PAPER NAME

**9037-Article Text-17714-1-10-20210621.pdf**

AUTHOR

**Bastiana**

WORD COUNT

**4916 Words**

CHARACTER COUNT

**27629 Characters**

PAGE COUNT

**10 Pages**

FILE SIZE

**211.9KB**

SUBMISSION DATE

**Sep 3, 2022 10:03 PM GMT+8**

REPORT DATE

**Sep 3, 2022 10:03 PM GMT+8**

## 14% Overall Similarity

The combined total of all matches, including overlapping sources, for each database.

- 14% Internet database
- 0% Publications database

## Excluded from Similarity Report

- Crossref database
- Crossref Posted Content database
- Submitted Works database
- Bibliographic material
- Quoted material
- Cited material
- Small Matches (Less then 10 words)
- Manually excluded sources

PalArch's Journal of Archaeology of Egypt / Egyptology

# RELAPSE BEHAVIOR OF NAPZA ABUSE AFTER REHABILITATION IN MAKASSAR CITY

**Nursinah[1], Andi Agustang[2], Arlin Adam[3], Bastiana[4]**

**[1,2,3,4]Department of Sociology, School of Postgraduate, Universitas Negeri Makassar, Makassar 90221, Indonesia.**

**Nursinah , Andi Agustang , Arlin Adam , Bastiana , Relapse Behavior Of Napza Abuse After Rehabilitation In Makassar City , Palarch's Journal Of Archaeology Of Egypt/Egyptology 18(8). ISSN 1567-214x.**

**Keywords: craving, self-efficacy, motivation, craving management, psychosocial.**

## ABSTRACT:

This study aims to understand the behavioral changes in the abuse of Narcotics, Psychotropics, and Other Dangerous Addictive Substances (NAPZA) through interactions with the people around them or with illegal NAPZA by identifying the phenomenon of relapse behavior of post-rehabilitation abusers in Makassar City. Behavioral changes in the NAPZA relapse process (craving) and the efforts are taken to overcome them. Understanding and interpreting the craving so that NAPZA relapse can be minimized. This study assumes that by combining psychosocial therapy and appropriate craving management, NAPZA relapse will not occur by constructing the thoughts, feelings, and behaviors of NAPZA abusers. The study was conducted using a qualitative method based on a constructivist paradigm approach that departs from the phenomenological tradition because the discussion of relapse behavior and its symptoms is related to social complexity. The analysis was carried out by interpreting and understanding the NAPZA relapse itself. Data collection was carried out by in-depth interviews, both from the informants themselves, in this case as abusers, counselors, or from the informants' families. Data were collected from 6 informants. The data is then analyzed to determine the factors and causes so that abusers experience NAPZA relapse and find solutions for handling them. The study results found that craving was the biggest problem for the occurrence of relapse, in

addition to low self-efficacy and motivation. By doing psychosocial therapy combined with proper craving management, NAPZA relapse will not occur. Abusers can control their relapse based on cognitive-behavioral construction and build good communication between family and social environment in their social relationships due tothe interaction. With appropriate psychosocial therapy and craving management, abusers can respond to stress with positive activities and adapt and change their behavior so they do not relapse to recover.

**Introduction:**

One of the causes of difficulty in controlling NAPZA trafficking is the high recurrence rate. Based on the data obtained, the tendency of abusers to return to using NAPZAs is quite high, around 70 percent of the number of NAPZA abusers who have gone through the rehabilitation program from the National Narcotics Agency. The tendency to repeat illegal NAPZAs is used as the basis for researchers to reveal it because they have gone through or underwent a recovery program at a rehabilitation institution. In fact, after undergoing a rehabilitation program, abusers still have to follow a follow-up program for two months in preparation for them to return to society. Moreover, the question now is why is there still relapse after rehabilitation?

