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Review

# A contextual model of self-regulation change mechanisms among individuals with addictive disorders

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## HIGHLIGHTS

- There has been slow progress in understanding self-regulation as a mechanism of change in behavioral treatments for addiction.
- We contend that slow progress is likely due to a lack of attention to context.
- We propose a contextual model of self-regulation change mechanisms.
- This model emphasizes that the role of self-regulation as a mechanism of change may depend on a range of contextual factors.
- We provide specific recommendations to guide future empirical research on the role of self-regulation in addiction treatment.

## ARTICLE INFO

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## ABSTRACT

Numerous behavioral treatments for addictive disorders include components explicitly aimed at targeting self-regulation (e.g., coping and emotion regulation). We first provide a summary of key findings to date among studies that have examined self-regulation as a mechanism of behavior change (MOBC) in behavioral treatments for addictive disorders. Based on our review, we conclude that the role of self-regulation as a MOBC across behavioral treatments for addictive disorders is not well-characterized and findings are inconsistent across studies. For example, our review indicates that there is still inconsistent evidence that coping is a unique MOBC in cognitive-behavioral approaches for addictive behaviors. We propose that there has been slow progress in understanding self-regulation as a MOBC in addiction treatment because of a lack of attention to contextual factors. Accordingly, in the second half of this paper, we propose a *contextual model of self-regulation change mechanisms*, which emphasizes that the role of various facets of self-regulation as MOBC may depend on contextual factors in the immediate situational context (e.g., fluctuating internal and external cues) and in the broader context in which an individual is embedded (e.g., major life stressors, environmental conditions, dispositions). Additionally, we provide specific recommendations to guide future research for understanding both between-person and within-person self-regulation MOBC in addiction treatment. In particular, we provide key recommendations for how to capitalize on intensive longitudinal measurement methods (e.g., ecological momentary assessment) when bringing a contextual perspective to the study of self-regulation as MOBC in various addiction treatments.

## 1. Introduction

Research has demonstrated that self-regulation skills, such as coping and emotion regulation skills, play a key role in predicting the development and maintenance of and recovery from addictive problems, including tobacco, alcohol and drug use disorders, and pathological gambling (Berking et al., 2011; Chaney, O'Leary, & Marlatt, 1978; Cooper, Russell, & George, 1988; Gossop, Stewart, Browne, & Marsden, 2002; Moos & Moos, 2007; Morgenstern & Longabaugh, 2000; Petry, Litt, Kadden, & Ledgerwood, 2007; Shiffman, 1982; Williams, Grisham, Erskine, & Cassedy, 2012). Numerous behavioral treatments for addictive disorders include components explicitly aimed at targeting self-regulation skills, such as coping and emotion regulation skills. There are several cognitive-behavioral treatment (CBT) packages for addictive disorders (Carroll, 1998; Marlatt & Gordon, 1985; Miller, 2004; Monti, Abrams, Kadden, & Cooney, 1989) that focus on teaching general skills for managing life stressors and negative affect (e.g., active communication skills, cognitive reappraisal) and urge-specific skills (e.g., drink refusal, stimulus control) for preventing addictive behavior. A growing number of behavioral treatments, such as acceptance and commitment

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therapy (ACT; Hayes, Strosahl, & Wilson, 2011), mindfulness-based relapse prevention (MBRP; Bowen, Chawla, & Marlatt, 2011), dialectical behavior therapy (DBT; Linehan, 1993), affect regulation training (ART; Stasiewicz et al., 2013), and skills for improving distress intolerance (SIDI; Bornovalova, Gratz, Daughters, Hunt, & Lejuez, 2012), focus on teaching skills for tolerating distress and consciously regulating one's behavior when experiencing distress.

Given the common focus on self-regulation across behavioral treatments for addictive disorders, numerous studies over the past few decades have examined various facets of self-regulation as mechanisms of behavior change (MOBC) that are mobilized by various addiction treatments. MOBC are defined as mechanisms or processes that explain how and why changes in addictive behavior occur during and following treatment (Kazdin, 2007; Longabaugh & Magill, 2011). In this paper, we first provide a summary of key findings to date among studies that have examined self-regulation as a MOBC in behavioral treatments for addictive disorders. Based on our review, we conclude that the role of self-regulation as a MOBC across behavioral treatments for addictive disorders is not well-characterized and findings are inconsistent across studies. For example, it is unclear how different types of behavioral treatments and the specific methods employed in treatment (e.g., coping skills training) are actually impacting various facets of self-regulation among individuals with addictive disorders. It is also unclear whether certain treatments or treatment methods are particularly effective in mobilizing changes in self-regulation for some types of clients, but not others. Ultimately, current research provides limited guidance about *how* to most effectively target self-regulation in behavioral addiction treatment. Improving understanding of self-regulation as a MOBC in behavioral addiction treatment can facilitate the optimization of existing treatments, the tailoring of treatments to individual clients, the delivery of more efficient treatments, and the development of new strategies for targeting key self-regulatory mechanisms that predict long-term success following treatment.

