SELF-CARE: RELAPSE PREVENTION AND CRISIS PLANNING

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If you have a psychiatric disability, you will likely experience periods of remission, or times when your symptoms are not present. Sometimes symptoms of your psychiatric disability may be mild or moderate. At other times, you will find that these symptoms intensify and become severe. We call that period of severe symptoms a relapse. Relapse is defined as "an exacerbation or intensification of symptoms severe enough to interfere with daily living activities." When you have a relapse, it can also be said that you are experiencing an acute episode of your psychiatric disability.

Relapse prevention is when a person with a psychiatric disability actively prevents a relapse from occurring. Researchers have determined that most relapses can be predicted and prevented. People with psychiatric disabilities often prevent relapses by developing relapse prevention plans when they are experiencing no or mild symptoms. We will talk more about relapse prevention plans on the following pages.
why do people have relapses?

RELAPSES OCCUR WHEN SYMPTOMS OF PSYCHIATRIC DISABILITIES BECOME MORE INTENSE OR SEVERE. Why do these symptoms become more severe? One way to understand why people have relapses is to examine the Vulnerability-Stress Model.³

The Vulnerability-Stress Model assumes that people with psychiatric disabilities have a genetic or biological predisposition for psychiatric disabilities.⁴ That is, there is a genetic likelihood that a psychiatric disability will occur if a person is exposed to certain environmental stressors or trauma. For someone with a predisposition for a psychiatric disability, trauma can trigger the psychiatric disability.⁵ Stress may also contribute to relapse.

As a person in recovery, you might find this model helpful. This model means that you can control some of the events that trigger your symptoms and thus prevent a relapse. For example, avoiding too many commitments to keep more time for yourself is something you can do to prevent a relapse.
An ideal way to help catch a relapse before it happens is to have a relapse prevention plan. In general, relapse prevention plans are written plans that should contain information such as:

- A list of events and situations that are triggers for you.
- What would help you if you experience a trigger.
- A list of your early warning signs of relapse.
- What would help you if you experience an early warning sign.
- A list of people whom you listen to and trust when you are experiencing triggers or early warning signs.
- A list of people to be contacted in an emergency.

In addition to or as part of a relapse prevention plan, you can engage in strategies such as becoming educated about your psychiatric disability, structuring your time or learning about stress management techniques. These strategies will be discussed in more detail in the Stress Reduction section of this curriculum.
THE FOLLOWING ARE EXAMPLES OF STRESSFUL EVENTS THAT CAN CAUSE RELAPSES. ANOTHER TERM TO DESCRIBE THESE STRESSFUL EVENTS IS TRIGGERS.

Triggers are events or circumstances outside of the individual that are likely to contribute to a relapse. In other words, triggers can result in symptoms of your psychiatric disability. These events can include:

- Having a major argument with your spouse.
- Feeling overwhelmed by your child's behavior.
- Losing a job.
- Moving.
- Reaching the anniversary of a loss or trauma.
- Being overtired.
- Experiencing excessive stress at work and/or home.
- Having your medication changed.
- Going to the hospital for medical or psychiatric reasons.
- Changing treatment providers.
- Experiencing noises or smells that remind you of a trauma.

If you are writing a relapse prevention plan, identify your specific triggers and list them in your plan.7
If you are developing a relapse prevention plan, next put together an action plan. This action plan lists the things that would make you feel better if you were to experience a trigger. A sample plan might include activities such as talking to a supporter, playing the piano for an hour or running.

Listed below are examples of difficult life situations that might be triggers for your psychiatric disability. At the end of each example is an informal triggers action plan, or a way that you could handle the situation so it does not trigger you.

1. Your spouse or partner tells you that he/she will be working a lot of overtime in the next few weeks. You remember that in the past when this has happened, you have felt overwhelmed and resentful because you have had most of the parenting responsibility while being alone a lot, and you have started to have more symptoms. While you are calm, you decide to share with your partner your fear of getting triggered again and to discuss with your partner ways you might feel less alone while he/she is not at home a lot. The two of you come up with a plan that includes asking your support people (friends, therapist, etc.) whether you can call them if you really need to briefly connect with an adult and temporarily lowering your expectations for cooking and cleaning during this period of overtime. Your partner will check in by phone during the day when he/she can.

