

# Relapse Prevention Workbook



Designed and produced by the Involvement, Recovery and Wellness Centre

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Helping people to be **the best they can be**

# References

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[www.sane.org.uk](http://www.sane.org.uk)

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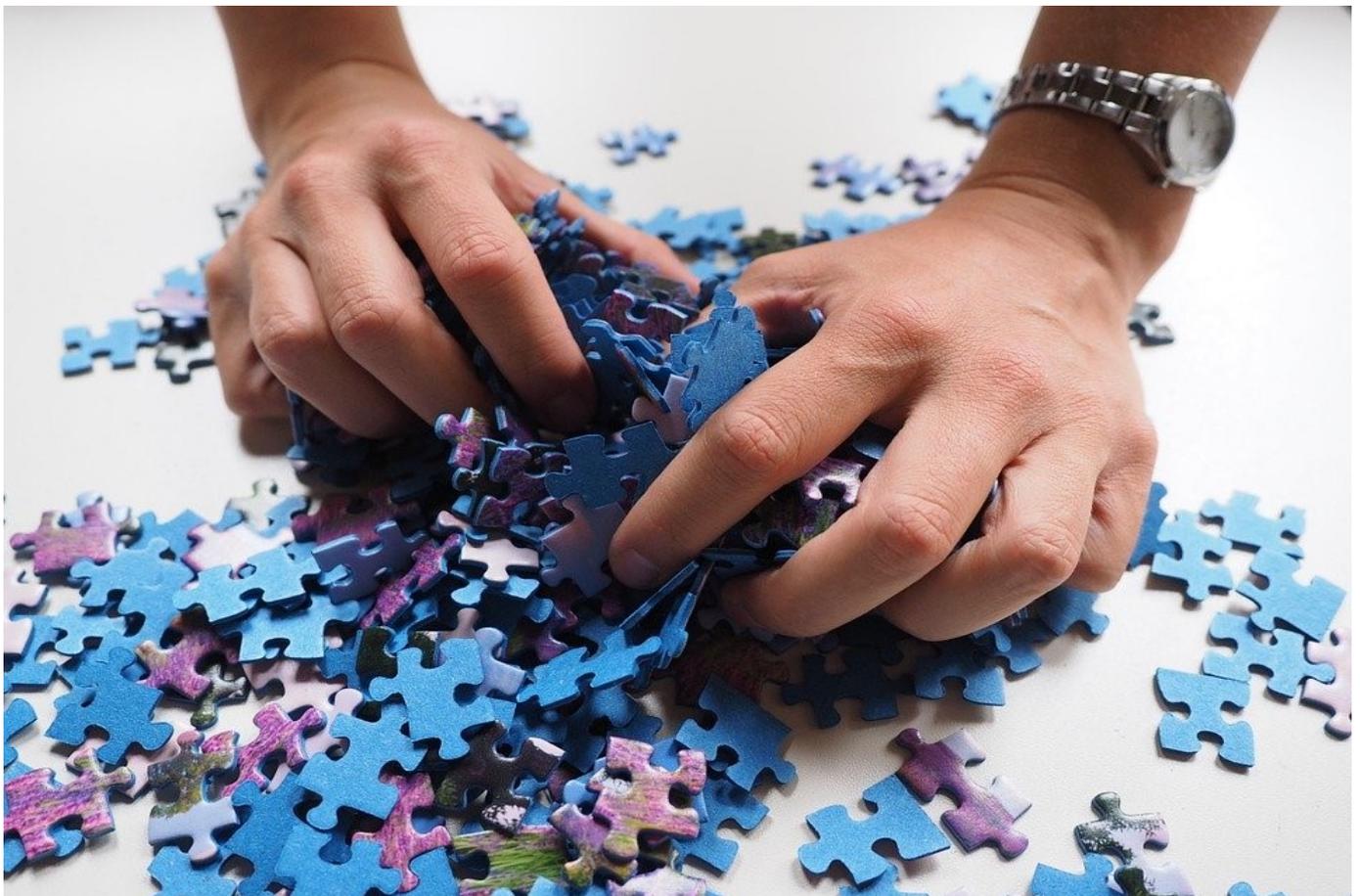
Page 29: goals content <https://www.getselfhelp.co.uk/docs/SMARTgoals.pdf>

# Welcome

We're glad you're here

A relapse is any worsening of symptoms after a period of feeling better or of being more mentally stable.

Experiencing a relapse can be distressing for the person and those around them. It can make integrating in public difficult and make it more difficult for people living with long term mental health conditions to manage on a daily basis, engage in a hobby, have an active social life or continue with their employment.



# Why use this workbook?

It is very normal to feel worried about relapsing and there are things within our control to help us reduce the length or intensity of relapses. This workbook will give you some ideas of what you can do to reduce and prevent relapses. It can be a way of starting your journey in relapse prevention, or consolidating things you have learned about yourself already.



You can share this information, however much of it you want, with your healthcare team in order for them to best support you. This could be when you are transitioning between hospital and home, meeting a new healthcare professional or more.