As Indonesian people with very strong values, norms, and culture, we are sad to hear this. In the belief of the people of South Sulawesi, especially the Bugis in Makassar City, this is siri', that the siri' culture, which means shame (self-esteem) has been eroded by the progress of the times. NAPZAs have become commonplace;there is almost no shame and assume that NAPZAs are commonplace as part of their identity. Rehabilitation is a health effort that is carried out in a complete and integrated manner through psychological, non-medical, social, and religious approaches so that NAPZA abusers can eliminate their dependence on NAPZAs. In the context of the abuser's recovery from his dependence on NAPZAs, he uses a psychosocial approach and craving management to behave normally as appropriate. This approach describes the relationship between the social condition of the abuser and his mental or emotional health towards the interactions carried out in his social relations.

The results of research by Rajita Sinha (2001) show that stress leads to NAPZA abuse in susceptible individuals and relapses. Most addiction theories postulate that stress plays an important role in increasing NAPZA use and relapse. It shows how stress can increase susceptibility to NAPZA abuse and explores whether chronic NAPZA abuse alters the stress response in coping with addicts. Preclinical research shows that stress plays a key role in perpetuating NAPZA abuse and the NAPZA itself in NAPZA relapse. A greater understanding of how stress can perpetuate NAPZA abuse will have a significant impact on the prevention and development of treatment in addiction. A “change” can change the abuser's or addict's ability to cope with stress to minimize the potential for relapse.

Research by Katie Witkiewitz and G. Alan Marlatt (2004) that relapse is a formidable challenge in treating all behavioral disorders. Individuals who engage in behavior change are confronted with urges, cues, and automatic thoughts about the

maladaptive behavior they wish to change, and previous conceptualizations have proposed static models of relapse risk factors (Marlatt & Gordon, 1985). Reconceptualization of relapse recognizes the complexity and uncertainty of substance use behavior following a commitment to abstinence on a goal of moderation. Future research should focus on improving measurement tools and developing better data analytics strategies for assessing behavior change. Empirical testing of the proposed dynamic model of relapse and further refinement of the new model will add to the understanding of relapse and prevent it. Similarly, Jeffery D. Steketee and Peter W. Kalivas (2011) research in behavioral sensitization and relapse to NAPZA seeking behavior shows that repeated exposure to abused NAPZAs increases motor-stimulant responses to NAPZAs, and this phenomenon is called behavioral sensitization.

Research by Habibi, et al. (2015) regarding the factors that cause a relapse of NAPZA users in rehabilitation patients at the National Narcotics Agency Rehabilitation Center Baddoka Makassar in 2015 concluded that there is a relationship between economic status, type of NAPZA use, family factors, friend factors on recurrence in rehabilitation patients at the National Narcotics Agency Rehabilitation Center (2015). BNN) Baddoka 2015. This indicates that relapse in abusers or addicts always relapses if not controlled because internal triggers and external triggers play a role in relapse, so it can be said that relapse prevention is an important element in the recovery program. Therefore, prevention of relapse can be identified through the factors that cause relapse.

The National Narcotics Agency (BNN) of South Sulawesi recorded figures based on the number of NAPZA users who underwent rehabilitation treatment at BNN for the past three years. From the records of BNN, which underwent rehabilitation in 2017 as many as 920 clients, in 2018 there were 1,505 clients, and in 2019 it continued to increase, followed by a high incidence of NAPZA relapse 70 percent. And one area that is considered prone to NAPZA trafficking and abuse is Makassar. The number of clients who have undergone rehabilitation at the Mitra Husada Foundation Community Component Rehabilitation Institute in 2017 was 28 people. In 2018 there were 40 people, and in 2019 from January to October, there were 47 people. Of these, on average, these clients have experienced a relapse, even more than those who have just undergone rehabilitation. And the problem now is why is there still relapse after rehabilitation?

For this reason, the relapse behavior of NAPZA abusers after rehabilitation is interesting to analyze from various aspects. And several possibilities arise in connection with the situation at the time of the relapse, namely, first, what factors cause a person to relapse? Second, what do abusers make in the efforts to overcomeNAPZA relapse?

