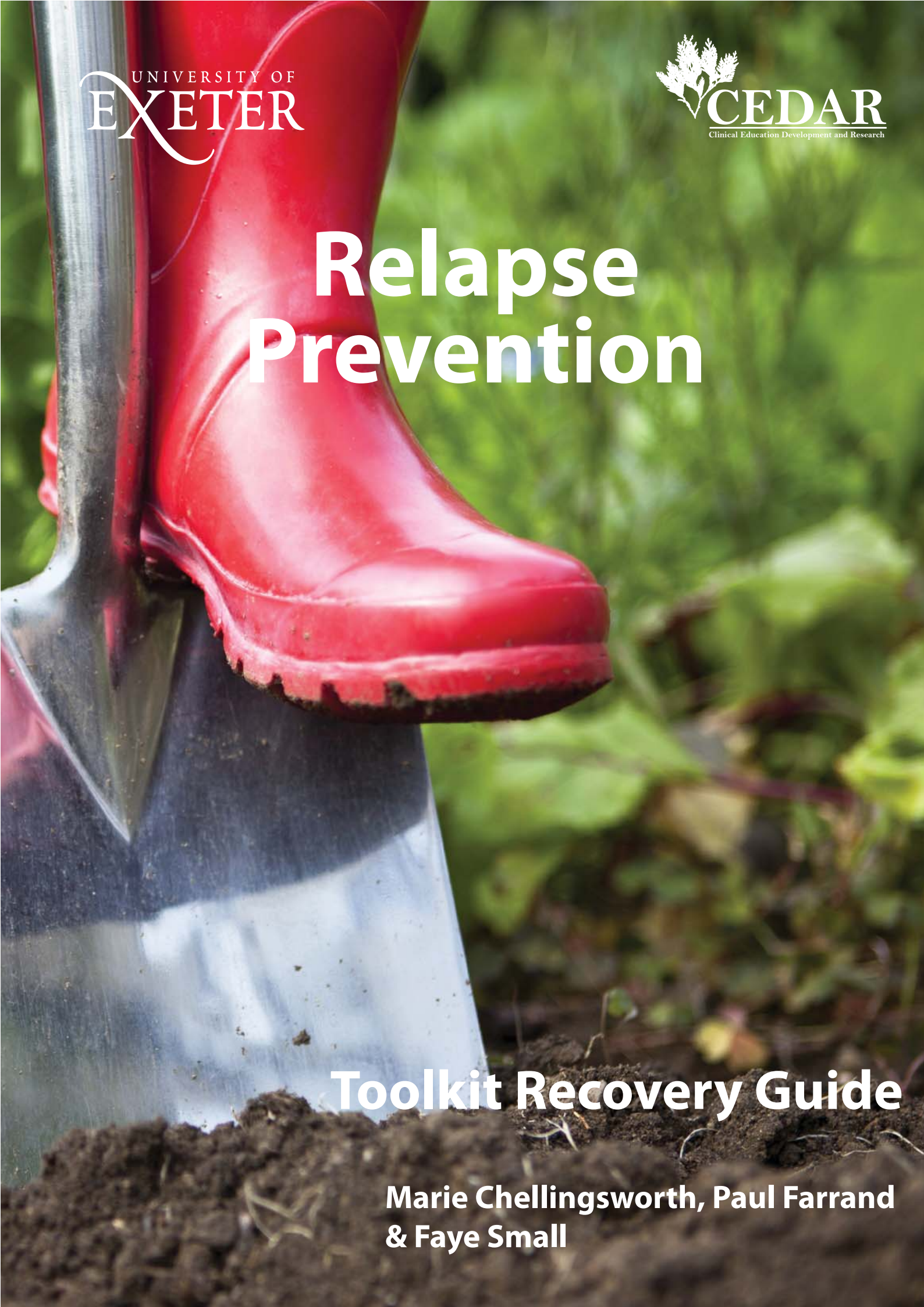




Relapse Prevention

Toolkit Recovery Guide

**Marie Chellingsworth, Paul Farrand
& Faye Small**



Acknowledgement:

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Image above: Clinical Training (CEDAR) at the University of Exeter's Streatham Campus. **Image right:** The Sir Henry Wellcome Building for Mood Disorders Research at the University of Exeter.