First of all, you might want to fill in the first section with your personal details including your care team, support network and recovery history.

# My Personal Information

Name	
Address	
Preferred contact details	
Medical conditions	
Allergies	

# My care team

Care Coordinator	
Contact details	

Psychiatrist	
Contact details	

General Practitioner	
Contact details	

Social Worker	
Contact details	

Therapist	
Contact details	

Emergency Contact	
Contact details	

# My recovery history

It can be helpful to make a timeline of your recovery history by writing down important events, both accomplishments and setbacks. This can help you see your recovery over a bigger period of time and help other people who support you quickly see a picture of your recovery.

Some examples are below.

<b>Date</b>	<b>Event</b>
<i>Feb 1991</i>	<i>After struggling with my mental health for several years, given a diagnosis of depression</i>
<i>Mar 1992</i>	<i>Crisis team helped me for a few weeks during a relapse</i>

Now try creating your own recovery history. If you would like more room, you can extend the table on your own paper, or you can draw out a timeline across a line on a piece of paper.

# My recovery history

Date	Event

# My support network

Here you can write down any other people who might be part of your support network, such as family, friends and significant others.



If there is anyone you would not wish to be contacted about your health, make sure to make a note of this.

# My support network

These people are part of my support network.

<b>Name</b>	<b>Contact details and relationship to you</b>

Please do not contact these people.

<b>Name</b>	<b>Contact details and relationship to you</b>

# My preferred facilities

<b>Preferred hospital</b>	
<b>Hospital to avoid</b>	

<b>Preferred pharmacy</b>	
<b>Pharmacy to avoid</b>	

<b>Preferred mental health ward</b>	
<b>Mental health ward to avoid</b>	



# My preferred medication

<b>Medication I can take when I am in crisis</b>	<b>Dose</b>	<b>Reason I would need to take this</b>

<b>Medication to avoid</b>	<b>Dose</b>	<b>Reason I do not want to take this</b>

# What I am like when I'm well

Next it is important to know what you are like when you are well. What does being well mean to other people? In the Think Twice survey conducted by SANE, people responded with these top answers:

1. Able to trust my own thoughts
2. Able to function independently
3. Feel alert and alive
4. Feel hopeful about the future
5. Able to have an active social life
6. Able to hold a steady job or volunteer
7. Able to stay out of hospital
8. Not having delusions/hallucinations
9. Balance between side effects of medication and symptoms
10. Able to enjoy the environment
11. Able to learn a new skill and attend a class
12. Able to engage in a hobby

Having looked at these responses, are there any that you agree with? Are there any that you would add? What does being well mean to you as an individual?

# What I am like when I'm well

Circle the words that describe you best and add your own below.

Organised	Brave	Active	Generous
Joyful	Funny	Confident	Bubbly
Kind	Outdoorsy	Motivated	Sociable
Shy	Friendly	Energetic	Caring
A good listener	Content	Thoughtful	A good sense of humour
Tidy	Quiet	Responsible	Easygoing

# Triggers

Can you think of anything that has caused you to relapse? We call these events relapse triggers. A relapse could be caused by one trigger or many triggers added together.

In the Think Twice survey conducted by SANE, people responded with these top answers for reasons for relapse:

1. Stressful life events
2. Stopping medication
3. Physical ill health
4. Time of year
5. Alcohol or drug abuse
6. Reduction in services
7. Medication stopped working
8. Change in medication
9. Talking therapy discontinued

Please note that these responses were given only by a selection of around 100 people with schizophrenia or bipolar disorder and may not reflect your experiences.

In your experience, can you identify any triggers for relapse, past or present? Use the next few pages to make a note of these.

# Triggers

**My main triggers that could cause relapse**


**What I can do to address my main triggers**


# Triggers

Here are some examples of triggers that could cause relapse. Circle your main triggers and add your own.

Too much caffeine	Being very tired	Too much/too little sugar	Certain people
Alcohol	Drug misuse	Certain smells	Staying in bed too long
Not having enough rest	Stressful situations	Doing too much/little	Not socialising
Too much stimulation	Not taking medication	Eating too much junk food	Large groups
Untreated illness	Being judged or criticised	Doing the shopping when busy	No routine

# Early warning signs

In spite of your very best efforts to take care of yourself, you might begin to experience early warning signs, which are subtle signs that show you might need to take further action to prevent a relapse. It may be difficult to tell what is normal for you and what is an early warning sign, so it might be helpful to think about past relapses and whether there are any common early warning signs in yourself before you get unwell. This might be something you notice or that others around you notice.



Once you have an idea of what your early warning signs are, you could then have a think about what you can do when you are experiencing them to prevent a relapse or to shorten or reduce the severity of it. Some ideas are included in the next few pages.

# Early warning signs

**Some of my early warning signs**


**What I can do when I am experiencing early warning signs**


# Early warning signs

Here are some examples of early warning signs. Circle your main early warning signs and add your own.