**Research Method:**

This research was conducted using a qualitative descriptive method using a constructivist paradigm approach that departs from the phenomenological tradition because it discusses the relapse phenomenon and its symptoms. And it is a sensitive matter because the data needed is an individual's traumatic experience as a NAPZA abuser. The qualitative analysis technique uses the Miles and Huberman (1994)

model, which includes three stages. First, data reduction, summarizing, choosing the main things, focusing on the important things from the data obtained, and looking for patterns. Second, data presentation, namely displaying reduced data that is organized and easy to understand. Third, conclusions, namely the accumulation of initial conclusions accompanied by valid evidence, so that the conclusions generated in this study can answer the research problem, namely providing an overview of post-rehabilitation NAPZA relapse behavior.

The researcher chose this method due to the view of research that uses the constructivism paradigm, which views the reality of social life not as a natural reality but is formed from the construction results. For this reason, this paradigm uses direct and detailed observations of natural social actors in everyday life in order to be able to understand and interpret how the social behavior of NAPZA abusers creates or manages their social world. Using a descriptive research format that aims to describe, summarize various conditions, various situations, or various phenomena of social reality that exist in the community that is the object of research, and seeks to draw that reality to the surface as a feature, character, trait, model, sign, or description of conditions, situations or phenomena (Burhan Bungin, 2007: 68).

The research design uses grounded research techniques that combine several theories in order to explore in-depth the relapse behavior of NAPZA abusers after undergoing a rehabilitation program at the Mitra Husada Foundation Rehabilitation Institute, South Sulawesi—using dialogical communication between researchers and abusers using descriptions in the form of words and language in a certain natural context (Moleong, 2015: 6).

**Discussion:**

The post-rehabilitation program is a continuation of the recovery program for abusers because, in reality, many have not recovered after returning to the rehabilitation program; because the abuser's condition after undergoing rehabilitation has not fully recovered, there is still contemplation. A fully recovered abuser will be able to refuse if given another NAPZA offer. For this reason, post-rehabilitation is intended to maintain recovery because theoretically, about addiction, it is stated that there is no cure but that there is recovery. NAPZA relapse occurs because several factors influence it, namely the presence of internal triggers and external triggers. The pattern of relapse behavior on internal triggers are craving, self-efficacy, and motivation, while on external triggers are the existence of stressful social situations and the emergence of interpersonal conflicts, for example, the existence of negative stigma for abusers or addicts in society triggers their relapse to NAPZAs ( interpersonal conflict and social pressure).

Rehabilitation is a hospital for abusers or addicts to rid themselves of dependence on NAPZAs. According to some abusers or addicts, the presence of a rehabilitation center is interpreted as a NAPZA in overcoming their social ills. However, some abusers think that the rehabilitation center is a prison that will restrain them from interacting with fellow abusers or against NAPZA use, so it is not surprising that there are still abusers who are still experiencing relapse after undergoing the rehabilitation program. For this reason, researchers try to dig deeper

into the relapse phenomenon and look for solutions so that relapse in abusers does not occur.

According to Gibbons, dependence is a psychological state, and sometimes also physical, caused by interactions between living things with a NAPZA, characterized by behavioral changes driven by a strong desire to continuously or periodically use NAPZAs to explore the effects and sometimes to avoid unpleasant symptoms.

On this basis, it can be said that the opportunity for relapse is possible, so an effort is needed to suppress or minimize the occurrence of NAPZA relapse.

## 2. Cognitive Construction of NAPZA Abuse Behavior:

Abusers' knowledge inconstructing their thoughts, feelings, and behaviors cannot be transferred to other passive individuals because cognitive construction must be carried out on their knowledge, while the social environment is only a supporter. When NAPZA abuse is not stopped and occurs continuously, the condition will lead to addiction and even death for the individual. The symptoms felt can be in the form of a desire to continue using NAPZAs, or even the intensity can increase in a day. This is triggered by the emergence of a strong craving in the abuser to use these illegal NAPZAs, even able to obscure other thoughts. The dose used will feel less, so there is a desire to increase it. Based on the results of interviews with informants who, in this case, are also NAPZA abusers (informants AG, AA, AN, NF, AR, IK) that they are unable to resist the urge to take NAPZAs again due to the stress or frustration they experience, even though the abuser is aware that the NAPZA has been abused. Have a negative impact on their social and psychological life.