Contents

Part 1

Introduction to the relapse prevention toolkit

Part 2

Discharge, lapses and relapses

Part 3

Identifying your early warning sign red flags

Part 4

How things have improved and what helped

Part 5

Re-rating your goals and targets

Part 6

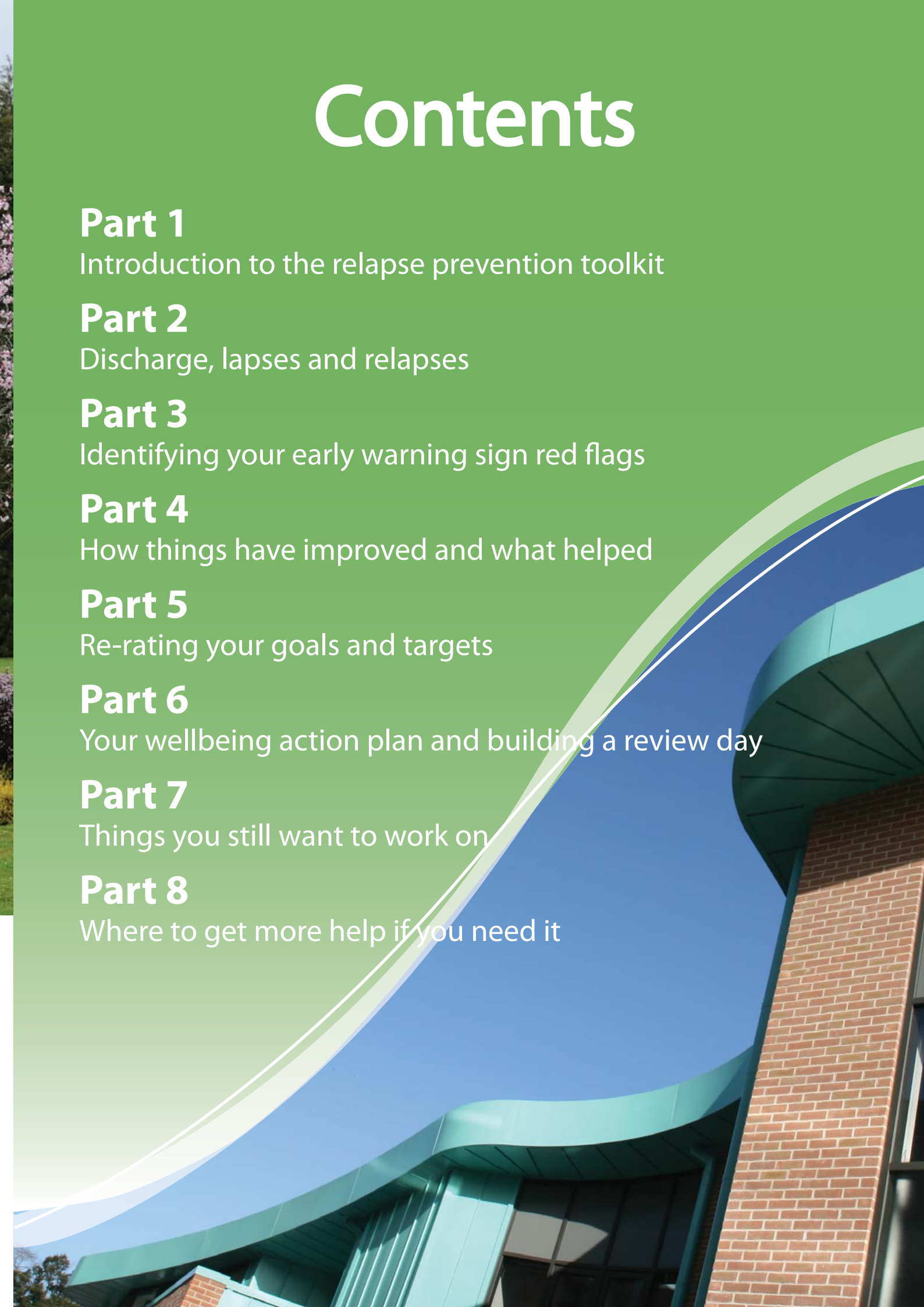
Your wellbeing action plan and building a review day

