Introduction

This module helps people examine their previous experience with relapse of mental illness in order to develop a relapse prevention plan. Practitioners help people identify triggers, early warning signs, and steps they can take to help prevent relapses. People are encouraged to include their family members and other supportive people in reading the handout, participating in sessions, and contributing to the development of a relapse prevention plan.

Module 6, Drug and Alcohol Use, focuses on strategies for helping people quit or reduce their substance use and/or stay sober. That is, Module 6 can be used to help people plan to prevent relapses of substance use, whereas module 7 focuses more on relapses of mental health symptoms. At the end of module 6, people who have chosen to make a change in their substance use or remain abstinent can complete a Personal Sobriety Plan. It is often helpful for clients to integrate some of the strategies from their Personal Sobriety Plan into their Relapse Prevention Plan. We suggest developing an Integrated Relapse Prevention Plan for everyone. Some clients who plan to use substances may be reluctant to complete the sections of the Relapse Prevention Plan on triggers and early warning signs related to substance use. Practitioners should still review these sections with clients and explore their willingness to address these as part of preventing a relapse of mental illness symptoms. A blank form and a completed example are included at the end of this practitioner’s guideline. Also note that many clients may benefit from stapling a copy of their Personal Sobriety Plan to their Integrated Relapse Prevention Plan.

Note: As in all Enhanced IMR modules, it is important for practitioners to look for opportunities to reinforce any contemplation or consideration of changing
substance use that a person expresses. In addition, practitioner should reinforce any changes that the person has made in substance use.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in *italics*. In addition, there is an additional category called “Substance Use Treatment Strategies” that provides specific strategies for COD within this particular module. A blank copy of the Integrated Relapse Prevention Plan can be found at the end of the Introduction to these appended modules.

**Goals:**

- Convey confidence that people can reduce the chances of experiencing a relapse in the future.
- Help people identify triggers and early warning signs of an impending relapse.
- Help people develop their own relapse prevention plan.
- Encourage people to include family members and other supportive people in developing and implementing plans for reducing relapses.
- **Help people understand how developing an integrated relapse prevention plan can prevent both psychiatric and substance abuse relapses.** Preventing both kinds of relapse helps people move forward in recovery and achieve important goals in their lives.
- **Identify coping strategies that clients can use to cope with situations related to preventing relapses of mental health symptoms (e.g., strategies for taking medications regularly and for managing stress) and strategies for managing problems related to substance use (e.g., strategies for avoiding high risk situations, decreasing urges and cravings, developing new ways of getting ones needs met).**
- **Identify supportive relationships (with people who support their sobriety) that can be included on the integrated relapse prevention plan.**
- **Encourage participation in self-help groups as part of the integrated relapse prevention plan.**
- **Encourage developing an integrated relapse prevention plan that is a living document; that is, the plan should be reviewed frequently and**
modified based on experiences and changes in circumstances, including any relapses.

**Number and pacing of sessions**

"Reducing Relapses" can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

**Format of sessions**

- Informal socializing and identification of any major problems.
  1. Review the previous session.
  2. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
  3. Follow-up on goals.
  4. Set the agenda for the current session.
  5. Teach new material (or review material from the previous session if necessary).

  - **Topic starters for Enhanced IMR for COD:** In module 6 we talked about substance use and how it interacts with mental illness symptoms. We also talked about how to develop a relapse prevention plan for substance use. At the end of the module, if you wanted to stop using or cut down on your substance use, you completed a Personal Sobriety Plan. This module focuses on developing a relapse prevention plan for mental health symptoms. Relapse prevention planning is an important tool both in recovery from mental illness and substance use.

  - **In this module, you may notice that there are similarities in relapse prevention planning for substance abuse and for mental health.** For example, both kinds of plans involve looking at things that have triggered problems in the past, identifying early warning signs that a problem or symptom may be coming back, and having an action plan to keep early warning signs from becoming a full relapse.

