A guide to relapse prevention

“Back in the Saddle” (BITS) was developed to support the relapse prevention work offered by North Birmingham Mental Health Trust Early Intervention Service.

Written by James Plaistow 1996

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INTRODUCTION

Often one of the largest fears for people who have experienced an episode of psychosis is that of relapse – a return of psychotic symptoms.

Understandably, some people feel that the only way to cope with this fear is to try and forget their experience of psychosis and deny that it happened.

An alternative strategy is to learn skills which will help to prevent or reduce the possibility of having another relapse.

**Which strategy do you feel would be more useful?**

It may be that you are already doing a number of things to prevent this such as:-
- Continuing to take medication
- Learning to manage symptoms
- Increasing your confidence
- Rebuilding social networks/opportunities

**Is there anything you do now which helps you to stay well?**

This booklet aims to support you in developing your relapse prevention skills by learning more about your own experience of the illness as well as what you can do to control it. Namely, how to detect if your psychosis is returning and what to do if it does.

Because it may:-
- decrease the chance of relapse
- increase control over the illness
- reduce feelings of hopelessness
- increase understanding of illness
Research has shown that many people notice definite changes in their thoughts, feelings and behaviours prior to becoming unwell. These are called **early warning signs** and are most noticeable in the weeks/months before a full psychotic relapse.

Some common early warning signs:-

<table>
<thead>
<tr>
<th>Thinking/Perception</th>
<th>Feelings</th>
<th>Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty concentrating</td>
<td>More tense/anxious</td>
<td>Not sleeping</td>
</tr>
<tr>
<td>Unable to make decisions</td>
<td>Increasing quiet/withdrawn</td>
<td>Neglecting your appearance</td>
</tr>
<tr>
<td>Becoming forgetful</td>
<td>Puzzled about strange experiences</td>
<td>Not seeing people</td>
</tr>
<tr>
<td>Senses seem sharper</td>
<td>Increasing religious</td>
<td>Not eating</td>
</tr>
<tr>
<td>Thoughts are racing</td>
<td>Suspicious of people</td>
<td>Bizarre behaviour</td>
</tr>
</tbody>
</table>

Have you experienced any of these?

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You may have experienced some of these as well as some other signs that are less general and more personal to you. This collection of general and more specific signs as well as the order they occur in is called your **relapse signature**.
**RELAPSE SIGNATURE**

<table>
<thead>
<tr>
<th>General early signs</th>
<th>Specific early signs</th>
<th>Order they occur in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling stressed out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to sit down for long</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racing thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having nightmares about the devil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preoccupied about racism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking people are against me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing messages from TV and music</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some people have also found that there was a specific *trigger event/situation* before they were unwell.

**Can you think of any particular event that triggered your illness?**

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**Why learn a relapse signature?**
Working out and becoming familiar with your own relapse signature will help you to detect if you are becoming unwell in the future…….
**Don’t worry.** Many people find it difficult to remember the time before they were unwell. You may find that having a chat with your key/co-worker over a number of sessions will make this easier.

Try using some of the techniques below:-

A good starting strategy is to talk to those people who were around you at the time such as family or friends. Often by talking to them you will find that they can remember bits you have forgotten.

Use a timeline (see your key/co-worker for a sheet)

<table>
<thead>
<tr>
<th>External Events</th>
<th>Thoughts, feelings, behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Started College (Sept '94)</td>
<td>Feelings restless and anxious/</td>
</tr>
<tr>
<td></td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Mothers Birthday (late Sept '94)</td>
<td>Unable to sit down for long</td>
</tr>
<tr>
<td></td>
<td>More nightmares/trouble sleeping</td>
</tr>
<tr>
<td></td>
<td>Very difficult to concentrate</td>
</tr>
<tr>
<td>Stopped going to college (Oct '94)</td>
<td>Staying in room more</td>
</tr>
<tr>
<td>Raining a lot/some snow very cold</td>
<td></td>
</tr>
<tr>
<td>Bombscare in town (late Oct '94)</td>
<td>Hearing messages through the TV</td>
</tr>
<tr>
<td>Admission to hospital (29/10/94)</td>
<td>Paranoid about neighbours</td>
</tr>
<tr>
<td></td>
<td>Hearing voices</td>
</tr>
</tbody>
</table>

Using a timeline and thinking back to significant external events will help you to remember your thoughts, feelings and behaviours at the time.

Remember external events could be anything from

- a) What you were doing – *college, working, unemployed*
- b) Important occasions – *birthdays, get togethers, trips/visits*
- c) Current affairs/news items – *world events, politics, sporting events*
- d) Weather – *seasons, extreme weather conditions*
Alternatively you could try completing a card sorting exercise (see key worker for cards)

Lay the cards out on the floor and spend some time reading through them.

Try and remember whether you have experienced any of the changes described on the cards.

Select 8 or 9 cards that best describe how you were thinking, feeling and behaving before you became unwell. You may find it helpful to think about what other things were happening in your life at the time. You could also try completing the exercise with those who were close to you at the time.

Try and place the cards in order from first to last.

eg.
Card 1 – Feeling restless (1\textsuperscript{st} change noticed)

Changes that occurred between the first and last changes

Card 9 – Hearing messages from TV (last change before admission)

Remember the cards are quite general. How could you make these more specific to you?

\begin{itemize}
  \item \textbf{General} \quad \textbf{Specific to you}
  \item \textit{(Preoccupied with one or two thoughts $\rightarrow$ thinking about racism all the time)}
\end{itemize}

\textbf{Relapse signature and Normal Fluctuations}

\textbf{Remember} at times everybody will fell anxious or restless and may not feel like going out or seeing people. Therefore you need to learn \textbf{how to recognise normal fluctuations in mood from your relapse signature}. 
If your psychosis is returning it’s likely that you will experience definite changes in your thoughts, feelings and behaviours that get worse over time.