Part 7

Things you still want to work on

Part 8

Where to get more help if you need it



About the authors



Marie Chellingsworth is Interim Director of PWP Taught Programmes and Senior Lecturer within Clinical Education Development and Research (CEDAR) at the University of Exeter. She is a Senior Fellow of the Institute of Mental Health and a Fellow of the Higher Education Academy (HEA). Her main clinical and research interests are in the area of low intensity cognitive behavioural therapy (CBT) and educational research improving the transfer of training into practice. She has developed a wide range of written self-help treatments for depression and anxiety and authored a number of books within this area. She has worked nationally with the Department of Health, the British Association of Behavioural and Cognitive Psychotherapies (BABCP) and British Psychological Society (BPS) in the Improving Access to Psychological Therapies (IAPT) programme. Marie chairs the national BABCP Low Intensity CBT special interest group. Outside of work Marie enjoys a wide range of live music, spending time with friends, shopping and walking with her Irish setter Alfie in the Devonshire countryside.



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Part 1

Introduction

If you are reading this guide, then congratulations are in order as this means that you have almost completed your low-intensity CBT treatment programme and are hopefully beginning to feel better.

You will have committed time and hard work in putting the techniques and skills you have learnt into your daily life and are now hopefully meeting the goals and targets you set when you started out in treatment. The next step is to keep the progress going, think about staying well and dealing with any difficulties you may face in the future.

As you will have learnt throughout your treatment, low-intensity CBT is an active form of treatment to help you to overcome your difficulties. The aim of low-intensity CBT is to help you to help yourself by giving you a range of tools and techniques that you can put into action and then have to help you in the future. Just like any new skill you learn, your low-intensity CBT skills require regular practice. Regular reviewing of your toolkit using this guide will hopefully lead you to stay feeling better, spot earlier any signs that your mood is becoming affected again and use your low-intensity CBT skills so your mood does not get worse.

You can think of this workbook as a toolkit to help you to:



Know what the early warning signs related to your low mood were before



Consider the things that may have maintained your low mood by keeping you in that vicious cycle: things you did more of, or less of, as a result of how you were feeling or negative thoughts that you may have had that had a knock on negative effect on other areas of your life so you can spot if these things return



Ensure you know which techniques you did that helped you to feel better and remember how to use them so that you can put them into action if you start to feel unwell again in the future or notice those vicious circles starting to form



Know where to get further help and support in the future should you need it

Part 2

Discharge, lapses and relapses

Can I really go it alone or will I become unwell again?

Often people have concerns such as:

Is there still work I need to do to stay well?

Will I slip back?

Will I cope by myself?

What do I do if my low mood returns and where can I get help?

For many people, moving towards the end of treatment can be a really positive sign that things have improved. However, it is also understandably a time where you may be concerned that you may lose the progress forwards that you have made, or may worry about having a relapse in the future. Once you begin to feel better you want to keep up the positive changes you may have put into place and it can be scary to think of becoming unwell again. Being discharged is also a time where people may be concerned whether they are ready or able to face going it alone without support. The key thing to remember is that it isn't the support alone from the practitioner that you received that has helped you to feel better; it is the work that you have put into place and what you have done between sessions in your daily life that has done that. That means you have learned the skills to help yourself again. The support has helped you to motivate yourself and taught the skills to put into action and check on your progress. Now you are feeling better this is something that you can do, using this toolkit to keep

things on track.

When people have been depressed or struggled with anxiety, it can be a worrying time thinking that you do not want to become unwell again. This can mean that people look out for any signs and symptoms of feeling unwell and may misinterpret thoughts, feelings or changes in behaviour as a sign that things are slipping back into a relapse. It is normal for mood to fluctuate regularly, and we should expect that this will happen at times. We may even have a lapse back into old ways of doing things such as avoiding things because of how we are feeling. A lapse does not mean that we have relapsed. Being compassionate to ourselves when we lapse is important. Recognising a lapse for what it is and not losing hope that things will improve again is key if you keep on practising your skills to not get into a vicious cycle again. Lapses may happen, the best thing is to recognise it for what it is and not worry that it is a sign that you have completely gone back to square one.

So what is the difference between a lapse and a relapse?

