

RELAPSE PREVENTION

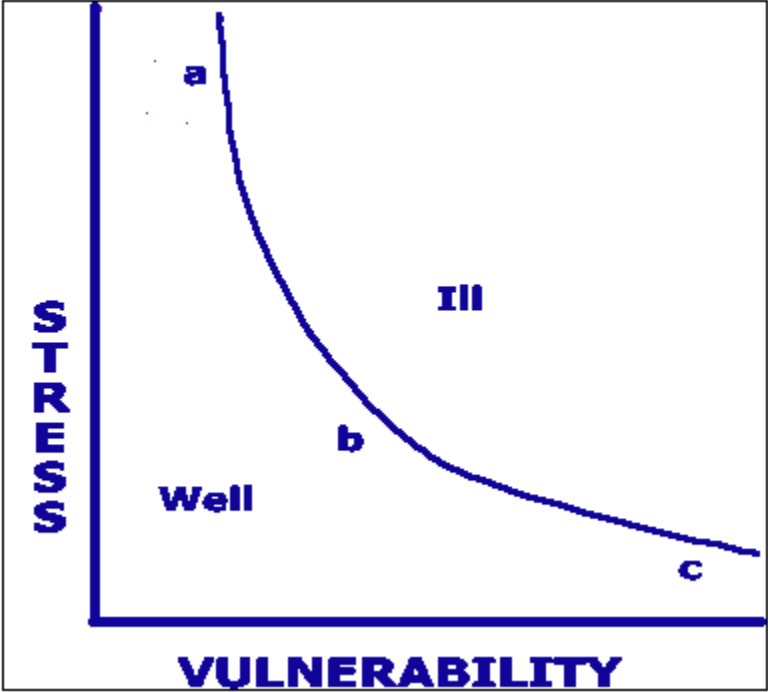
CAMHS and Relapse Prevention

- ◉ Why Relapse Prevention?
- ◉because you have to
- ◉ ...because its clinical best practice in CAMHS
- ◉ ...because its clinical best practice in CAMHS and you have to
- ◉ ...none of the above