2. Your 3-year-old child has been potty training for the last few months with some success. You and your partner have been arguing recently, and you are considering separating. You find that your child is not interested in potty training anymore and seems to be regressing. You suspect your child’s regression is due to the recent difficulties between you and your partner, but that does not make it less frustrating for you. You find that sometimes you take this frustration out on your child by yelling at him. In order to keep this situation from escalating and maybe contributing to your own relapse, you could think of ways to handle the situation differently. Perhaps you could talk to your spouse about getting counseling together because you are worried about the effects of your arguing on your child. You could also incorporate behavioral strategies, such as giving rewards for good potty training behavior.

3. Last year was the first anniversary of your mother’s death. The anniversary brought a great deal of sadness and grief, and it contributed to a relapse of your depression. Knowing this allows you to plan for the anniversary this year. You will still feel sadness and grief, but perhaps you can distract yourself or be especially good to yourself that day. Calling on friends and family for their support that day can also help you prevent a relapse.
Early warning signs are changes you feel internally and behaviors that signal a relapse might be starting. Sometimes these changes are so subtle that you don’t even know they are happening. Sometimes they are more apparent. Often, when you look back after a relapse, you will realize these signals were present before your relapse occurred.

When creating a relapse prevention plan, it is helpful to put together a section identifying your early warning signs.

Early warning signs might be changes such as:

- Feeling tense or nervous.
- Changing your eating patterns.
- Sleeping too much or too little.
- Feeling a decreased need to sleep.
- Feeling depressed or low.
- Feeling like you want to isolate yourself from people.
- Feeling irritable.
- Losing your temper a lot when this is not like you.
- Stopping your treatment or medication.
- Experiencing difficulty concentrating.
- Feeling paranoia (i.e., thinking people are out to get you).
- Using or abusing drugs or alcohol.
- Spending more money.
- Feeling overconfident about yourself and your abilities.

It is important to note that early warning signs are unique to each individual with a psychiatric disability. Some aren’t found on this list, such as, say, pacing compulsively or wearing the same clothes every day or buying lots of lottery tickets. Keep in mind that what might be a warning sign to one person might not be a warning sign to another.
what if you miss the early warning signs?

THINK ABOUT YOUR INDIVIDUAL EARLY WARNING SIGNS.

Being able to identify them will help you prevent a relapse. If you are unable to recognize your early warning signs, talk to a family member or friend, or a therapist if you have one, about helping you identify them so you will be more aware if they occur.

For example, maybe one of your early warning signs is that you start drinking more alcohol and you start spending lots of money. Many times, people don’t realize their behavior has changed and has become problematic. Therefore, it is good to have a supporter — a family member or friend you trust — watch out and help you identify your early warning signs. Behaviors that are early warning signs can be detrimental to your well-being and might result in a relapse, especially if you do not take steps to reduce the stress caused by your triggers.
AVOIDING A RELAPSE MEANS CATCHING YOUR WARNING SIGNS EARLY AND ACTING ON THEM QUICKLY.\textsuperscript{12}

Some questions to ask yourself if you think you are experiencing early warning signs are:

- Do I have enough support in my life?
- Do I have too much stress on me? What can I do to lessen the stress?
- Am I following treatment recommendations, and if I am, should I talk to my therapist or doctor to see if we need to adjust my treatment or medication plan?
- Should I call my doctor and therapist to let them know what I am experiencing?\textsuperscript{13}

Depending on your answers to those questions, you can, along with help from your supporters, take action. Your action plan might include calling your therapist, arranging to take a day off from work and doing your relaxation exercises.\textsuperscript{14}

Examples of some specific early warning signs and action plans for them are listed in the boxes below:

**PROBLEM:** You are forgetting to take your medication during the day.

**SOLUTION:** Put notes around your house or set your alarm on your watch or cell phone to help you remember to take your medication.

**PROBLEM:** You realize that you haven’t been attending your support group lately or going to appointments with your therapist.

**SOLUTION:** Maybe you need a supporter to take you to the therapist appointments or the support group meetings.

**PROBLEM:** You are feeling lonely and depressed. You’re not sleeping or eating well.

**SOLUTION:** Perhaps you need one of your supporters to help you get out of the house and distract you. You can see a movie or have dinner out.
A RELAPSE PREVENTION PLAN CAN HELP REDUCE THE LIKELIHOOD OF A PSYCHIATRIC EMERGENCY BUT IS NOT GUARANTEED TO DO SO. Any parent with minor children must plan for the possibility of needing child care in an emergency. Planning for a psychiatric emergency (or crisis planning) can help you feel less stress and can help your children stay safe and healthy during a difficult time.

When you feel stable with your psychiatric disability, you should consider developing a crisis plan. There are a variety of crisis plans, but in this section, we are going to discuss the Advance Self-Advocacy Plan (ASAP). Having a plan like this is especially important for you as a parent in case you need to go to the hospital and need to have child care arrangements in place.