A lapse

A lapse is a brief return to feeling down or anxious, or changes in your behaviour as a result. A lapse in how we feel or what we do as a result at times is normal. As long as we don't let it maintain itself in that vicious cycle and we put back into practice the low-intensity CBT techniques we have learned we can get back on track. A lapse can become a relapse if you allow it to take control due to worrying thoughts or seeing it as a sign of failure. The key thing is to see a lapse for what it is, just a temporary thing and not let it make you give up doing things you need to do or make you dwell on failure. Continuing to do and act against any off-putting thoughts and continuing to do things despite feeling like avoiding them can help a lapse not turn into a relapse. Don't give up. Just keep doing the things you identify within this guide that have helped you before.

A relapse

A relapse is when negative thinking and those ways of behaving that were tackled within treatment creep back over a longer period and things start to spiral again making you feel worse. Often when a relapse occurs it is easy to think of it as a total setback, rather than the fact you have the skills and techniques that helped before to help again. The key thing is to notice early warning signs of the symptoms starting to affect how you feel and the things you do. If these are starting to impact you again, you can work your way out of it using the strategies that helped previously.

Unfortunately we cannot guarantee that you may never feel down or anxious again; it is normal for mood to fluctuate briefly for a few days or weeks at a time. Once you have been depressed or anxious before, there is a chance that you could become unwell again in the future. However, the techniques and skills that you have learnt will help you to work your way out of it again should it happen, and this guide will help you to stay on track and to look out for your own early warning signs.

A sign that it may be time to take action is if those periods seem to stick around or be there more days

than not, and you notice you are getting back to the ways of thinking and doing things that you know did not help or backfired. This is when it is time to put into action the things that helped before, which this guide will help you to do. Sometimes feeling unwell again may be triggered by a specific event that is going on around us in our life at the time, or it may be negative thoughts or physical feelings we notice that we are having more of again. The key thing is to spot it and act by putting into practice again the skills that you learnt to help yourself before. Keeping to an action plan for staying well should hopefully mean that if you do become unwell in the future you can spot it early



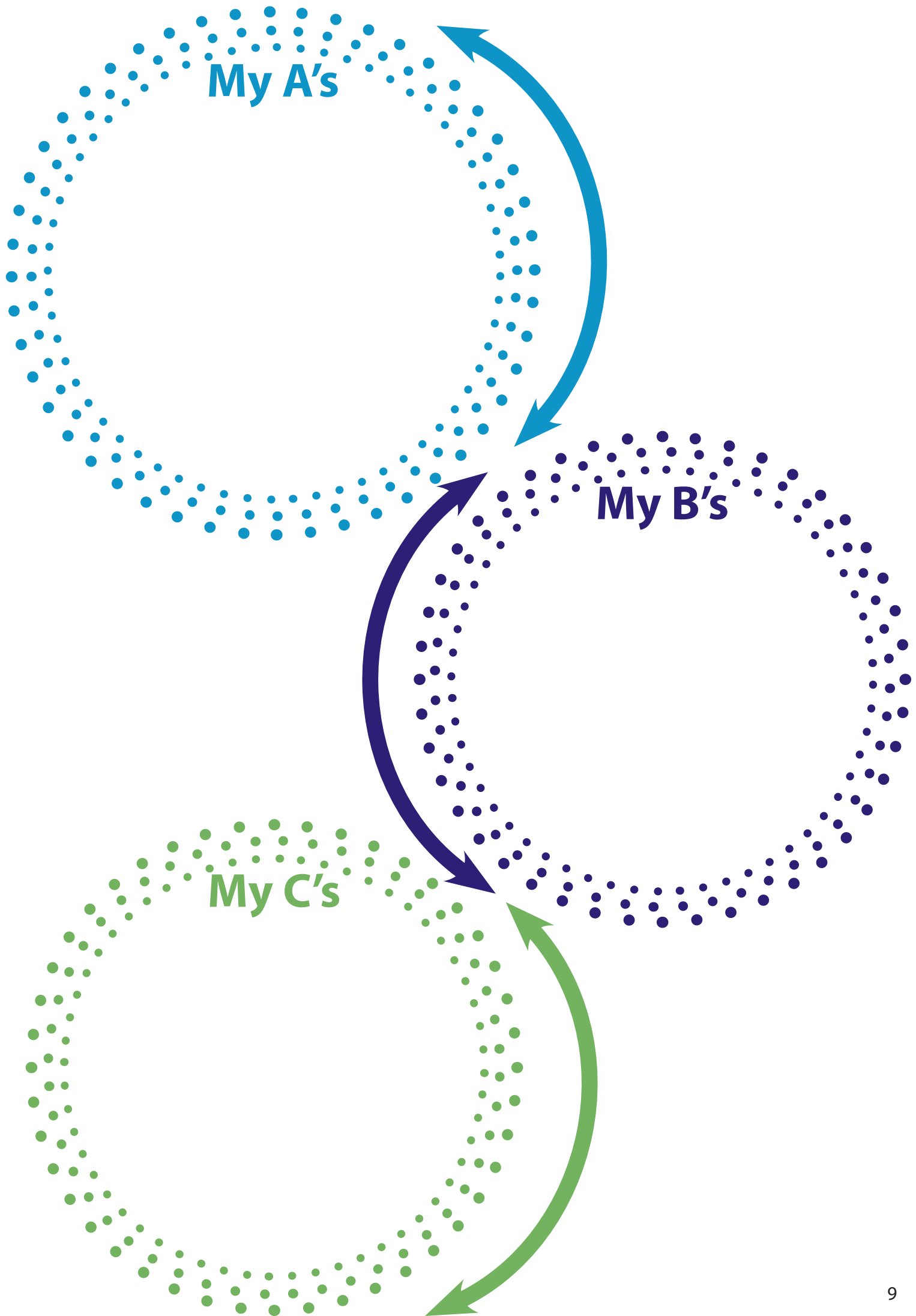
and put into action the techniques that you know help, meaning that feeling that way may not last as long, or be as intense as it has been in the past.

