved by the Institutional Review Board of each clinical research unit.

2.2. Procedures and measures

The Relapse Questionnaire (Maisto et al., 1995; McKay et al., 1996) assesses client-perceived characteristics that are relevant to three phenomena: drinking episode termination, abstinence maintenance, and relapse onset. In Project MATCH, research interviews were conducted every 3 months, starting with the beginning of the treatment and ending 12 months after the end of the 3-month treatment period. To reduce the burden on the subjects, the Relapse Questionnaire was administered during every other assessment. It was administered at the end of treatment, 6 months later, and then 6 months later. Data from the first two administrations are used in the present analyses. These data yield information on drinking episode terminations just prior to treatment; drinking episodes following the beginning of treatment; relapse onsets within treatment; relapse onsets during Months 4, 5, and 6 after treatment; periods of abstinence maintenance during treatment; and periods of abstinence maintenance during Months 4, 5, and 6 after treatment. The abstinent period was the longest abstinent period within the 3-month assessment window and had to be at least 14 days long. Relapse-onset questions regarding the first drink were asked during the assessment period, which was preceded by at least 14 days of abstinence.

Form 90 (Miller, 1996) was administered every 3 months for six consecutive administrations. Form 90 yielded self-reports of the number of drinks consumed for each calendar day. The reliability and validity of Form 90 have been demonstrated (Tonigan, Miller, & Brown, 1997). Project MATCH has been well-recognized for its methodological rigor (Gordis & Fuller, 1999). A more complete description of the Project MATCH sample and procedures has previously been published (Project MATCH Research Group, 1997a, 1997b, 1998).

3. Results

Before factor analysis could be conducted, a number of issues were considered. Given the methodological and demographic differences between arms, it was decided to conduct parallel analyses for each arm. Given two previous approaches to scoring each item, the skewness and kurtosis

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