  - **Today we are going to discuss early warning signs of relapse of mental health symptoms, which are changes in behavior, perceptions, and thoughts and feelings that you have noticed before a relapse.** Learning more about your early warning signs will help you become more aware and able to prevent relapses. Some of your early warning signs of your mental illness may overlap with those of substance use.

  - **At the end of this module, we encourage people to complete an Integrated Relapse Prevention Plan for Co-occurring Disorders.** This
integrated plan will include some elements from the Personal Sobriety Plan you completed in Module 6. In addition, we suggest that you staple a copy of your Personal Sobriety Plan to the Integrated Plan.

6. Summarize the progress made in the session.
7. Agree on homework to be completed before the next session.

**Strategies to be used in each session**

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

**Motivational strategies**

People who have experienced severe episodes of psychiatric symptoms, which may have led to hospitalization, are usually readily motivated to avoid future relapses of their symptoms. Relapses and hospitalizations are often upsetting and even traumatic events. Helping people reduce the chances of relapse through developing a relapse prevention plan can give them greater control over their lives. Thus, people can be motivated to develop a relapse prevention plan in order to gain better control over their lives and thereby pursue their goals.

It is important to make direct connections between the content of this module and how the information might help someone prevent relapses. Although past negative experiences are discussed, the overriding question is “What can be done to make things better for you in the future?”

The following suggestions may be helpful:

- For each major topic covered in the handout, practitioners can help people to identify what their own experiences have been. Most of the sections include probe questions, which can be used to facilitate discussion.

- The questionnaires and checklists in the handout (“Examples of Common Triggers,” “Examples of Common Early Warning Signs,” “Early Warning Signs Questionnaire,” “People Who Could Help Me Recognize Early Warning Signs”) can help people relate the information to their own experience.

- Practitioners should keep in mind the goals identified by people in earlier sessions. There are numerous opportunities to connect relapse prevention with goal achievement. There are also opportunities to set new goals.
• If the person is reluctant to practice his or her relapse prevention plan, consider doing a payoff matrix that explores the advantages and disadvantages of having a supportive person be aware of their plan and possibly taking a part in their plan.

• Including a supportive person in the sessions devoted to developing the integrated relapse prevention plan can be helpful. For example, a family member or friend may be aware of triggers and early warning signs that the client may not have noticed.

• **Provide a rationale for the importance of developing and practicing an integrated relapse prevention plan.** That is, preventing mental health relapses will help prevent substance use relapses; preventing substance use relapses will help prevent mental health relapses.

• **Keep in mind the person’s stage of treatment and the client’s current substance use:**
  o For persons in persuasion and who may be reluctant to discuss substance use, practitioners should gently but persistently explore and seek to instill motivation to change.
  o Persons in persuasion may be less likely to want to discuss substance use as a problem but may be willing to consider how things such as substance use can interfere with goals or could be associated with a relapse of mental illness symptoms.
  o Persons in a more active treatment or relapse prevention stage will be more likely to discuss warning signs, triggers, and high risk situations that relate to substance use. It can also be helpful to include coping strategies related to lifestyle improvements (healthy eating, smoking cessation) within the relapse plan.

**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge about the key concepts of relapse prevention, including triggers, early warning signs, and developing a relapse prevention plan. For example, learning that stress can contribute to relapse may help people understand how stressful events may have played a part in previous relapses.

The following educational strategies were discussed in detail in Module #1 and are relevant to this module:

• Review the contents of the handout by summarizing or taking turns reading paragraphs.
• Pause at the end of each topic to check for understanding and to learn more about the person’s point-of-view.
• Allow plenty of time for questions and interaction.
• Pause to allow the person to complete the checklists and questionnaires.
• Break down the content into manageable “pieces.”
• Find a pace that is comfortable to the person.

These educational strategies may also be helpful in Module 7:

• Elicit information about strategies that people used in the past to help prevent relapse of psychiatric symptoms. Elicit information about strategies that helped people prevent relapses in substance use. Explore the similarities and differences in these strategies.