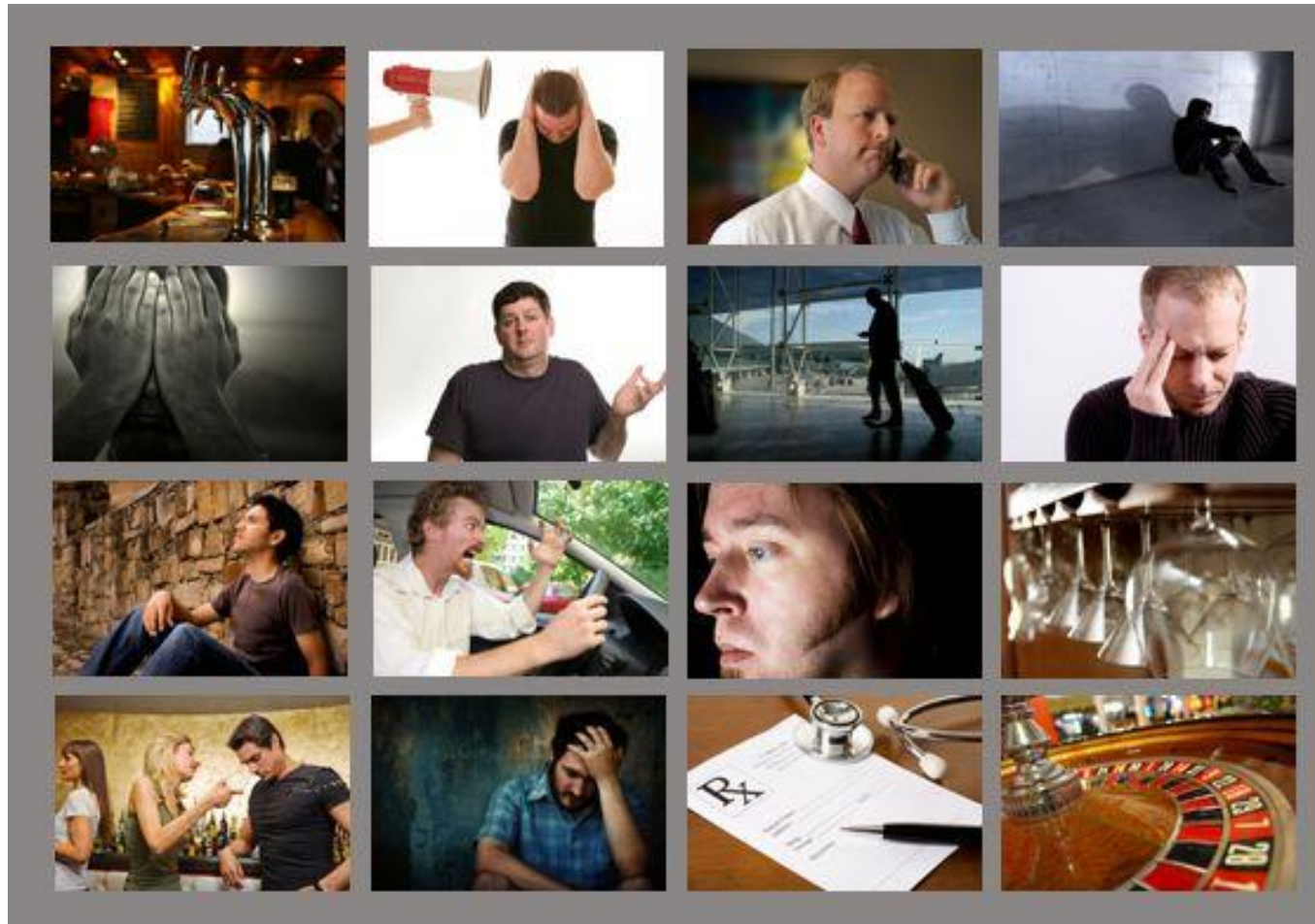
Main Themes

- ...relapse prevention for specific problems
- ...relapse prevention in psychosis, prodromal period and duration of untreated illness
- ...relapse prevention as a measure of treatment effectiveness
- ...relapse prevention as part of the consumer movement
- ...relapse prevention as an intervention in itself