Some states also recognize psychiatric advance directives (PADs). These are legal documents that tell your treatment team what you would like to happen during a crisis. For example, if you do not want certain medications or you do not want certain types of therapies, you can state that in your PAD.

We will start by discussing psychiatric advance directives and then move into explaining the ASAP.
what are psychiatric advance directives (PADs)?

“Becoming incapacitated doesn’t mean we lose the absolute right to make our own health care decisions. What we lose is the ability to communicate. The document ensures that, at the very least, my rights are defined and my wishes are known.”

— Charles Arnold, who in 1981 filed the class-action lawsuit Arnold vs. Sarn to improve care for Arizona’s indigent people with psychiatric disabilities.

PADs:

- Are legally recognized advance plans that give instructions for mental health treatment.
- Are designed to ensure that needs and treatment preferences are known during a psychiatric hospitalization or crisis.
- Are especially important when an individual is judged to lack the capacity to make decisions regarding his or her mental health treatment.
- Enhance communication between individuals and their families, friends, mental health care providers and others.
- Can protect individuals from ineffective, unwanted or possibly harmful treatment.\(^{15}\)
what topics are often included in PADs?

- Symptoms that signal a crisis.
- Medication instructions.
- Treatment facility preferences.
- Emergency contact information.
- Protective factors (coping skills, family support, or your spiritual life).
- Preference for staff interaction and visitors.
Some states recognize psychiatric advance plans as legally binding, while other states either do not allow for them or recognize only some aspects of them. To see if your state allows psychiatric advance planning, please see the website of the National Resource Center on Psychiatric Advance Directives, http://www.nrc-pad.org, and click on the side bar titled “State by State Info.”
There are two types of psychiatric advance directives:

**INSTRUCTIONAL DIRECTIVE** — This is the kind of psychiatric advance directive we have been talking about so far. It contains instructions to your doctors, hospitals and other mental health care providers about your treatment. The downside to this kind of psychiatric advance directive is that it deals with specific situations with little flexibility for changes after the document is written.

**HEALTH CARE POWER OF ATTORNEY** — This allows you to designate someone else to make treatment decisions for you. It is also sometimes called a health care proxy or health care representative. It does allow for flexibility to deal with unexpected situations."
In order to ensure that your treatment wishes are followed in the event of a psychiatric emergency, it is recommended that you have both an instructional directive and a health care proxy. This is because:

• Some treatment choices can be written in the instructional directive that cannot be changed by a health care proxy/agent.

• Other choices can be left to the agent’s discretion when the directive is needed. The agent must use substituted judgment. That means that the agent must substitute his or her judgment while taking into account what he or she thinks you would want in a certain situation.

• This combination approach provides maximum flexibility.18
what are advance self-advocacy plans (ASAPs)?

An ASAP is a comprehensive plan that addresses a person’s unique advance planning needs in the event of a future mental health crisis. It can be extremely helpful whether or not your state recognizes PADs as legally binding.

The ASAP has a template where you can fill in your information.

The ASAP has a guidebook that explains the ASAP template and issues to consider.

It includes topics that are not addressed well or at all in other mental health advance planning documents, such as:

- Temporary care of children.
- Seclusion and restraint.
- Finances.
- Temporary care of pets.

The plan creator may choose to use the ASAP as a legally binding psychiatric advance directive (PAD).

Here are sample pages of the ASAP guidebook and template:
All parents with minor children, not just those with psychiatric disabilities, should plan for the possibility of needing child care in an emergency. It is important to note that as a parent with a psychiatric disability, you can implement plans:

First, if your state allows it, you can complete a PAD and appoint a health care proxy.

You can complete an ASAP. This is especially good for you as a parent because the ASAP allows you to designate the person you want to care for your children in your absence. This is very important in order to maintain stability for your children. The ASAP can also be a legally binding PAD in some states.

The best approach is the one that is tailored to fit your needs and values. And remember, whatever crisis planning approach you decide on, update your plan periodically to reflect changes to your or your children’s care.
homework

1. List three triggers that might make you likely to relapse.

2. List three of your early warning signs.

3. What do you do to prevent relapsing when you experience those triggers or early warning signs?

4. List three supporters (family members or friends whom you listen to and trust). Then share this information with them.

5. Find out whether your state recognizes PADs.

6. Think about whom you would want to have as your health care proxy if you were to appoint one.

7. Create a crisis plan using the portions of the ASAP that would be helpful for you.
endnotes