• Elicit information about strategies that were not effective in preventing a relapse of psychiatric symptoms. Elicit information about strategies that were not effective in preventing a relapse of substance use. What are the similarities and differences?

• Reviewing the similarities and differences between the early warning signs, triggers, and coping strategies for psychiatric symptoms and substance use.

• Explore how quick action can prevent a full relapse of mental health symptoms. Explore how quick action can prevent a full relapse of substance use problems. Discuss the importance of not losing hope when an early warning sign appears.

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people learn more effective skills for preventing relapses in the future. Developing and implementing a relapse prevention plan involves systematic practice (rehearsal) of the steps of the plan, and homework to further rehearse the skills.

At the end of each session, practitioners can help people role-play how they might practice specific strategies or steps in the relapse prevention plan.

The following examples may be helpful:

• For people who have difficulty identifying triggering events or early warning signs of relapse, practitioners can encourage them to get input from family members or other supportive people. Practitioners can help people role-play what kinds of questions they might ask someone to find out information about early warning signs and triggers.
There are many opportunities for using cognitive-behavioral strategies when helping people develop their relapse prevention plans. For example, if people decide that decreasing stress is part of their relapse prevention plan, practitioners can help them role-play deep breathing or muscle relaxation. If calling a friend is part of their plan, they can role-play what they would say when they made the call. If increasing medication is part of their plan, they can role-play talking to their doctor.

- Reinforce and practice new ways of coping with stress, responding to early warning signs, coping with triggers, and avoiding high-risk situations
- Help people practice the coping skills from their relapse prevention plan during their IMR session.
- Look for opportunities in session to practice assertiveness and/or refusal skills as a strategy to cope with high-risk situations for using substances.
- Make a suggestion to post a copy of the relapse prevention plan where it can be seen every day.
- Help people practice sharing their relapse prevention plan with a friend or family member or other supportive person in their lives. Discuss what people want to convey to others about their plan, and develop a role play about what they would say.

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request
treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.

**Here are a few examples of opportunities for practitioners to use the COD principles in Module 7, “Relapse Prevention Planning.”**

**Principle 1:** Practitioners can integrate the approach to relapse prevention planning that addresses both a relapse of psychiatric symptoms and substance use. Clients learn about how preventing a relapse of substance use can help their psychiatric symptoms and how preventing a relapse of psychiatric symptoms can help avoid a relapse of substance use.

**Principle 2:** In this module, practitioners need to assess for similarities and differences in early warning signs and coping strategies for both psychiatric symptoms and substance use.

**Principle 3:** When reviewing coping strategies for early warning signs, practitioners need to be aware of the full array of services that could be helpful in preventing a relapse of mental illness or substance use.

**Principle 6:** In this module, practitioners should keep in mind the client’s stage of treatment and his or her desire to make a change in substance use or address psychiatric symptoms.

**Principle 7:** Practitioners discuss how using a relapse prevention plan can be helpful in reaching a client’s long-term recovery goal by avoiding a hospitalization or lessening the impact of a relapse.

**Below are some additional examples of using the COD principles in this module.**

- Remind clients of the work they did in module 6 in identifying their most important reasons for not using substances and listing people who support their sobriety.

- In addressing coping strategies in this module, you can also help clients include coping strategies for cravings. For example, you can help clients create a list of soothing behaviors that can be utilized until cravings subside. This might include strategies such as taking a walk, eating a healthy snack, or calling a friend.

- Offer the option to develop a crisis action plan if person is at high risk of using. This would include:
1. Promoting the person to name one or two people they can call if they feel a strong desire to use substances.
2. Plan how the person would contact these individuals to ask them to help in their crisis plan. Practice these conversations in role plays.
3. Identifying strategies that are helpful when experiencing feelings of wanting to use.

**Homework**

Homework for this module focuses on helping people put into action what they are learning about relapse prevention.

Practitioners can follow up on homework by asking how it went. They can reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the homework, practitioners can gently ask what got in the way and help them develop (and sometimes practice) ways of overcoming obstacles.