My ABC's from the start of treatment

The first step in thinking about the future and dealing with any setbacks is to think about the symptoms you noticed when you began to feel unwell. You may not want to dwell on these or think about them now you are feeling better, but we really encourage you to spend some time thinking about these symptoms you had at the start of treatment as they are things that you may notice start to come back in the future. If you notice them and then take action, hopefully you can overcome the difficulties before your mood is affected too much.

In the ABC diagram on the next page write down the physical symptoms you noticed first, changes you noticed in things you did more, or less of as a result and also any changes to the type of thoughts you had that you noticed. This helps us to identify your early warning signs for the future.

You may also want to go back to the problem statement you set with your practitioner and see the symptoms that you put into it at the start of treatment.



Part 3

Identifying your early warning sign red flags

The next step, once you have put into the diagram the symptoms that you had at the start of treatment, is to think about which symptoms of low mood are the ones you noticed first of all? Which ones did you notice happened to you first, for example feeling more tired or thinking more negatively?

Think about the time when you first experienced 'low mood' before it got to the point you decided to seek help and write down the things you noticed first. You may also find it useful to speak to your partner or a close friend you trust and ask them if there were any signs that they noticed before you became unwell that you can list down here too. Often, people start to notice the changes in us before we do, so they may have some really good insights for you, such as noticing you withdrew a bit from doing things you used to enjoy, or that you asked them to do things for you as you did not feel able, maybe they noticed you had more headaches etc.



My early warning sign red flags list:

These are your 'red flag' signs, things that may be early warning signs that mean it is a good time to begin taking action with the techniques that helped before. This will reverse the downward spiral and slowly begin to lift your mood again.

Part 4

How things have improved and what helped

How have things improved since the start of treatment?

Reflecting on your progress and how things have improved is an important part of relapse prevention. For example, what things are you now doing that you were not doing when you had low mood?

List here any changes you have noticed as signs things are improving for you

**What are the positive consequences of these improvements
for you in different areas of your life?**

Your work life?

**Things around
the home?**

**Your family
life?**

**Your
friendships?**

Your social life?

Part 5

Re-rating your goals and targets

At the start of treatment with your practitioner you may have set goals and targets. If you did, re-rate these again now using the form below and compare the progress you have made on each area.

Goal number 1

Today's date:

At the start of treatment I could do this (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

I can do this now (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Goal number 2

Today's date:

At the start of treatment I could do this (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

I can do this now (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Goal number 3

Today's date:

At the start of treatment I could do this (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

I can do this now (circle a number):

0	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

What helped things to improve?