The results showed that the level of NAPZA use to experience relapse, which the researchers distinguish into three parts, namely NAPZA use whose purpose is only to satisfy the curiosity of "new goods", NAPZA usesto have fun or relax (social consumption). The last is situational use (sad, disappointed, and experiencing tension or, in other words, to eliminate the feelings that are in his mind). Furthermore, regarding the factors that trigger the occurrence of relapse, that knowledge also contributes to NAPZA relapse. Exploration of this knowledge that in abusers who have experienced relapse shows that generally, individuals already have basic knowledge about NAPZAs, it is just that there is always a greater urge to use them than to think about the impact.

Based on the results of research on informants with the initials AG, AA, AN, NF, AR, and IK (names changed to protect the privacy of abusers), it shows that craving has become the biggest problem for abusers, and the emergence of cravings is characterized by symptoms that can affect the abuser's cognitive structure. (thoughts, feelings, behavior) such as emotional, restlessness, sleep disturbances, changing eating patterns, and others. As long as the abuser experiences stress, during that time, the abuser will continue to look for NAPZAs and use them due to the craving they experience as part of the relapse process. Most of the NAPZA abuse occurs because of craving, and there is a great curiosity in the abuser; then, after trying it yourself, a social learning process occurs based on previous experiences. The experiences that have been obtained are then constructed in thoughts, feelings, and behaviors that result in behavioral changes, which will eventually become a

habit. Abusers realize that using NAPZAs is detrimental to themselves and negatively impacts their interactions with the people around them. Poor communication with family and social environment exacerbates relational relationships, which will lead to chaos or small conflicts that will become big if not addressed immediately.

The results of interviews with informants with the initials AG, AA, AR, and IK indicate that they feel they can control their NAPZA use based on their experience. For the researchers themselves, they consider that the experience that the abuser has obtained is then constructed by cognitive behavior so that the abuser assumes that he can control his addiction to NAPZAs based on his self-efficacy and great motivation. His belief in self-control over an event, where abusers believe that they are the determinants of their destiny, the holder of control over whatever happens to them. The belief that they can control themselves when experiencing cravings in the relapse process they are experiencing. This is in line with Bandura's theory of self-efficacy, which is related to self-confidence in one's ability to carry out the expected action and habit resulting from interaction, which becomes an experience in social reality so that it then becomes a habit.

Bourdieu understands social reality as a dialectical relationship between the individual (agent, subjective structure) and the objective structure, namely the structure itself. This dialectical relation involves subjective elements such as individual mentality, individual experience structures, cognitive structures, and so on, which have dialectics with objective structures. This dialectic produces "practice", and in this dialectical relation, Bourdieu raises concepts to explain "subjective structure", and the "objective," which he calls "habit" and the arena. Habit refers to "what exists and is owned by an agent (individual). Habit in the arena raises capital (capital), social, economic, cultural, and symbolic capital. Habit, arena, capital produce what Bourdieu calls symbolic power. Habit is in the minds of actors, the environment (field, arena) is outside their minds. Practice, according to Bourdieu, occurs between individuals or social groups, in the process of internalizing, externalizing, and externalizing internalities, in which this practice must be analyzed as a result of the interaction of habit and realm (arena).

Habit is a cognitive structure that connects the abuser and social reality. NAPZA abusers use habit in interacting with their social reality. Habit is the result of learning through socializing activities through interaction and society in a broad sense, where the habit is a subjective structure formed from the experience of abusers as a result of interaction with other individuals concerning the objective structure of their social space. Then, the cognitive structure is constructed in the form of actions by the abuser in behavior with other people. In interacting with other people or outsiders, a realm (arena) is formed: a network of relations of objective positions, where habit consists of a person's knowledge and understanding of the world that has contributed to its reality. Therefore, knowledge has power over the ability to construct the reality of the world.