The following examples of homework may be helpful:

1. Talking to family members and supporters about past triggers.
2. Talking to family members and supporters about early warning signs of relapse they observed in the past.
3. Reviewing what helped and what did not help during past relapses or impending relapses.
4. Drafting or revising a Relapse Prevention Plan.
5. Asking family members, friends and other supporters to play a specific role in the Relapse Prevention Plan.
7. Posting a copy of the person’s Relapse Prevention Plan in an accessible (but private) place.
8. Informing relevant people of the Relapse Prevention Plan. Asking people named in the plan to read the plan and giving them their own copies.
9. Gathering any supplies necessary for the Relapse Prevention Plan, such as buying herbal tea to drink as part of reducing stress.
10. Initiating a component of the Relapse Prevention Plan that is more effective if done on a regular basis, such as going to a support group.

11. Discuss one strategy or skill the person has used to help him remain (or become) sober. Make a plan to practice that skill over the next week. If possible ask the person to share that skill with a supportive person and include them in practicing the skill. For example, if a person has decided to maintain an exercise routine such as walking daily, he could ask his roommate to join him in a walk.

12. Ask the person to develop a list of coping strategies with two columns. In the first column are strategies for coping with psychiatric symptoms. In the second column are strategies for substance use. Ask the person to put a star next to the coping strategies that are the same (or similar) for both coping with psychiatric symptoms and avoiding substance use. Next, notice the coping strategies that are specific for coping with psychiatric symptoms and those that are specific for avoiding substance use. For example, a person may find gardening helpful for taking her mind off hearing voices and may also find gardening helpful for reducing cravings for marijuana. However, the person lists walking for hearing voices and not for avoiding substance use.

13. Ask the person to review his relapse prevention plan with a supportive person.

14. Encourage clients to share their relapse prevention plan with family members or other supportive people. Role play in the session how to share the plan before doing it as homework. As part of sharing the plan, encourage clients to ask the family member or significant other for their suggestions on ways to respond to early warning signs.

15. For clients who want to avoid using drugs and alcohol as a way of reducing their risk of relapse of psychiatric symptoms, teach (or review) drug refusal skills in the session and role play how they would use the skills in their own environment. Then help clients develop a home assignment of sharing what they have learned about refusal skills with a family member or other supportive person, and role playing the skill with him or her.

Special Issues for Group IMR

- Group members may benefit from sharing triggers and/or early warning signs associated with relapse (psychiatric or substance abuse). People can share common triggers and/or early warning signs and it also may help others remember similar triggers or early warning signs.
• For persons in active treatment, encourage group members to share strategies that have been effective in preventing substance abuse relapses.

• Group members can help each other role play psychiatric and substance abuse strategies listed on their relapse prevention plans.

**Tips for common problems**

• Some people may have difficulty distinguishing between the Integrated Relapse Prevention Plan and a Personal Sobriety Plan.
  o An Integrated Relapse Prevention plan focuses on helping a person stay out of the hospital or experience a relapse of mental illness symptoms. This is the focus of Module 7.
  o A Personal Sobriety Plan, which is the focus of Module 6, includes developing strategies and supports to help a person who has decided to cut down or stop using substances.
  o We encourage people to staple a copy of their Personal Sobriety Plan to the Integrated Relapse Prevention Plan and write down any common strategies that can be shared across both plans.

• People may report that they have had no early warning signs of their mental illness symptoms before relapses.

• When people don’t remember experiencing early warning signs of their mental illness symptoms, it may be helpful for them to talk to family members and other supportive people about what they remember. If no one can recall early warning signs of their mental illness symptoms, practitioners can help people identify the earliest symptoms they experienced before a full relapse.

• People may find that talking about relapses brings back unpleasant memories.