Here are some handy hints you may find useful in drawing up your relapse signature:

**Make it yours** – You are more likely to recognise your relapse signature if you make it specific to you. Try using your own terms eg. Anxious – “wound up”, “stressed out”.

**Staying Safe** – If you experience worrying changes in your thoughts/feelings that are different to your relapse signature. To stay safe check them out with your key/co-worker.

**Know your signature** - As well as being able to verbally repeat your relapse signature it is important that you can recognise it. Therefore you may need to become more self aware regarding your thoughts and feelings. Practice asking yourself “How am I feeling?” or “What am I thinking about?” Also, you could ask trusted friends/family for their opinion on your mood, behaviour.

**What Next**

Having learnt your relapse signature it’s important that you have a clear plan of what to do should you begin to relapse. This is called a **relapse drill**. Construction of your relapse drill may involve you, your key/co-worker, family/friends and possibly other health professionals. Therefore, it’s important to remember that everybody involved in the plan has a copy and knows what to do!
What makes a relapse drill?

Relapse drill

Pathway to support  Service Interventions  Personal coping strategies

Pathway to Support

One important factor in preventing relapse is ensuring that you get the support you need when you need it.

a) You can do this by knowing who to contact, when and how to do it. (Remember, this plan will need to apply 24 hours, 7 days a week, so it’s a good idea to have back up routes to care.)

Consider using a crisis card like the one below:

Front side        Rear Side

Early Psychosis Services (NBMHT)

Keyworker:…………………..

Co-worker:…………………..

Hrs of contact:
Mon – Fri (8.30 – 4.30) Telephone: 0121685 6475
Sat – Sun (10.00 – 4.00) Telephone: 0121 685 6169

Out of hours contact: Archer Residential Unit
Telephone: 0121 685 6169

Service Interventions

Some of your relapse drill is likely to consist of strategies focused on using the support that can be provided by your nurse, doctor and services in general. These service interventions will be strategies agreed in advance by you, your key / co – worker / doctor that are aimed at preventing relapse. These will be quite varied and will require you to agree on which areas would work best for you.
Here are some examples:-

*Increased contact with key / co-worker / services*

*Commencing early signs monitoring*

*Anxiety management* – learning how to manage your own anxiety levels

*Stress management* – developing skills to both deal with and prevent stress

*Negotiated increase in medication* – small increase in medication for a short period of time

*Respite care* – staying in a more supported environment for a short period of time

*Cognitive therapy* – psychological techniques used to help with symptom management and psychological adjustment

*Home Treatment* – support within your home environment.

**Personal coping strategies**

Another way of becoming more in control over your illness is to develop your own skills that prevent your early warning signs escalating into a full relapse.

Often these may be the same skills you use to deal with difficult everyday situations and problems eg. *Having a bath to relax*

**Do you have any existing coping strategies?**

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Other strategies may seem less familiar and may be something you can discuss with your key / co-worker. Some of these strategies will also require a lot of practice. *Some examples of these maybe:*-

*Attentional control* – switching your attention from distressing thoughts, images and feelings e.g distraction

*Self instruction* – telling yourself in your mind to do something. For example praising or reassuring yourself e.g “*nobody wants to hurt me*”.

*Altering activity* – Changing your level of activity to alter how you are feeling or what you are thinking about e.g using exercise to lift your mood,
Modification of sensory input – e.g altering the amount of stimuli your senses have to deal with e.g turning off the TV or listening to a Walkman to prevent voices.

Relaxation – learning to relax / wind down.

Putting it all Together

It’s likely that your relapse drill will contain aspects from all 3 areas i.e personal coping strategies, pathways to support and service interventions. Here are some useful hints to assist you in drawing up your relapse drill.

Keep it simple – Stick to those strategies you know will be effective. (You can always add more as you master them).

Work together – Use the support you have – (including the knowledge of your key/ co – worker and doctor).

Know the drill – Read through your relapse drill regularly so you can use it if you have to.

For example:

<table>
<thead>
<tr>
<th>Relapse signature</th>
<th>Relapse drill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling stressed out</td>
<td>Step 1 – Contact services / keyworker</td>
</tr>
<tr>
<td>Unable to sit down for long</td>
<td></td>
</tr>
<tr>
<td>Racing thoughts</td>
<td></td>
</tr>
<tr>
<td>Having nightmares about the devil</td>
<td>Step 2 – Anxiety management and Attentional control Techniques</td>
</tr>
<tr>
<td>Preoccupied about sin</td>
<td></td>
</tr>
<tr>
<td>Hearing messages from TV and Hearing voices</td>
<td>Step 3 – Negotiated increase in medication</td>
</tr>
</tbody>
</table>
# Relapse Prevention Sheet

**Name:**

**Date:**

<table>
<thead>
<tr>
<th>Relapse signature</th>
<th>Relapse drill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step 1 - ...............</td>
</tr>
<tr>
<td></td>
<td>Step 2 - ...............</td>
</tr>
<tr>
<td></td>
<td>Step 3 - ...............</td>
</tr>
</tbody>
</table>