The relationship that exists between internal and external factors is relational, interrelated, and influential with one another. It is the dimension of internal factors so that abusers are influenced to carry out an activity. Habitis a value system that integrates all experiences that the abuser or addict has obtained. Habit acts as a

bridge between the abuser and his social relations in society, so that habit serves as the basis for forming objective social practices so that in the abuser, motivation for his recovery grows. At the same time, external factors are outside the abuser's autonomy, whose existence can create a habit that is inherent in the abuser's life.

The influence of external dimensions that affect an abuser can also be seen in the rehabilitation environment where the abuser carries out his social interactions in living his life in a rehabilitation institution. For example, Rotter in Lina & Rosyid (1997) states that a person's behavior is determined by the interaction between expectations, values that exist in a person, and the environment in which he is located. This is in line with Marlatt & Gordon's research in Fisfer & Reason (1988) on relapse behavior. They assume that the risk of relapse is determined by the interaction between the individual, the situation, and physiology.

Self-efficacy and motivation are factors that consistently become significant predictors in determining the success of NAPZA relapse treatment. Based on the study results, self-efficacy and motivation also determine the success of abusers' recovery on cognitive processes in making decisions, especially in handling their cravings. The higher the self-efficacy and motivation of the abuser, the greater the chance of recovery. Vice versa, the lower the self-efficacy level of the abuser, the smaller the chance of recovery.

**2. Psychosocial Therapy and Craving Management:**

In psychosocial therapy, abusers or addicts are trained to evaluate the patterns of thought, feelings and addictive behavior that are the source of the problem. This is so that addicts can respond to the source of the problem positively (abusers are trained to respond to stress with more positive activities, such as exercising or doing activities according to their interests and talents). And craving management is intended so that abusers can use their time as well as possible. In other words that abusers can manage their time regularly and efficiently so that their density makes them busy. That way, there is no time to think about NAPZAs let alone use them.
Combining psychosocial therapy and appropriate craving management will be an automatic adaptation process for the abuser's positive behavior or new activities that they had not previously done elsewhere. The results showed that relapse started from the cognitive behavior of the abuser, a change in feelings, thoughts, and behavior. Abusers feel a kind of suggestion (longing) on NAPZAs, whether they realize it or not, which researchers call it craving. Especially if the abuser is in a state of being frantic (stressed). Craving can come suddenly (uncontrollably) if the psychological condition of the abuser is unstable. For this reason, relapse prevention measures are needed that focus on individual teaching to find alternatives to situations that have a high risk of re-establishing NAPZA relapse behavior.

The results showed that most of the informants were able to control their cravings with psychosocial therapy combined with craving management. The results of interviews with these informants indicate that with appropriate psychosocial therapy and craving management, abusers or addicts in the relapse process cannot survive using illegal NAPZAs (NAPZAs). With seriousness and determination, abusers can construct their thoughts, feelings, and behaviors not to use NAPZAs during cravings based on the knowledge gained, supported by self-efficacy abilities

and great motivation, to control their craving suggestions by some tips. The abusers can evaluate their mindset and feelings about the problem at hand, respond to stress with positive activities according to their interests and talents, and do positive activities by keeping busy or participating in structured and planned activities. The relapse process is characterized by changes in behavior, thoughts, feelings for the abuser, and other disorders. For that, they need the support of their family and social environment torecover truly. Social support is required to maintain the recovery process, such as from the family environment, friends, and the post-rehabilitation environment to think positively.

According to the informant or abuser, the craving that appears only for a short time can be controlled by being busy. Then the craving will disappear by itself. Abusers do busy or solid activities so that cravings will be forgotten and do not appear in their minds (thoughts). Based on this experience, the individual will automatically become accustomed to the application of the pattern. Abusers will get used to managing their cravings until it becomes a habit (habit) based on their previous relapse experiences. So with the application of appropriate psychosocial therapy and craving management, it will lead to new behavioral changes from abusers or addicts due to the relapse process they experience. They make adjustments (adjustments) and change their behavior so as not to experience a relapse. These findings support that addiction is a chronic condition that requires special attention, so that the relapse they experience after rehabilitation can be overcome by managing it quickly and appropriately, resulting in new positive behaviors.