• People may blame themselves for a relapse. It may be helpful for practitioners to focus the discussion on identifying important information for the future and help people avoid self-blame. When people berate themselves by saying things such as “I should have known…” or “What a fool I was…”, it is helpful to remind them that it can be very difficult to predict relapse. It is also helpful to point out their strengths in managing their illness and problems with substance use and praise their participation in developing a plan for improving things in the future.
  o Practitioners can use the Recovery Mountain worksheet in the IDDT book on page 451 to normalize the ups and downs of mental illness and substance abuse.
• When people have difficulty discussing past relapses, it can be helpful to remind them that bringing up these memories and talking about them a little might be helpful. Talking about past relapses can help a person to develop a new perspective on prior relapses (e.g., shifting from self-blame to noticing strengths and qualities of resilience) and to become more motivated to work on reducing future relapses.

• Some people may be afraid to discuss a relapse prevention plan if they have been abstinent. They may worry that talking about the possibility of a psychiatric or substance use relapse will “make it happen.” The practitioner can:
  o Normalize this thought with the person. Other people worry about this, too.
  o Provide information to the person that talking about a relapse does not increase the risk of it happening. In fact, developing a plan can help the client REDUCE the risk of a relapse.
  o Practice relaxation strategies before discussing the relapse prevention plan, which can be helpful to reduce distress, as well as taking breaks during the session.

• The person may present some difficulty identifying a sober person as a support.
  o Discuss initially including a member of the treatment team and review how the person could address that as an area in recovery goals.
  o Explore the possibility of attending self-help groups for substance use (such as Dual Recovery Anonymous or Alcoholics Anonymous) as a resource for support and exploring possible options for identifying a supportive sober person.

• If a person experiences a relapse despite having and/or following the relapse prevention plan.
  o Help the person reframe the relapse as part of recovering from mental illness and an addiction. Review the relapse prevention plan and acknowledge that the person can learn from their experience and can make modifications and adjustments to address parts of the plan that were not effective. This can be viewed as part of the progress on the road to recovery.
**Additional Resources**

- In the Integrated Treatment for Dual Disorders book:
  - Information on relapse prevention, pages 164-165.

- Team Solutions Workbook #7, “Making Choices Substance Use and You,” Session 17, “Planning for a Sober Lifestyle”
  Type in [www.treatmentteam.com](http://www.treatmentteam.com), click on learn more for team solutions, and scroll down to download the following in Workbook 7: Making Choices Substance Use and You and download session 17.

**COD-Clinical Vignette**

George reported that he had a slip in the last week and that he went to the liquor store three times to buy more vodka. George described a slip for him as drinking more days of the week. He did manage to play his music in the commons area this week twice but did not show up one day. Lynette and George discussed the things that contributed to George’s slip. George noticed that he had not been keeping to his sleep schedule and in fact overslept which is why he missed playing at the center one day. After he missed his guitar session, he reported drinking more. George agreed to get a new alarm clock and also set the alarm on his phone to help him wake up in the morning. He also decided that it would be helpful to try to go to bed by 10:00pm when he has to play the next morning. Lynette and George discussed using some positive self-talk when George has a slip and reminding himself of all his progress and how much he has enjoyed playing his guitar at the center.

The Relapse Prevention Planning module was a perfect time to incorporate George’s slip into using more alcohol. Lynette used motivational interviewing strategies to re-assess George’s stage of treatment and determined that he had moved into active treatment since he had attended some Dual Recovery groups and reported that he definitely wants to cut down so he can achieve his goal of making his CD. George and Lynette completed the relapse prevention plan focusing on both strategies for substance use and his symptoms of depression. Lynette discussed the option of abstinence with George and the advantages of abstinence over cutting down but George decided for now that he wants to cut down so he can do a better job playing his music at the center. Lynette went along with George’s decision and presented the option that he could change his mind if he found cutting down too difficult. After completing the relapse prevention plan, George realized that he did have a very strong support network and he decided to ask at his next Dual Recovery meeting about finding a sponsor, which he agreed to do for his home assignment.
Review Questions

At the end of this module, practitioners can use either open-ended questions or multiple-choice questions to assess how well the person understands the main points.

Open-ended questions

- What is an example of a something that might trigger a relapse of mental illness or substance use?

- What is an early warning sign?

- What is an example of an early warning sign you have experienced? Other examples?