Accordingly, in the second half of this paper, we propose a *contextual model of self-regulation change mechanisms* and provide directions for future research based on this model. In brief, this model emphasizes the dynamic interplay between self-regulatory behavior and contextual factors during the addictive disorder change process, rather than assuming that various facets of self-regulation are uniformly beneficial for all individuals and in all situational contexts.

## 2. Extant research on self-regulation constructs as MOBC in behavioral addiction treatment

### 2.1. Coping

Given the explicit focus on coping skills training in CBT for addictive disorders, improvement in coping skills has been a widely studied MOBC in CBT. Morgenstern and Longabaugh's (2000) seminal review found very limited support for improvement in coping as a unique MOBC in CBT for alcohol use disorder. Since the Morgenstern and Longabaugh (2000) review paper, progress in understanding coping as a MOBC in CBT for various addictive disorders remains slow and collective findings are still mixed. Several studies in the past two decades have used retrospective self-report measures of coping skills; the majority of which have failed to show that coping is a mediator of CBT treatment effects (Litt, Kadden, Cooney, & Kabela, 2003; Litt, Kadden, & Kabela-Cormier, 2009; Litt, Kadden, & Stephens, 2005; Monti et al., 2001). However, some studies using retrospective self-report measures have found coping to be a significant mediator of CBT effects. Petry et al. (2007) found that self-reported coping, as measured by the Coping Strategies Scale (CSS; Litt et al., 2003) mediated the effects of CBT in decreasing gambling among pathological gamblers at the 2-month post-treatment follow-up, but not the 12-month post-treatment follow-up. Lévesque et al. (2017) evaluated coping skills as a MOBC for the Therapeutic Education System (TES), an internet-delivered version of the community reinforcement approach (CRA), a CBT-based approach for treating substance use disorders. They found that self-reported coping skills, as measured by the brief version of the CSS (Litt, Kadden, & Tennen, 2012), mediated the effects of TES on substance use outcomes during the last four weeks of treatment. However, they did not report whether coping skills mediated the effects of TES on longer-term outcomes. Finally, Roos, Maisto, and Witkiewitz (2017) conducted secondary analyses of the Project MATCH data to examine whether baseline alcohol dependence severity moderated the indirect effect of CBT on alcohol use outcomes via coping skills. Results indicated that end-of-treatment coping skills mediated the positive treatment effects of CBT on one-year drinking outcomes among outpatient clients with high dependence severity, but not those with low dependence severity.

Two recent MOBC studies have utilized methods other than retrospective self-report to measure coping. Litt et al. (2009) utilized ecological momentary assessment (EMA) in which participants were prompted to answer questions about their momentary coping responses several times per day for a 2-week period before and after treatment. They found that compared to a packaged version of CBT, an individualized version of CBT predicted increased momentary coping responses in high-risk drinking situations at post-treatment, which in turn was related to decreased drinking. However, mediational analyses to test whether coping was a statistical mediator of outcomes only approached statistical significance ($p < 0.07$). The most promising study on coping as a MOBC in CBT for substance use disorders is a study by Kiluk, Nich, Babuscio, and Carroll (2010), which examined quality of coping responses on a role-play assessment as a statistical mediator of the effects of computerized CBT on substance use outcomes. The role-play assessment, called the Drug Risk Response Test (DRRT), presented eight high-risk scripts of substance-related scenarios and participants provided verbal responses of how they would cope, which were then evaluated by trained raters. Results indicated that quality of coping responses following treatment mediated the effect of computerized CBT on duration of abstinence during the three months following treatment.

Overall, despite some studies with promising findings regarding coping as a mediator of CBT treatment effects (Kiluk et al., 2010; Lévesque et al., 2017; Litt et al., 2009; Petry et al., 2007; Roos, Maisto and Witkiewitz, 2017), the collective empirical evidence to date is still mixed with respect to whether changes in coping function as a unique MOBC in CBT for addictive disorders.

### 2.2. Emotion regulation

Compared to research on coping as a MOBC in CBT, there are far fewer studies on emotion regulation as a MOBC in various behavioral addiction treatments. Axelrod, Perepletchikova, Holtzman, and Sinha (2011) examined improvement in emotion regulation, as measured by the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), among women with substance use disorders and borderline personality disorder receiving dialectical behavior therapy. Results showed that improvement in emotion regulation during treatment was associated with decreased substance use frequency. Berking et al. (2011) examined how emotion regulation before and during treatment, as measured by the Emotion Regulation Skills Questionnaire (ERSQ; Berking et al., 2011), predicted outcomes among individuals receiving CBT for alcohol use disorder. They found that deficits in emotion regulation at both pre-treatment and end-of-treatment predicted poorer long-term drinking outcomes. Stasiewicz et al. (2013) recently developed a behavioral treatment for alcohol use disorder called affect regulation training (ART) that explicitly targets emotion regulation. Stasiewicz et al. (2013) evaluated the efficacy of ART as a supplement to CBT among individuals with alcohol use disorder who reported often drinking in negative affect situations. Counter to expectations, the CBT plus ART group did not exhibit differential changes on self-report measures of emotion regulation, including changes in DERS scores.

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