
S5C13. Relapse prevention

Relapse prevention is not to be confused with response prevention, which we have been practicing so far. Relapse prevention is the set of processes that are aimed at maintaining the progress achieved during therapy.

When you reach the end of your anxiety hierarchy, and learn to manage your list, you have completed the most critical stage of your recovery. You may not have strong obsessive thoughts for a while. But just when you begin to relax, you may be hit by an obsession that feels as strong as always and cause distress. You may begin to feel that you have lost all progress and are back to square one. That is when relapse prevention comes into play. Let us first cover the explanations of a few terms that are relevant to the concept of relapse prevention.

Remission: Your intrusive thoughts will never stop. But if you are able to manage your ROCD thoughts with minimal symptoms, you are considered to be in remission.

Partial Remission: If you have moderate ROCD symptoms, but are still able to manage your obsessions without dysfunctionality, you are considered to be in partial remission.

Spontaneous Remission: Sometimes some people with ROCD may experience a sudden recovery and may not have troublesome obsessive thoughts anymore. It is rare but it happens. This is referred to as spontaneous remission.

Lapse: From remission, partial remission and spontaneous remission, you could sometimes briefly go back to a stage which may seem like your earlier unrecovered stage. You may be triggered and may not be able to help yourself from doing your compulsions. That brief return to symptoms, the aberration is referred to as a lapse. It is like having had one drink after months of sobriety. That is not a relapse. A lapse can turn into a relapse, if you are not careful enough.

Relapse: A relapse is the state of going back to pre-recovery stage, where you assign meaning to every intrusive thought and respond to it with compulsions. It is possible to go back from lapse to remission if one is mindful and follows the relapse prevention blueprint. But if one lets go after a lapse, a relapse is possible. A lapse is an opportunity to practice the skills learnt during the recovery process to go back to remission and not into relapse. Relapse prevention requires the understanding, internalization and practice of a few concepts that we have discussed earlier.

Exposures: Identify everything that triggers the thoughts and make sure you expose yourself to it. Exposures can be deliberate exposures or accidental exposures. Deliberate exposures are when you create time for the exposures and schedule them in your day. This is the best way to practice exposures. Accidental exposures are when you are exposed to some trigger without wanting to. In this case, do not avoid. Face

the triggers and prevent the compulsive response.

Mindfulness: If you practice mindfulness, you may be able to catch yourself in the midst of a lapse and work your way back into remission from there. Being mindful can potentially prevent the slide back into a relapse.

Acceptance: Being aware of a lapse and accepting that you are not in remission anymore is an important realization to have. Accepting that the lapse may lead to relapse is important. Accepting that you may have to go through the rigor of ERP again is also important. If you have the insight and you accept these possibilities in case of a lapse, you may be successful in preventing a relapse.

Compassion: It is understandable to be frustrated to have the symptoms returning when you thought that the worst is behind you. Along with the lapse in symptoms, you may lapse into self-criticism too. You may begin to think that the lapse is your fault. At this moment, practicing self-compassion is important. It was not your fault that you got ROCD to begin with. And it is not your fault that your symptoms are coming back. If you begin to be critical of yourself and lose hope you may end up inviting a relapse.

Whether you lapse or relapse, do remember that it is not your fault. Many sufferers relapse because it is common in ROCD. However, you also know what needs to be done to return to remission. If required, go through the course book again and keep practicing. It will definitely not be as difficult as it was the first time. If you could do it then, you can do it again.

The next chapter will be the conclusion of this course book.