- What is an example of something people can do to prevent an early warning sign from becoming a relapse?

- How can a family member or other supportive person be part of a relapse prevention plan?

- What is an example of an early warning sign related to a relapse of substance use that you have experienced?

- What is an example of an early warning sign that is related to both mental illness and substance use?

Multiple choice and true/false questions

1. Which of the following is a common situation or event that might trigger a relapse?
   a. Being under stress
   b. Receiving a phone call
   c. Reading

2. Which of the following two items are examples of common early warning signs?
   a. Feeling tense or nervous
   b. Trouble sleeping
   c. Feeling calm

3. “Early warning sign” is another term for “side effect of medication.” True or False
4. One thing people can do to prevent an early warning sign from becoming a relapse is:
   a. Consult with someone on their treatment team.
   b. Stop taking medication.
   c. Keep the information to themselves.

5. People often ask family members and supporters to be part of their relapse prevention plan by:
   a. Taking over and doing everything
   b. Being alert to early warning signs.
   c. Ignoring problems they see.

6. People can experience the same early warning sign associated with mental illness and substance use relapse. True or False
Integrated Relapse Prevention Plan for Co-Occurring Disorders

Name: George Date: August 13, 2013

Part I: Preventing Triggers (things that were associated with relapses of my mental health symptoms in the past)

<table>
<thead>
<tr>
<th>Common Trigger</th>
<th>What I plan to do to prevent this trigger</th>
</tr>
</thead>
</table>
| Not taking medication regularly | -- Use a pill box to help me organize my medications  
                                           -- Get prescription refilled BEFORE I run out completely  
                                           -- Take medication as part of my daily routine (when I'm having breakfast and when I get ready for bed) |
| Difficulty coping with high levels of stress | -- Get exercise every day, like taking a walk  
                                                  -- Relax by playing my guitar when I feel stressed |
| Starting (or increasing) the use of substances (see Sobriety Plan in Module 6, Drug & Alcohol Use) | -- Stay away from my high risk situations (boredom, spending too much time alone, and being around alcohol)  
                                                      -- Go to Dual Recovery meetings once a week  
                                                      -- Spend more time with my friend Eddy (who doesn’t drink) |
| Other: getting into an argument with my sister | -- Avoid talking politics with my sister  
                                                 -- Take a break if a conversation starts to get heated |

Part II. Monitoring Early Warning Signs (first signs that my mental health symptoms were coming back)

List of my most important Early Warning Signs
A. Not getting out of bed until noon
B. Staying alone in my apartment all day
C. Missing appointments and other things I've planned (like playing guitar at the Center)
Part III. Plan for Responding to Early Warning Signs (what you think would help you keep Early Warning Signs from becoming a full relapse)

<table>
<thead>
<tr>
<th>Common things that help people respond to Early Warning Signs</th>
<th>Action Steps I plan to take (include names and contact #’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacting the doctor or member of my team</td>
<td>1. Call Dr. Zane (XXX-XXX-XXXX) to let him know</td>
</tr>
<tr>
<td></td>
<td>2. Call Lynette (YYY-YYY-YYYY) to let her know</td>
</tr>
<tr>
<td>Getting more social support</td>
<td>1. Call my sister (ZZZ-ZZZ-ZZZZ), tell her what I’m feeling and suggest getting together</td>
</tr>
<tr>
<td></td>
<td>2. Go to a meeting of Dual Recovery group</td>
</tr>
<tr>
<td>Keeping track of the early warning</td>
<td>1. Use my calendar to write down the days I have an early warning sign and how bad it is (1-10, with 10 the worst)</td>
</tr>
<tr>
<td></td>
<td>2. If the early warning sign doesn’t get better in a few days, call Dr. Zane or Lynnette (their #’s are above) for app’t</td>
</tr>
<tr>
<td>Stopping or reducing substance use (See Sobriety Plan in module 6, Drug and Alcohol Use)</td>
<td>1. Get rid of alcohol in my house</td>
</tr>
<tr>
<td></td>
<td>2. Go to a meeting of Dual Recovery</td>
</tr>
<tr>
<td>Using my coping Strategies:</td>
<td>1. Play guitar every day</td>
</tr>
<tr>
<td></td>
<td>2. Take a walk every day</td>
</tr>
<tr>
<td>Other: Follow a daily schedule</td>
<td>1. Set my alarm for getting up at same time every day, follow set times for having breakfast, lunch and dinner</td>
</tr>
<tr>
<td></td>
<td>2. Set up something fun to do every day, like reading, watching a DVD, calling Eddy, learning a new song</td>
</tr>
</tbody>
</table>

