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[Subject]

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 **Benchmark-Relapse Prevention Reosource (6.3,6.4,6.5,6.6)**

* **Defining Relapse**

A drug or alcohol relapse is the recurrence of a disease which has gone into recovery or emission. Because of the nature of chronic disease, addiction is bound to certain periods of relapse. Relapses are common but they are, essentially, not inevitable.

* **Comprehensive Outlook of Relapse**

The manifestations of the downward spiral into addiction and compulsive behavior initiate the process of relapse. It implies the drug relapse is not a sudden phenomenon. Instead, a wide range of identifiable factors and warning signals appear early on. In the recovery phase, persons are exposed to experiencing risk factors and specific triggers which enhance the threat of returning to the radical practice of substance abuse.

* **Signals Indicating the Relapse**

Primarily, the indicative signs of the drug relapse are divided into three major categories as emotional, physical and mental relapse. It is common to develop weeks or months to return to the menace of substance abuse after the initial indicators of emotional relapse. Thus, it reflects there exists a significant amount of time before returning to substance abuse for addressing the relapse and identifying the warning signs(Daley and Douaihy).

In emotional relapse, the user witnessing recovery refrains from even thinking about returning to substance abuse. However, behavior and emotions reflect a contrasting picture. The following signals indicate the occurrence of an emotional relapse: isolation, emotional breakdown, neglecting support group gatherings, poor self-care and refraining from potentially participating in the therapy sessions.

In mental relapse, the mind of the user suffers from an emotional tug of war related to the usage of the drug again. He/she becomes a skeptic of whether or not to return to the substance abuse again. Certain signs which make aware comprise bargaining, seeking opportunities for relapse, minimizing the ramifications of past use and switching an addictive substance for the other.

In physical relapse, the warning signs are the most visible in comparison to the mental or physical relapse. The person is potentially exposed to returning to the substance abuse and may use it during the recovery phase. It is worthy to highlight the manifestations of the term drug relapse and behavioral slip in this framework. Slip stipulates lapses in judgment or behavioral mistakes wherein an addictive substance is used during an isolated instance. The very thought of lost sobriety essentially urges people to establish a destructive behavior which may ultimately lead to relapse.

* **Prevention Strategies, Identification of Warning Signs and Triggers**

The drug relapse never occurs suddenly. The environmental trigger and stress play an instrumental role even in instances where people have advanced to remain sober for several years. The three stages as emotional, physical and mental can be further broken into ten stages to explicitly identify the triggers and warning signs and act accordingly. The first stage is denial. Before relapse, the person deems everything is fine but remains concerned about well-being. The second stage is manifested in adopting defensive behavior and avoiding questions. The person advances to adopt a defensive approach about questions related to the present or past events. The third stage comprises crisis building where the person establishes adverse thought patterns which lead to minor depression. The fourth stage is immobilization. Here, the person explicates the complications to be unsolvable and craves for a pleasant life. Sage five causes the person to overreact and be confused which translates into depression in the sixth stage. The seventh stage shatters the perseverance of a person pertinent to outside assistance. The eighth stage manifests in the loss of control. The person deludes himself that drinking occasionally will never make him an addict again. The ninth stage occurs right before the relapse which is defined by the sentiments of anger, loneliness and stress (Song et al.). The ultimate stage results in the relapse where the substance provoking addiction in used.

To prevent relapse, the very first step is accomplished through medical detox. The goal of the treatment is successfully removing the drug or alcohol from the body. Detox primarily focuses on the physical aspect but the behavioral and emotional aspects are of paramount significance to prevent the relapse.

Cognitive behavioral therapy is the key to be implemented during the identification of triggers and warning signs. As per the Psychiatric Clinics of North America, abstinence rates potentially increase after deploying the CBT techniques. These are imperative to lead into the prevention phase without inflicting harm on the person.

* **Treatment of Identified Signs**

Stress is the defining principle a person exhibits as the potential warning sign. The neurobiological circuits of the person’s brain ought to be enhanced which are accomplished through seasoned and persistent therapy sessions. Besides, mood swings, anxiety and depression are also indicative which make it imperative to continue the therapy or CBT for an extended period of time(Song et al.). Medications have proved to cast a positive impact to manage withdrawal and suppress the cravings. Thus, they are a crucial aspect of the treatment program. Both pharmacological and therapeutic techniques are used to sustain and promote recovery while striving to confront triggered and minimizing relapse.

* **The After Care Plan**

The aftercare plan is a holistic approach to enhance the quality of life of a person, spiritual, physical and emotional aspects of daily life. Getting deprived of sleep engages the trigger for relapse and thus must be avoided. The New York Office of Alcoholism and Substance Abuse Services (OASAS) reports that a balanced diet and persistent physical exertion can enhance eating, sleeping and exercise patterns (Segal et al.). Appuncute, massage therapy, yoga and mindfulness meditation are the key aspects of the aftercare plan. In addition, a critical contribution is made by the environment and family. These complementary methods manifest in a strong resistance against the return to substance abuse.

Work Cited

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