What treatment techniques did you use that helped you lift your low mood? These form a really important part of your toolkit for the future.

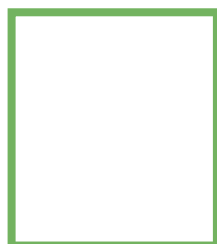


Part 6

Your wellbeing action plan and building a review day

The other really helpful strategy included within this toolkit is to develop a wellbeing action plan. Then set yourself a 'wellbeing day' once a month, or more regularly if you can, to review how your mood and if necessary go through this toolkit.

This means you may pick up on early warning signs, but also means that you keep your Low Intensity CBT Skills fresh by revisiting the treatment that helped and how it works so that should you need it, you remember how to do it and it is fresh in your mind.



My wellbeing action plan

Keeping check of my mood

My review day/date:

How has my mood been this week/month (delete as applicable)?:

Reading through my red flag list of early warning signs, have I had any red flags I am concerned about?

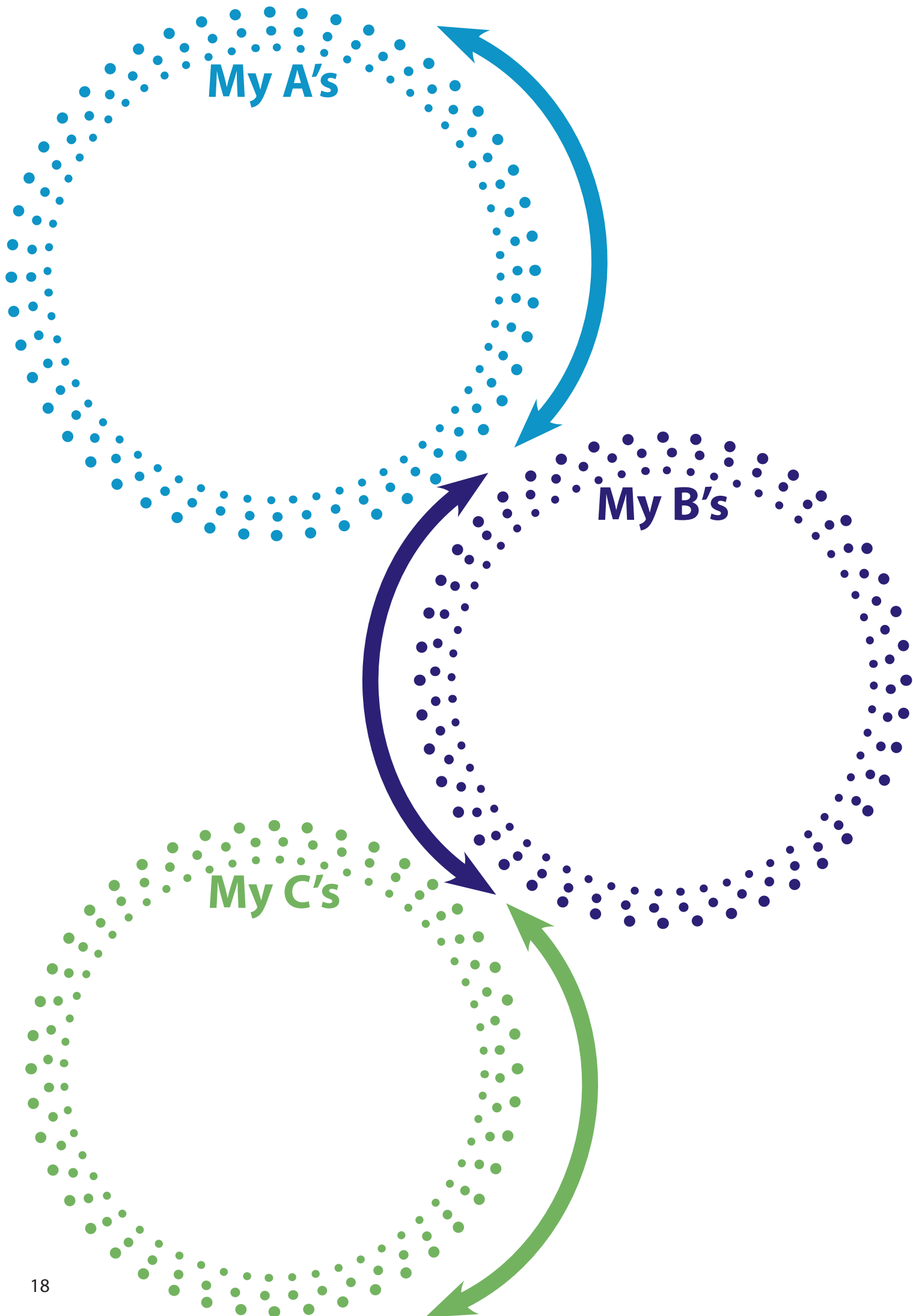
Have I got any signs of avoidance due to being anxious, withdrawing due to feeling down or patterns of old ways of doing things that were unhelpful before in the longer term?