Congratulations! You have just developed an Integrated Relapse Prevention Plan that could help you prevent a relapse. Over the next few weeks make a plan to practice the skills and strategies on your plan at least 3 times. Share it with at least one supportive person in your life. And remember, your plan is a living document. Revise it whenever you need to.
Dates I have practiced skills and strategies on my plan:

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Strategies I practiced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>August 20, 2013</strong></td>
<td>1. playing the guitar when I am feeling stressed</td>
</tr>
<tr>
<td></td>
<td>2. practice calling Dr. Zane</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
</tbody>
</table>

Even when you do everything you can and follow your relapse prevention plan to prevent triggers and respond to early warning signs, there is a possibility that a crisis may develop and that you may need additional support. In this situation, it will be helpful to answer the following questions:

1. Who would you like to be contacted to help you?

   Name: **Dr. Zane**
   Contact Information: xxx-xxxx-xxxx

   Name: **Sister**
   Contact Information: xxx-xxxx-xxxx

2. Where can you go for help? **Crisis Line, my Dual Recovery Sponsor, Emergency Room**

3. When you go for help, what would you like for them to do?
   **Let me listen to my music or play the guitar, provide information to my sister,**
   **Check with Dr. Zane about my medications**
Integrated Relapse Prevention Plan for Co-Occurring Disorders

Name: _____________________________ Date: _____________________________

Part I: Preventing Triggers (things that were associated with relapses of my mental health symptoms in the past)

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<td>Starting (or increasing) the use of substances</td>
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<tr>
<td>(see Sobriety Plan in Module 6, Drug &amp; Alcohol Use)</td>
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</tr>
<tr>
<td>Other:</td>
<td></td>
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Part II. Monitoring Early Warning Signs (first signs that my mental health symptoms were coming back)

List of my most important Early Warning Signs
A.
B.
C.
Part III. Plan for Responding to Early Warning Signs (what you think would help you keep Early Warning Signs from becoming a full relapse)

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<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Getting more social support</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
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<tr>
<td>Keeping track of the early warning</td>
<td>1.</td>
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<td></td>
<td>2.</td>
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<tr>
<td>Stopping or reducing substance use (See Sobriety Plan in module 6, Drug and Alcohol Use)</td>
<td>1.</td>
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<tr>
<td></td>
<td>2.</td>
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<tr>
<td>Using my coping Strategies:</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>Other:</td>
<td>1.</td>
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<td></td>
<td>2.</td>
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</tbody>
</table>

Congratulations! You have just developed an Integrated Relapse Prevention Plan that could help you prevent a relapse. Over the next few weeks make a plan to practice the skills and strategies on your plan at least 3 times. Share it with at least one supportive person in your life. And remember, your plan is a living document. Revise it whenever you need to.
Dates I have practiced skills and strategies on my plan:

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Strategies I practiced</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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</tbody>
</table>

Even when you do everything you can and follow your relapse prevention plan to prevent triggers and respond to early warning signs, there is a possibility that a crisis may develop and that you may need additional support. In this situation, it will be helpful to answer the following questions:

1. Who would you like to be contacted to help you?
   Name: ___________________________  Contact Information  ___________________________
   Name: ___________________________  Contact Information  ___________________________

2. Where can you go for help?

3. When you go for help, what would you like for them to do?

   ____________________________________________
   ____________________________________________
   ____________________________________________