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ABSTRACT

The dilemma of relapse exists for a number of addictive behaviors, and mental health authorities agree that keeping addictive behaviors off permanently is much more difficult than treating the behaviors initially. Several relapse prevention models have been posited and environmental, physiological, behavioral, cognitive, and affective factors have been proposed to explain relapse after treatment of addictive behaviors. A conceptual model for relapse prevention and treatment was developed which underscores the role of intrapsychic variables that form the structure of subjective experiences of the clients and contribute to relapse. Neurolinguistic programming (NLP) techniques are incorporated into the model to deal with the relapse problems of addictive clients. This NLP model emphasizes establishing rapport with clients to access their subjective experiences. NLP techniques are employed to examine the client's belief system, including beliefs about addictive behaviors, change, dealing with incongruence or conflicting beliefs, and targets of intervention. The NLP model works to plan a road map to change. NLP meta-tactics are used to re-imprint new beliefs on the client, access the deep structure of the client's subjective experience, explore the client's change history, reframe the situation, program the client's brain to "go in a new direction" through the "swish" technique, and ensure that positive changes that took place during therapy become generalized to other contexts through the technique of future pacing. (NB)

APPLICATION OF NEUROLINGUISTIC PROGRAMMING FOR TREATMENT AND RELAPSE PREVENTION OF ADDICTIVE BEHAVIORS

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Running Head: Treatment and Relapse Prevention Through NLP

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ABSTRACT

This article presents a new conceptual model for the relapse prevention and treatment of addictive behaviors. The role of intrapsychic variables which form the structure of subjective experiences of the clients and also contribute to their relapse dilemma in a clandestine manner are underscored. Several NLP techniques to deal with the relapse problems of addictive behaviors are discussed for the consideration and use of the mental health practitioners.

APPLICATION OF NEUROLINGUISTIC PROGRAMMING FOR TREATMENT AND RELAPSE PREVENTION OF ADDICTIVE BEHAVIORS

It's easy to stop smoking-
I've done it hundreds of times.

_____ Mark Twain

The dilemma of relapse after a successful treatment is well summed up by Mark Twain in the above quoted lines. A review of literature suggests that it is not only true about smoking (Hunt & Matarazzo, 1973 ; Cummings, Gordon, & Marlatt, 1980; Shiffman, 1982; Ockene, Hymowitz, Sexton, & Broste, 1982) but also about all other addictive behaviors such as, alcohol and substance abuse (Johnson, 1980; Lewis, Dana, Blevins, 1988; Curry, Marlatt, Peterson, Jr., & Lutton, 1988; Washton, 1989; Annis & Davis, 1989), eating (Foreyt, Goodrick, & Gotto, 1981; Perri, Shapiro, Ludwig, Twentyman, & MacAdoo, 1984) and sexual addictions (Lavin & Stava, 1987; Finkelhor, 1987; Jenkins-Hall & Marlatt, 1989; Laws, 1989 ; Neidigh, 1991).

An overwhelming majority of mental health authorities agree that keeping addictive behaviors off permanently or for a longer period of time is much more difficult than treating them (Shiffman, 1984; Gorski & Miller, 1986; Washton, 1989). According to the general consensus among these professionals, relapse rates of the addictive behaviors range as high as 80% to 85% for smokers (Hunt, Barnett, & Branch, 1971; O' Connell, 1985; Schwartz, 1987; Baer, et al. 1989); from 74% to 85% for dieters (Wadden, Stunkard, & Liebschutz, 1988); and unfortunately close to 90% all alcohol and substance abusers relapse within one year after the treatment is completed (Polich, Armor, & Braiker, 1981).

A pre-planned and special focus on preventing relapses in the addictions treatment programs is a very recent phenomenon. In the past the treatment programs normally involved detoxification and short term abstinence issues and did not consider any long term addictions free plans (Washton, 1989). Due to the relapse crises leading to such tragic and discouraging rates of treatment failures, deep financial and psychological disappointments of the clients and their

families, and frustrations of the professional staff, a scientific study of relapse processes has become the central concern of all treatment programs (Lichtenstein, 1982, Marlatt and Gordon, 1985; Brownell, Marlatt, Lichtenstein, & Wilson, 1986).

VARIOUS RELAPSE PREVENTION MODELS IN USE

Discouraged by woefully high treatment failure statistics, researchers have posited a number of relapse prevention models according to theoretical orientations. In their most celebrated review, Niaura et al (1988) have presented an indispensable topology of these relapse prevention models with available research based valuative data.