Change in appetite or attitude towards food	Change in sleeping pattern	Withdrawal from socialising	Lacking motivation
Having unusual or distressing thoughts	Feeling more dependant on those around us	Wanting to be alone more than usual	Feeling sick
Feeling like we can't do things we used to do	Feeling like the worst thing is going to happen	Constantly focusing on past or future	Beginning to think people are talking about us
Becoming tearful more often	Difficulty focusing or concentrating	Unable to make decisions	Forgetting things
More alert and aware of things around us	Thoughts racing through our head	Becoming suspicious of those around us	Feeling tense and anxious
Neglecting appearance	Getting stressed out more than normal	Thoughts of suicide or self harm	Unhelpful coping strategies used
Mood swings	Becoming angry	Not being able to rationalise	Spending lots of money

# Coping techniques

It can also be helpful to think about coping techniques generally. Sometimes in our recovery some coping techniques are more helpful to us than others.

Sometimes we may have unhelpful coping techniques which help us very quickly in the short term, but not so much in the long term. For example, if someone responded to feeling particularly down one day with eating as much as they possibly can, self-harming, drinking, or trying to block out the feelings another way, they might feel better at first, but eventually they might feel guilty or bloated or have scars or a hangover.

If on the other hand they responded to feeling particularly down one day by using a healthier coping strategy like opening a window and going for a walk, making a list of their worries or doing a breathing exercise (something which doesn't harm yourself or others) they might not feel amazing straight away, but they might feel a bit straight away and eventually the feeling will pass.

It can be very difficult to choose how to respond when we are feeling unwell, especially when all of our mental resources are being drained just to function normally. Sometimes an unhealthy coping technique serves us a purpose at that time and beating yourself up for it is not helpful. Just use this as an opportunity to see whether there could be something better that you could do to help yourself in the long run.



# Coping techniques

Here are some examples of healthy coping techniques. Circle the ones you use or would like to try and add your own.

Breathing exercises	Mindfulness	Exercise	Good sleeping routine
Speaking to friends and family	Distraction—book, film	Engaging in activities	Getting creative
Music—playing, listening	Using medication as prescribed	Relaxation—relaxation CD, taking a break	Self soothing—having a bath
Walking the dog	Eating healthily	Getting a change of environment	Making a WRAP book or one page profile
Connecting to environment around me	Getting involved in favourite sport	Crushing an ice cube or eating a lemon	Doing a puzzle or crossword
Learning about my condition			

# My safety plan

Sometimes we can try our very best and still face a crisis or feel like we can't cope. **Here the most important thing is to stay safe and know that this will pass. A crisis feels like it will last forever, but they never do.**

We will be able to later look back at a crisis and use it as part of our re-



covery, learning from it—what helps, what does not help and how to prevent them sooner.

Sometimes the journey of recovery means that we might still have a crisis, but it is not as bad or does not last as long. Ups and downs are part of life, so try not to beat yourself up and we can make choices to help ourselves in the long run.

# My safety plan

Fill in this page before you have a crisis, so you have some ideas when it is difficult to think of them during a crisis.

How can I get through right now? Just this minute or hour?

How can I make my situation safer?

What could calm or lift my mood?

What could distract me?

Who can I talk to?

Who do I contact in an emergency?

# Minimising the chance of relapse

It is perfectly normal to be worried about a relapse –when we have been through something like mental illness, it is normal to not want to experience it again.

Here are some of the things that are within our control to help minimise relapse:

- Learn more about your condition to understand how you can help yourself– online or in a workshop
- Find the right treatment or combination of treatments—this can be things like medication, talking therapy and other support
- Reduce stress and find ways to combat unavoidable stress
- Talk to your mental health team—keep asking for support if you need it
- Talk to your family and friends—whether this is about your mental health or about anything else, having support network can greatly benefit your health
- Look after your physical health—your whole body, not just your mind
- Take part in activities that you enjoy and are meaningful to you

# My life goals

Having goals, short and long term, can support your recovery as well as your quality of life. One way of defining your goals from something vague to something you can really achieve is to use the “SMART” acronym.



Consider the vague goal of “*I want to run a marathon*”. How can we really define this goal and improve our chances of reaching it?

# My life goals

**Specific**—consider breaking the goal down into smaller steps. *“I would like to use to couch to 5K app.”*

**Measurable**—more of something, less of something? Measure it with time, distance, amount? *“I would like to use to couch to 5K app 3 days a week”*

**Achievable**—don’t set yourself up to fail and again consider breaking the goal into smaller steps so you can praise yourself for every step. *“The app should break my run down to have breaks”*

**Realistic**—will the goal work for me? *“I do quite a bit of walking at the moment so I think I will be okay”*

**Time limited**—consider setting a limit of when you would like to achieve the goal by. *“I would like to use the couch to 5K app for 3 days a week and would like to run 5K in 6 months’ time. Long term, in 2 years, I would like to have ran a marathon.”*

# My life goals

**My goal:**

**Specific**

**Measurable**

**Achievable**

**Realistic**

**Time limited**

**My goal:**

**Specific**

**Measurable**

**Achievable**

**Realistic**

**Time limited**

Remember:

Relapse is a part of  
recovery... 