**Conclusion:**

This study examines and analyzes the relapse behavior of NAPZA abusers after rehabilitation in Makassar City. In general, it describes the relapse behavior of NAPZA abusers or NAPZA addicts to experience a relapse after undergoing a rehabilitation program (recovery) and trying to see changes in abuser behavior due to relapse experienced in relational relationships. In this case, abusers who have experienced relapse directly and make efforts in preventive actions so that NAPZA relapse does not occur. Based on the results and discussion as described above, there are six main points as the study's conclusions. From the study results, it can be concluded as follows: First, the high incidence of relapse in NAPZA abusers or addicts after rehabilitation is due to relapse triggering factors originating from internal triggers and external triggers, resulting in relapse. The relapse is influenced by the existence of various problems in the family and in the social environment of the abuser or NAPZA addict on the interactions that occur, which then lead to conflict. And if the conflict does not find a solution or solution, then this is what then makes the abuser or addict experience stress, especially if it is supported by self-efficacy, motivation, and low knowledge of NAPZAs. Second, the impact of stress is that abusers experience various symptoms of relapse as a form of manifestation of escape from NAPZAs. The symptoms of the relapse are the emergence of cravings as part of the NAPZA relapse process, which will affect the individual's cognitive structure (thoughts, feelings, behavior) such as emotional, restlessness, sleep disturbances, changing eating patterns, and others. Third, the abuser overcomes his relapse by taking action to overcome his craving. Managing cravings with

psychosocial therapy and doing craving management, where the abuser or addict constructs their thoughts, feelings (emotions), and behavior and manages their cravings appropriately based on the knowledge they have constructed. Moreover, to get recovery, abusers make adjustments due to the cravings they experience as part of the NAPZA relapse process because craving is a factor that has a big influence on the return of an abuser to his old habit of consuming NAPZAs again (relapse).

The results show that the abuser's relapse process varies from person to person depending on the triggering factor and individual context. Second, in adapting to cravings experienced, abusers perform psychosocial therapy and craving management so that relapse does not occur. Third, the goal is that psychosocial therapy can evaluate the mindset, feelings, and behavior of addicts who are the source of the problem so that addicts can respond to the source of the problem in a positive way (abusers are trained to respond to stress with more positive activities, such as exercising or doing activities according to their interests), and talent). Fourth, in the context of the relapse process, the abuser's cognitive construction of behavior is then internalized, which is then perceived, understood, and evaluated for its social reality because, in this relapse process, the abuser's life experiences are recorded in memory, felt, lived in their daily lives. Moreover, based on that history, the abuser or addict then knows the meaning of relapse when the abuser is clean and sober. That way, craving will decrease both in quality and quantity. Fifth, psychosocial therapy and craving management will be very helpful for NAPZA abusers or addicts to prevent NAPZA relapse and provide knowledge for abusers, families, communities, and the government in combating relapse.

Behavior changes in abusers or addicts in the relapse process can produce new behavior due to the adjustments they make (psychosocial therapy and craving management). These changes in behavior are the impact of the abuser's activities in carrying out positive activities to divert his mind due to the craving experienced. This is done because the abuser assumes that the NAPZA craving will not be eliminated and will always be in the memory.

The results also show that NAPZA abusers sometimes fail to maintain their recovery for several reasons: a). Lack of strong commitment to stopping using NAPZAs, lack of strong determination to stop taking NAPZAs; b). There is conflict in the family; c). Low self-efficacy and motivation; d). social pressure (rejection from the environment and difficulty interacting) can thwart their commitment to recovering from addiction); e). There is a feeling of inferiority.

## REFERENCES:

Bandura, Albert. 1995. "Self efficacy in Changing Societes". Cambridge: Cambridge University Press.