The Problem Solving / Coping Skills Model, based on learning theories, holds that relapse is due to the inadequacy of coping responses of the clients to the tempting situations (Shiffman, 1984; Marlatt & Gordon, 1985). The Conditioned Withdrawal Model proposed by Wikler (1980) attaches a greater importance to various respondent and operant conditioning factors in the reinforcement of relapse behaviors. In other

words, " drug seeking behavior is interpreted as instrumental behavior motivated by conditioned withdrawal" (Niaura et al., 1988, p. 134). Siegel (1983) attributes relapse phenomenon to the influence of contextual cues such as, drug paraphernalia and rituals.

Stewart et al. (1984) explained that relapse occurs through appetitive motivational processes. Even after a long abstinence, the ingestion of drugs can induce strong appetitive motivations to enhance drug seeking thoughts and behaviors.

Furthermore, Niaura et al. (1988) have extensively reviewed studies of cue reactivity to conclude that urges to use substances are " increased among many addicted individuals by the presence of physical cues commonly associated with drinking, by negative affective states, by positive affective states, and by a small dose of the target substance" (p.139).

In summary, several factors such as environmental, physiological, behavioral, cognitive, and affective have been proposed to explain the relapse phenomena of addictive behaviors. But we still lack an integrative, comprehensive, and researched based theory to help us predict with certainty

under what conditions what type of clients are more prone to lapse or relapse than others.

TOPOLOGIES OF RELAPSE EPISODES

A survey of empirical literature of addictive behaviors, suggests a number of topologies in which relapse episodes can be categorized. Marlatt and Gordon (1980) classified all these episodes in two major categories, involving negative affects (anger, depression, frustration, etc.) and social pressure. Through a statistical technique of cluster analysis, Shiffman (1986) divided all relapse situations into four different categories: upset, work, social, and relaxation. Grilo, Shiffman, and Wing (1989) empirically identified a multivariate topology of relapse related crises into three major categories: a. mealtime situations b. low arousal situations, and c. upset situations.

Broadly speaking, most of the relapse prevention literature has taken into account personal, interpersonal, and environmental variables to describe lapse and relapse phenomena.

FOCUS UPON THE INTRAPSYCHIC VARIABLES

The central thesis of this article is to examine the intrapsychic variables of the addict. This is an attempt to explore the unique structure of clients' subjective experiences which is formed through the repeated use or abuse of alcohol and other substances or behaviors. This author theorizes that these intrapsychic variables are one of those main underlying reasons for clients' urges and compulsions which push them into lapses and relapses. This is not to suggest that previously discussed factors such as physiological, social, and environmental are not important. In fact, they are very important. It is simply to suggest that there is something more there that plays a very subtle but potent role which has yet not been untapped. Namely, it is the subjective experience of each client which remains unique and beyond the grasp of generalizations and standard treatment applications. Hence, a need of customized individual approach for each client, with a judicious choice and matching of treatment modalities, is imperative for the efficacy of any treatment program.

RATIONALE FOR APPLYING NEUROLINGUISTIC PROGRAMMING MODEL

Dilts, Grinder, Bandler & DeLozier (1980) claim:

> Neuro-Linguistic Programming is the discipline whose domain is the structure of subjective experience....It offers specific techniques by which a practitioner may usefully organize and re-organize his or her subjective experience or the experience of a client in order to define and subsequently secure any behavioral outcome.
>
> (Forward to Neuro-Linguistic Programming, Volume I).

In an effort to define the structure of subjective experience, the proponents of Neurolingusistic Programming (NLP) assert:

> We operate out of our sensory representations of the world and not on 'reality itself'.... It is not the 'world' itself that dictates our fulfillment or unhappiness, it is each person's own <u>version</u> of it. Most (or perhaps all) of our behavior is mediated by internal constructions and experiential representations of our world. This includes the range of behavior from opening doors and starting the car to 'bad habits', overly emotional reactions in harmless situations, and gross perceptual disorders such as in psychosis.
>
> (Lankton, 1980, pp. 17-18)

There are two key words in this quote, "internal

constructions" and " experiential representations which form the very basis of person's subjective experience. This subjective experience in NLP is also known by several other names such as: "internal thinking" (Bandler, 1985); "internal maps", "psychological experience", (Lankton & Lankton, 1983); "mental maps or models" and "neurologic representations" (Dilts, 1983). According to NLPers, the subjective experience of a person is the sum total of information that is "received and experienced in our sensory representational systems-through sight, sound, smell, taste and feeling" (Dilts et al., 1980, pp. 3-4). The development and maintenance of all this internal experience is further explained by Lankton (1980) as follows:

> Any time a human being interacts with the external world, he will do so through sensory representations. Information will be taken in through all channels, processed through a few favored channels, and finally, fed back to the external world through behavior initiated in particular sensory modes. (p. 17)

Framo (1972) suggests that these internal experiences, "become subidentities and part of the structure of the

personality" (p. 274). I propose that it is this subidentity or experience based structure of addict's personality which remains unchallenged to elude the presently available therapeutic interventions pushing the addicts into lapses and relapses through uncontrollable urges and compulsions.

INTRODUCTION TO NEURO-LINGUISTIC PROGRAMMING

With its "high-tech" name, Neuro-Linguistic Programming (NLP) has emerged as a new approach to counseling. Though not to be confused with computer programming, NLP does claim to program, deprogram and reprogram a client's behavior with the precision and expedition akin to computer processes. Its originators, John Grinder, a linguist and Richard Bandler, a mathematician and computer expert, attempted to fuse the skills of their fields into a model. They borrowed freely from fields such as psychology, neuropsychology, psychotherapy, linguistics, mathematics, cybernetics, and kinesics in developing their model (Sandhu, 1984).

According to Dilts (1983), "Neuro-Linguistic Programming is a model of the structure of our subjective experience and how

that experience influences our behavior" (p.14). NLP as a treatment modality is unique because it does not make commitment to any theory. On the contrary, its originators take pride to call it a model. John Grinder during personal communication (February 15, 1984) with this author asserted, "I have built a series of models--- step by step procedures which when followed yield predictable and high quality results in the real world".

A working definition of NLP for our purpose is forwarded by Densky (1986):

> NLP is the ability to take thinking patterns that are already established at the unconscious level and use them at the conscious level. This allows one to gain control over the way they think, and subsequently their feelings and their actions. (Preface, iii)

APPLICATION OF NLP META-TACTICS FOR TREATMENT AND RELAPSE PREVENTION OF ADDICTIVE BEHAVIORS

It is beyond the scope of this article to discuss all principles and concepts of NLP Model. However, it is important to know that NLP is rooted into some very important presuppositions on which its techniques, meta-tactics, are based. For our purpose, NLP presupposes that

> Map is not the territory. The representations we use to organize our experience of the world are not the world. They are neurological transformations that may or may not be accurate. As human beings, we input, output, and process information about the territory around us. That information is coded in terms of the five sensory systems: visual; auditory; kinesthetic; olfactory; and gustatory.
>
> (Dilts, 1983, pp.6-7)

Simply put, the subjective experience " is generated as an interaction between what the external world provides for our senses to take in, and what our minds produce in the way of internally-generated imagery, internal dialogue, smells, and feelings" (Cameron-Bandler, 1978, p. 21). The second major presupposition of NLP underscores the premise that "the

resources the client needs lie within his or her own personal history" (Lankton & Lankton, 1983, p. 18). I personally agree with Lankton and Lankton that "the answer is within". In an effort to explore that answer, the following NLP Model is presented for the treatment and relapse prevention of addictive behaviors.

APPLICATIONS OF NLP MODEL FOR CHANGE

A. Building Rapport with the Client.

NLP model places a great emphasis on building a good rapport with the clients to access their subjective experiences. Dilts (1983) maintains that " the quality of information you get from your clients will directly relate to the amount of rapport you have with them" (p.7). NLPers have designed a number of meta-tactics for this purpose. They use their clients' eye movements as accessing cues to their representational systems and inner experiences. Dilts et al. (1980) claim, " We have noticed that the eye movements people make as they are thinking and processing information provide a remarkable accurate

index for sensory specific neurological activity", (p. 79).

Some other NLP techniques to build rapport include, matching predicates, mirroring nonverbal behaviors, using and feeding back the highly valued representational systems of the clients, a process called "pacing". Dilts, Hallbom, & Smith (1990) defined rapport from NLP point of view as, " being on the same wave length with another person; being 'in sync' with them. Rapport occurs when you are matching or pacing another person's behavior on a variety of levels" (p. 201).

B. Examining the Belief System

1. Belief about addictive behaviors.

All human behavior is organized around some conscious or unconscious belief system. We do certain things because they are important to us in some ways. While working with an addict, it is important to find out how addictive behavior is useful to this client. Does this provide relief from tensions? Does this offer pleasure of the company of others? Are there any other positive

intentions (secondary gains)? Is this client being compelled by the programmed urges of the subconscious mind, conditioned to perform rituals? Or there is physiological dependence?