Do I need to take any action now to keep feeling better?

If so what helped before from my toolkit?

What do I need to do and when am I going to do it?

If things are going well - what is it that has been helping me? Write in your ABC diagram here the things you are doing in each area that are helping to keep things on track



Keeping my low-intensity CBT skills fresh



What do I remember are the key points of the intervention that I learnt? Take a few moments to read through your intervention booklet again and practice the technique. Even if you are feeling well, this is a great way to ensure you know what you need to do if you need the skill again in the future.



Do I feel confident to be able to use the intervention again if I needed to?



Date of my next review day (put it on your calendar or somewhere you will see it as a reminder)

Date:



Part 7

Things you still want to work on

Is there still anything you would like to work on?

Sometimes after discharge there are areas that someone still wants to work on and see change in. These may be goals that you had set at the start of treatment that you would still like to work on further, or other things that you would now like to do

If so what do you still want to do?

How will you do it?

When will you do it?

Are there any resources you need to do it?

What might get in the way of doing it and how can you overcome this?

Top tips from other patients who have moved towards discharge

Below are some tips from other patients who have set a recovery toolkit and wellbeing action plan:

Top Tip 1

“The best way to prevent a lapse is to keep practising your CBT skills! If you are regularly practising, you will be in good shape to handle whatever situations you are faced with.”

Top Tip 2

“Know your red flag early warning signs. Watch for times when you feel more stressed too or when things happen in your life. I shared mine with my husband and he sometimes notices before me and reminds me to look through my toolkit.”

Top Tip 3

“Use your action plan even if you are feeling well. It really reminded me to set aside time to look after myself.”

Top Tip 4

“Put your review day on the calendar each month in a coloured pen so you know it is your review time, or leave a post it note on the fridge or kettle.”

Top Tip 5

“Be compassionate to yourself, we all have negative thoughts or times when we don't feel like doing things, remember it is doing the opposite that helps. When I noticed I may not be feeling like something, like going to see a friend, I make sure I go.”

Top Tip 6

“Focus on the present moment. If you notice you are having worrying thoughts, or going over things again and again in your mind, the best thing to do is an activity that focuses your attention. It helps to stop you ruminating or worrying and making yourself feel worse.”

Top Tip 7

“Think about small changes you can make that add up to big changes you may still want to do. Think of the big change as like the end destination you put in your sat nav. Even when it feels far off, there are little directions you can take to get nearer to where you want to be and that make sure you are still heading in the right direction.”

Top Tip 8

“Reflect on how far you have come rather than just the things you may still want to do or improve.”

Top Tip 9

“Don't get too over focused on reviewing your mood, use your toolkit as often as you need to and with a weekly or monthly review day that you stick to. It does not have to be every day and remember that your mood will fluctuate up and down at times and that is normal and OK!”

Part 8

Where to get more help if you need it

Getting further help if you need it

Sometimes if you have put into place all the options you can, managing your mood may still require additional support. Knowing where and how to get help is a good thing to have in your toolkit.

Where can I get more help if I need it?

Think of a good friend, someone that you trust. Could you share this toolkit with them so that they can also help you to watch for your red flag early warning signs and know what you need to do to feel better? Write the name of someone you can identify as your toolkit supporter here.

.....

Fill in the details of your GP here:

.....

Surgery address:

.....

Telephone number:

.....

