

Cambridgeshire and Peterborough



Mental Health Partnership NHS Trust
A Cambridge University Teaching Trust

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.

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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?

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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?

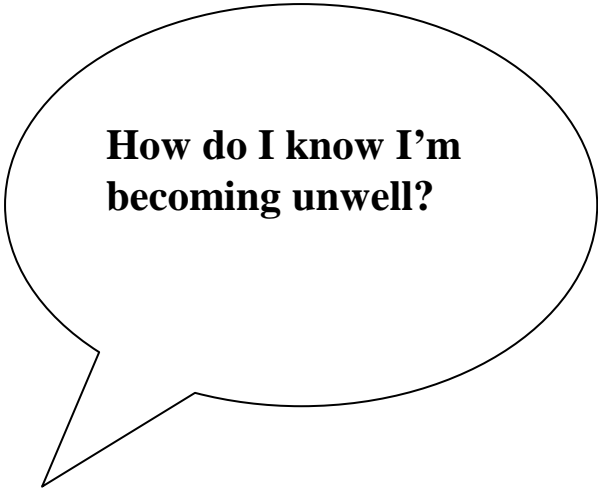
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This booklet aims to support you in developing your relapse prevention skills by learning more about your own experience of the illness as well as what **you** can do to control it. Namely, how to detect if your psychosis is returning and what to do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



Because it may:-

- *decrease the chance of relapse*
- *increase control over the illness*
- *reduce feelings of hopelessness*
- *increase understanding of illness*



How do I know I'm becoming unwell?

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:-

Thinking/Perception

Difficulty concentrating
Unable to make decisions

Becoming forgetful

Senses seem sharper
Thoughts are racing

Feelings

More tense/anxious
Increasing quiet/withdrawn

Puzzled about strange experiences

Increasing religious
Suspicious of people

Behaviours

Not sleeping
Neglecting your appearance

Not seeing people

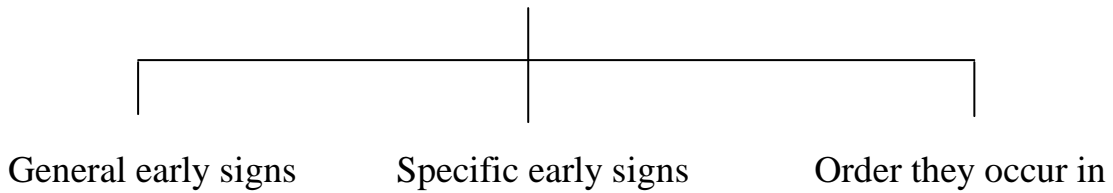
Not eating
Bizarre behaviour

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



For example:- *Feeling stressed out*
Unable to sit down for long
Racing thoughts
Having nightmares about the devil
Preoccupied about racism
Thinking people are against me
Hearing messages from TV and music

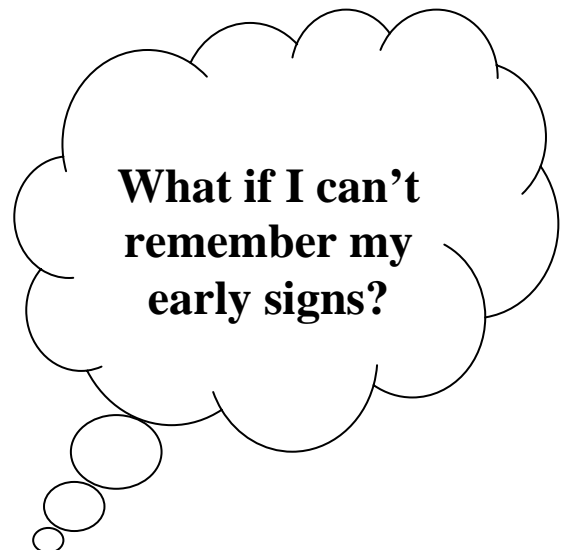
Some people have also found that there was a specific **trigger event/situation** before they were unwell.

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)

External Events

Started College (Sept 94)

Mothers Birthday (late Sept '94)

Stopped going to college (Oct '94)

Raining a lot/some snow very cold

Bomb scare in town (late Oct '94)

Admission to hospital (29/10/94)

Thoughts, feelings, behaviour

*Feelings restless and anxious/
Difficulty concentrating*

*Unable to sit down for long
More nightmares/trouble sleeping
Very difficult to concentrate*

Staying in room more

Hearing messages through the TV

*Paranoid about neighbours
Hearing voices*

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.

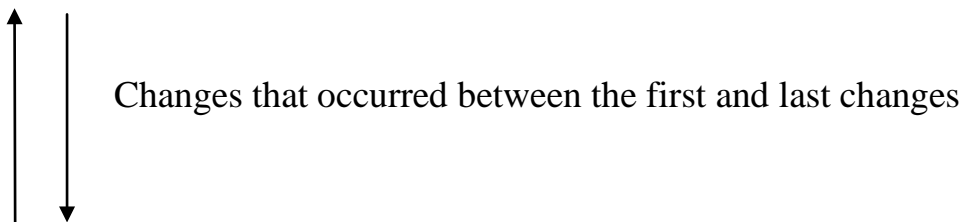
Try and remember whether you have experienced any of the changes described on the cards.

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 (1st change noticed)



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?

e.g

General

Specific to you

(Preoccupied with one or two thoughts → thinking about racism all the time)

Relapse signature and Normal Fluctuations

Remember at times everybody will feel anxious or restless and may not feel like going out or seeing people. Therefore you need to learn **how to recognise normal fluctuations in mood from your relapse signature.**

How do I detect these from my relapse signature?

If your psychosis is returning its 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.

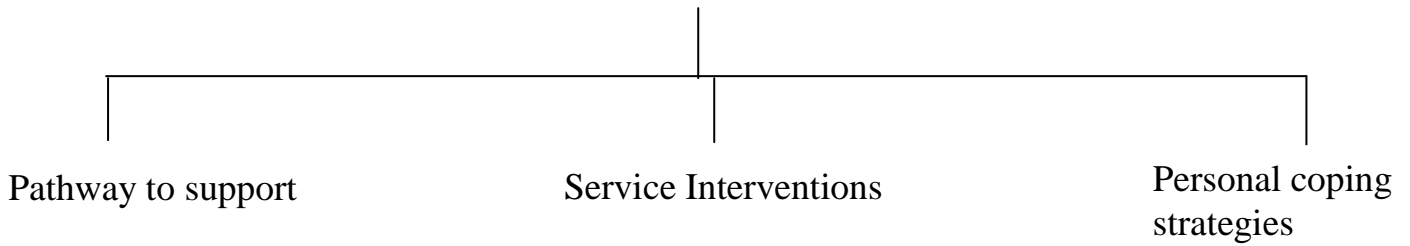
Know your signature - As well as being able to verbally repeat you relapse signature it is important that you can recognise it. Therefore you may need to become more self aware regarding your thoughts and feelings. Practice asking yourself “How am I feeling?” or “What am I thinking about?” Also, you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

What Next

Having learnt your relapse signature its 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

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

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

Rear Side

Relapse signature	Relapse drill
_____	Step 1 _____
_____	_____
_____	Step 2 _____
_____	_____
_____	Step 3 _____
_____	_____
_____	_____

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:-

Relapse signature

*Feeling stressed out
Unable to sit down for long
Racing thoughts*

*Having nightmares about the devil
Preoccupied about sin*

*Hearing messages from TV and
Hearing voices*

Relapse drill

*Step 1 – Contact services /
keyworker*

*Step 2 – Anxiety management
and Attentional control
Techniques*

*Step 3 – Negotiated increase in
medication*