2. Beliefs about making changes

At this stage, it is important to explore with the clients several beliefs which are relevant to their motivation to change? A therapist may question: Are you a person who can change? What is your belief about yourself? Are you determined to change? What is your motivational belief?

What do you believe will happen if you don't change now? What do you believe have made you to change yourself? What would happen if you change? Would you still be the same person? Or are there any threats to your identity? Would you still be accepted by others? NLPers believe that " Beliefs are largely unconscious patterned thinking processes. Because they are mostly unconscious patternsthey are hard to identify" (Dilts, Hallbom, & Smith 1990, p. 20). All beliefs a person holds so

strongly and acts upon them so ardently remain deeply embedded in one's subjective experience. To bring about a change, it is imperative that these beliefs are accessed and discussed with the client at the conscious level.

3. Dealing with Incongruence or Conflicting Beliefs

Many clients don't change due to incongruence and conflicts in their motivational beliefs. There is a part of the client what reasons to change, "excitatory" and another inner part of the client which strongly feels not to change, "inhibitory". Dilts, Hallbom, & Smith (1990) point out to this phenomenon cautioning that:

> When you are working with someone who has conflicting beliefs, you will often observe an asymmetry in body posture. It's not as subtle as skin color changes or other minimal physiological cues and is usually quite easy to see. You know you're dealing with two dissociated parts when the person is gesturing with the left hand as she discusses one aspect of the problem and the right hand for the conflicting aspect.
>
> (p. 105)

Generally, it is the incongruence that is a roadblock to the treatment of addictive behaviors and the main reason for the relapses. A person subconsciously either

derives a some positive gain from not changing or fears to face new adjustments.

In this situation, two NLP techniques of calibration and ecology testing may be employed. Therapists should point out and discuss with their clients those incongruent messages which they observed in ongoing interactions with them. This method called calibration by NLPers uses "sensory acuity to notice specific shifts in a persona's external state, i.e., voice tone, posture, gestures, skin color, muscle tension, etc. to know when changes are occurring in their internal state" (Dilts, 1990, p. 119). Calibration may help therapists to explore with their clients those inhibitory intentions for which clients are not changing their addictive behaviors for some non-obvious secondary gains.

The second NLP technique of "Ecology Testing" is employed to explore clients' feelings about changes in their addictive behaviors. Both negative and positive consequences are discussed. Basically, a client considers "pros" and "cons" of new behaviors and shares his or her

fears with the therapist about new adjustments. Through these techniques of dealing with incongruence and conflicting beliefs, strong motivational beliefs for changes are installed.

4. Beliefs about the targets of interventions

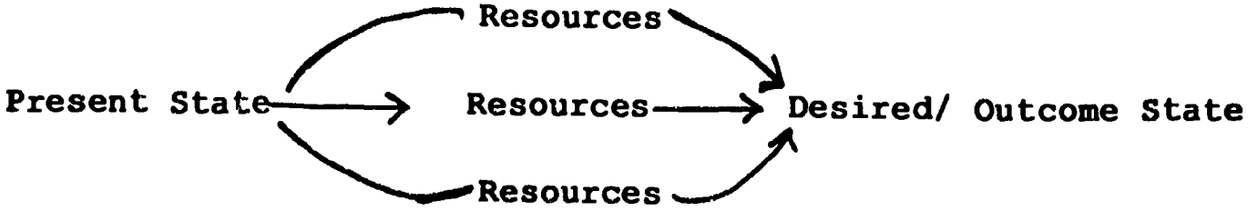
Dilts, Hallbom, & Smith (1990) assert that " Change is a multilevel process" (p.ix). It is important to explore with the clients what areas of their lives warrant professional intervention. Do they believe that it is their environment? Is it their behaviors towards others or themselves? Or do they believe that changes are necessary in their life coping skills, abilities, and strategies? Could it be that they need to change their value system, identities, or relationships with significant others? Addictive behaviors are the symptoms. The underlying reasons of these behaviors remain deeply rooted in the subjective beliefs of these clients. Therapists may also question their clients about their belief about change. They might hold such beliefs that nullify their efforts to change and negate the outcome of the desired change.