If things get bad and you feel you need more urgent support:

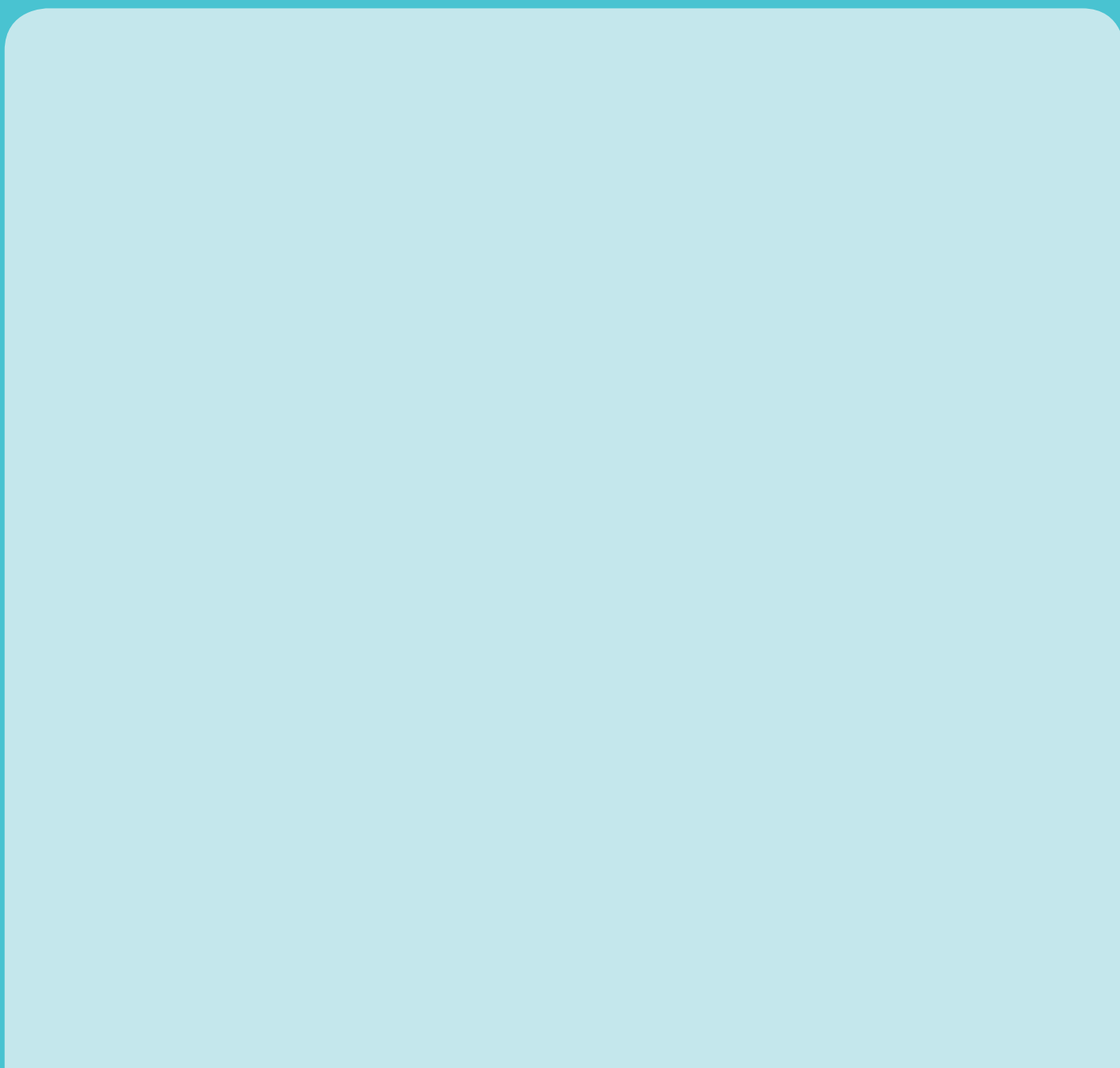
.....

Samaritans:

Add the number of your local Samaritans group or other local group offering support here.

.....

Before you are discharged, use the space below to fill in useful numbers with your practitioner of where you can get support from and how you can access it

A large, empty, light blue rounded rectangle with a thin dark blue border, intended for handwritten notes. It occupies the central portion of the page below the instruction text.

Good luck with your next steps and remember you have the skills to help yourself to feel better!



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To download a copy of this workbook go to:

www.exeter.ac.uk/cedar

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