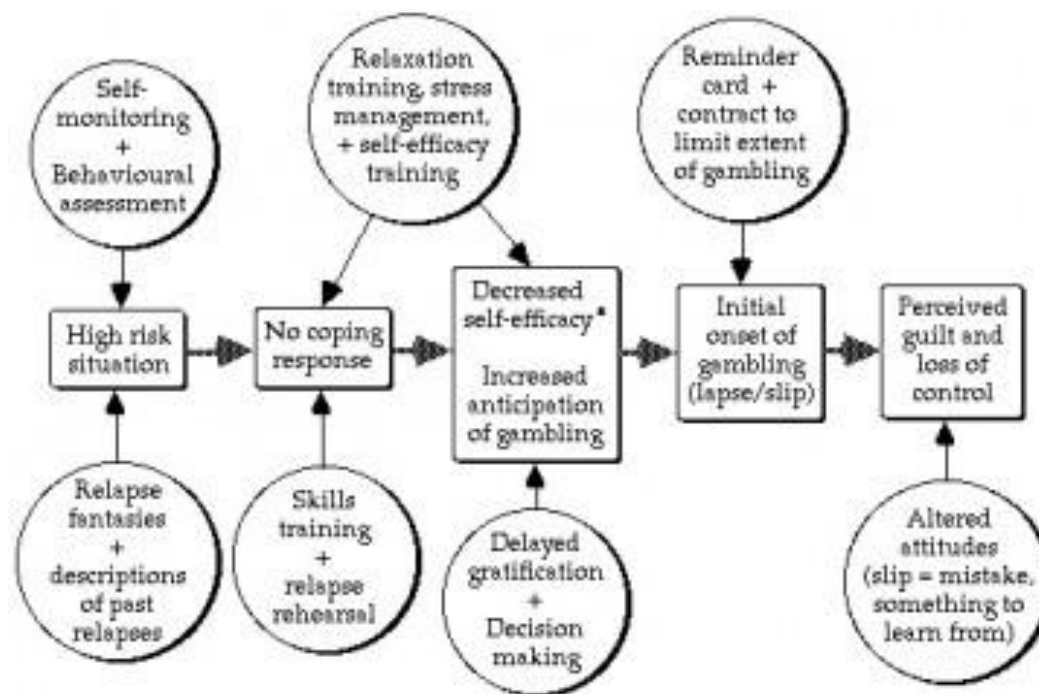
STRESS VULNERABILITY MODEL



RELAPSE PREVENTION



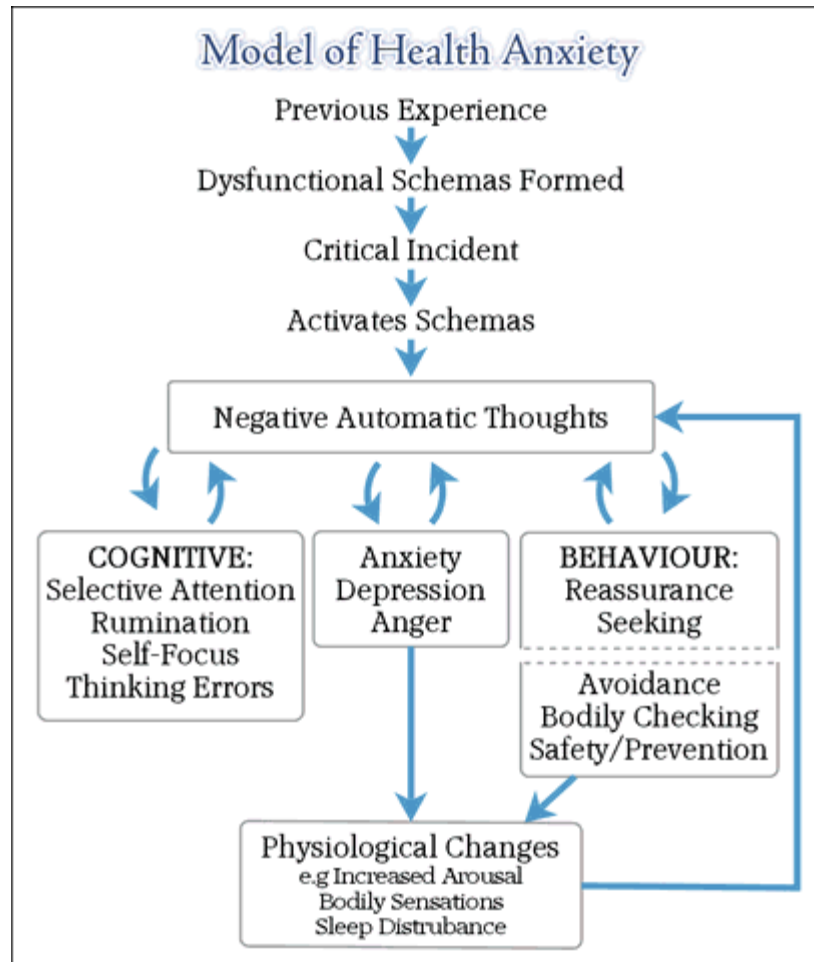
RELAPSE PREVENTION : ADDICTIONS



Adapted from: G. A. Marlatt, and J. R. Gordon, (Eds) (1985). *Relapse Prevention*. New York, N. Y. The Guildford Press.

Meta-analysis 26 studies in substance abuse: RP generally effective (Irvin et al 1999)

RELAPSE PREVENTION: CBT



EVIDENCE FOR RELAPSE PREVENTION PLANS AS INTERVENTION

- ◉ Meta analysis, comparing use of early warning signs vs TAU in bipolar disorder and depression: beneficial effect (Morriss et al 2007)
- ◉ Meta-analysis of RP in schizophrenia using new-generation antipsychotic drugs: do reduce relapse rates (Leucht et al 2003)
- ◉ Improved adherence to medication and decreased relapse of depression in primary care (Katon et al 2001)
- ◉ RPP (antipsychotic drugs plus RP programme) did reduce relapse and readmission in adults with schizophrenia and schizoaffective disorder (Herz et al 2000)

MORE EVIDENCE...

- ◉ Double blind trial for teaching patients with bipolar disorder to identify early symptoms of relapse and seek prompt treatment from health services. Outcome: average 65 weeks to manic relapse in experimental group, 17 weeks in control group. Significant reduction in number of relapses over 18 months. No effect of number of relapses of depression but significantly improved overall social functioning. (TARRIER et al 1999)
- ◉ Prevention of relapse/ recurrence in major depression by mindfulness-based cognitive therapy (Teasdale et al 2000)

EVIDENCE IN CHILD AND ADOLESCENT MENTAL HEALTH

- ◉ High rates of relapse in adolescent drug abuse treatment programmes: lower relapse rates associated with involving family and RPP (Catalano et al 1991)
- ◉ Canadian Guidelines Child and Youth RP effective in bipolar, substance abuse, psychosis (2006)
- ◉ Prevention of Childhood Depression (Beardslee and Gladstone 2001)

RPP and CAMHS

- ◉ Some evidence for RPP in 3 specific problem areas in adolescent mental health
- ◉ No evidence for RPP generally being effective in adolescent or child and adolescent mental health
- ◉ Theoretical divergence: illness vs development