C. Planning a Road map to Change

"Neuro-Linguistic Programming is, obviously, highly outcome-oriented therapy" claims Dilts (1983, p.35). Several NLPers (Cameron-Bandler, 1978; Dilts et al, 1980, Dilts, 1983; Densky, 1986; and Dilts, Hallbom, & Smith (1990) have repeatedly and consistently maintained that:

> The process of modifying behavior, whether applied to an individual, group or organization in order to achieve new outcomes can be described in its most general form as a <u>three-point process:</u>

(1) Representation of the present state
(2) Representation of the outcome or target state
(3) Representation of resources



(Dilts et al, 1983, p. 14)

A major emphasis is placed upon the "desired state". NLPers ensure that their clients satisfy several "well-formed conditions" as a prerequisite before they initiate a therapeutic process. These conditions warrant that the

outcome of the therapy is described in positive terms and it is demonstrable through sensory experiences. Furthermore, the responsibility for desired outcomes is placed upon the clientsand they are urged to initiate and maintain the desired outcomes. The desired outcomes are explicitly stated with specific circumstances when they are appropriate and when they are not. Finally, the desired outcomes are discussed with the client, if they are ecologically sound or unsound. In other words, the programmer finds out what are the perceptions of the client about the gains and losses due to the changes affected through new behaviors. The responses given by the clients here are the best indicators of their subjective motivational beliefs for change.

D. NLP Meta-tactics in Use

1. Re-imprinting New Beliefs

Our beliefs have their roots in significant events of our past which left indelible imprints. Based on the

nature of experiences, these imprints can be positive or negative in nature. Dilts, Hallbom and Smith (1990) explain:

> The purpose of Re-imprinting is to give you new choices in the way you think about the old imprint experience. These choices assist you in changing the beliefs you made about yourself, the world and the role models.
>
> (p. 71)

According to the NLPers,"re-imprinting" can be accomplished by adding presently available resources which were not utilized previously.

2. Accessing deep structure of a client's subjective experience

NLPers (Bandler & Grinder, 1975) contend that the people who come in therapy with pain, feeling paralyzed with hopelessness and having limited or no alternatives, have maintained an impoverished representational model of the world around them.

The process of creating and maintaining this impoverished model or "surface structure" takes place

through deletions, distortions, and generalizations. Deletions exclude, distortions divert, and generalizations detach the clients from their original experiences and mislead them to operate according to the surface structure of their personal world with limited and unreal beliefs and choices.

As a result of this impoverished model, those circumstances are developed under which " the individuals may use cognitive distortions or make apparently irrelevant decisions (AIDS) which place them in a situation in which relapse is likely" (Neidigh, 1991, p. 44).

After a therapist recognizes the "surface structure" of a client's personal experiences, the next step is naturally/ to recover the "deep structure" through challenging "generalizations, deletions, and distortions" (Bandler & Grinder, 1975).

3. Change History:

Through this technique, therapist explores with the client when and how addictive behaviors were learned.

Since NLP postulates that all human behaviors have some positive intent. Therapists help their clients to access to those "subjective experiences" which are operational at the subconscious level to compel them to relapse for previously useful outcomes.

4. Reframing:

When the secondary gain intentions are validated through change history, NLP technique of reframing is used to bring about new changes and choices in a person's perspective. Bandler and Grinder (1982) explain " The meaning that any event has depends upon the 'frame' in which we perceive it. When we change the frame, we change the meaning", (p. 1). Reframing is accomplished through identification of: presenting behaviors, unconscious part of one's mind which keep on activating, intentions, new ways of satisfying intentions, acceptance of new choices, and ecological check (Cameron-Bandler, 1978).

5. Swish Technique

Dilts, Hallbom, and Smith (1990) describe swish pattern as, "a generative NLP sub-modality process that

programs your brain to go in a new direction" (p. 202). While using this NLP technique, a client is asked to think about a bad memory and make a picture, called a "cue picture". Now s/he is asked to make a picture about a desired or pleasant memory, called "outcome picture". The client is also instructed to adjust the sub-modalities so that these pictures become as bright and vivid as possible. Now these pictures are swished several times, until the outcome picture takes over the cue picture for it never to return. This process is used to neutralize the bad or compulsive memories from the subconscious mind of the client which is a storehouse of addictive compulsions and cravings.

6. Future Pacing

Future pacing is a process of " ensuring that the changes accomplished through therapy become generalized and available to the client in the appropriate outside context" (Cameron-Bandler, 1978, p. 159). A client may be simply asked about those circumstances under which s/he would feel a need of resource. After these circumstances

are projected internally by the client, the resources become anchored or attached to that context in which they are needed.

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