Bandura, Albert. 1995. Self efficacy: The Exercise Of Control. NewYork: W.H. Freeman and Company.

Berger Peter dan Luckmann, Thomas. 1990. "Tafsiran Sosial Atas Kenyataan Risalah Tentang Sosiologi Pengetahuan". LP3ES, Jakarta.

Bourdieu, Pierre, (1977), Outline of a Theory of Practice. London: Cambridge, University Press.

Bungin, Burhan.Penelitian Kualitatif. Jakarta: Kencana. 2007. hal: 68

Dadang Hawari. 2006. Penyalahgunaan & Ketergantungan NAPZA. Jakarta: Balai Penerbit FKUI.

Fashri, Fauzi. Pierre Bourdieu: Menyingkap Kuasa Simbol. Yogyakarta: Jalasutra, 2014.

Fisher, S., & Reason. (1988). Handbook of Life Stress, Cognition & Health. USA: John Willey & Sons.

Gorski, T., & Miller, M., The stages ofrelapsewere first described. Staying Sober: A Guide for Relapse Prevention: Independence Press, 1986.

Habibi Syahrul Basri, Fitri Rahmadhani. 2015. Faktor-Faktor yang Berhubungan dengan

Kekambuhan Pengguna Narkoba pada Pasien Rehabilitasi di Balai Rehabilitasi Badan Narkotika Nasional Baddoka Makassar Tahun 2015. Makasar : Al-Sihah : Publik Health Science Journal.

Jeffery D. Steketee and Peter W. Kalivas. (2011). Drug Wanting: Behavioral Sensitization and Relapse to Drug-Seeking Behavior. Journal Pharmacological Reviews, 63 (2): 348-365.

Lina & Rosyid, H.F. (1997) Perilaku Konsumtif Berdasarkan Locus of Control Pada Remaja Putri. Jurnal Pemikiran dan Penelitian Psikologi. No 4, Tahun XI, 5-13

Marlatt, A., & Gordon, J. R. (Eds.). (1985). RelapsePrevention: Maintenance strategies in The Treatment of Addictive Behavior. New York: Guilford.

Marlatt, G. Alan And Donovan, Dennis M. 2005. Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors, Second Edition. NewYork: The Guilford Press.

Miles, Matthew B. And A. Michael Huberman. 1994. Qualitative Analysis Data. London: Sage.

Moleong, Lexy J. (2015), Metode Penelitian Kualitatif. Bandung: Remaja Rosdakarya

Notoadmodjo, Soekidjo. 2003. Pendidikan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.

Sinha R, (2001). How does stress increase risk of drug abuse and relapse?.Psychopharmacology (2001) 158:343–359.

Witkiewitz, K., Marlatt, G. A., & Walker, D. D. (in press). Mindfulness-based relapse prevention for alcohol and drug problems: The meditativetortoise wins the race. Journal of Cognitive Psychotherapy.

Witkiewitz, K., & Marlatt, G.A. (2004). Relapse Prevention for Alcohol and Drugs Problems. American Psy-chologist, 59(4), 224-235.

## 14% Overall Similarity

Top sources found in the following databases:

- 14% Internet database
- 0% Publications database

TOP SOURCES

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

| | | |
|---|---|---|
| 1 | **archives.palarch.nl**<br>Internet | 10% |
| 2 | **nfct.co.uk**<br>Internet | 2% |
| 3 | **researchgate.net**<br>Internet | 1% |
| 4 | **rajpub.com**<br>Internet | <1% |
| 5 | **repo.unhi.ac.id**<br>Internet | <1% |
| 6 | **mudarrisa.iainsalatiga.ac.id**<br>Internet | <1% |

## Excluded from Similarity Report

- Crossref database
- Submitted Works database
- Quoted material
- Small Matches (Less then 10 words)
- Crossref Posted Content database
- Bibliographic material
- Cited material
- Manually excluded sources

EXCLUDED SOURCES

**archives.palarch.nl** 94%

Internet