

Relapse Prevention: A Recipe for Recovery
Carolyn L. Peterson, LCSW, CPRP

The core values of psychiatric rehabilitation begin with the strong belief that “all people have the capacity to learn and grow.” We believe that recovery is the ultimate goal of our programs and that our interventions help men and women with a serious mental illness establish normal roles in the community. Thus, psychiatric rehabilitation programs offer a range of services that helps people with psychiatric disabilities “to overcome severe problems in their functional capacity to perform in self-maintenance, occupational, educational, and/or social roles” (IAPSRS Referral Guidelines, 1997). Positive outcomes include decent housing, good jobs, college degrees, money to spend, trustworthy friends and acceptance in a community that respects cultural diversity and rewards successes.

At Highlands Community Services, nothing is taken for granted regarding the skills that people with psychiatric disabilities and their families may need in order to learn to understand and manage their unique mental illnesses so well that they can achieve positive outcomes. Others describe this approach in educational programs for consumers (Spanoil, *The Recovery Workbook*, 1994) and for families (Cubine & McAfferty, *Mutual Education, Support, & Advocacy*, 1990).

An integral part of our orientation for both staff and people attending the program, conceptualizes service planning into a recipe we call “the 4 S’s,” so that everyone can remember the basics. These include helping consumers and families to identify their specific positive and negative SYMPTOMS and to recognize early warning SIGNS of relapse. It also includes helping consumers and their families learn how to decrease the STRESSORS that lead to anxiety and then symptoms, and to increase the natural SUPPORTS that will prevent relapse.

A tool developed by Ruth Hughes (1989) alerts consumers and their families to the range of positive and negative symptoms that are typical of specific diagnoses, but then consumers are encouraged to provide details about hallucinations, delusions, depression, mania, and personality disorders. Identification of the specific symptoms experienced by a person, helps the person, family and staff pay attention if the symptoms begin to reappear.

Examples of positive symptoms include hearing voices that say “I am going to die,” or delusions that “the pews in church are bugged so that everyone can hear what I’m thinking,” or “feeling very sad to the point of becoming suicidal,” or “overspending and engaging in unhealthy relationships,” or constant worries that “I am going to be abandoned.” Medications primarily address these symptoms, but the educational process helps consumers to find the friendliest type and dose with the least side effects.

Examples of negative symptoms include difficulty staying on task or concentrating, inability to experience pleasure, poor social networks, poor cue utilization, concrete thinking, and sleeping disorders. Psychiatric rehabilitation programs counteracts these

symptoms, by teaching skills and coping techniques, and helping consumers develop a supportive environment and restore a sense of mastery over his or her life.

The early signs of relapse, called prodromal symptoms, may appear up to 6 weeks before positive and negative symptoms of the illness begin to reappear. Examples of early warning signs include irritability, poor appetite and in many cases, insomnia. If you ask folks in your program, “What are the first signs that tell you that you might be getting sick again?” most people can tell you very specifically what they experience. Once these early warning signs are identified, it’s helpful to develop an agreement about what to do when it happens. Without an agreement in place, most people keep quiet about the early signs of relapse, hoping they will go away. But if the person experiencing these signs tells someone they trust, and early interventions can be made, decreasing stressors and increasing supports may prevent a relapse.

Examples of stressors include overly critical or toxic environments, substance abuse, physical illness or stigma and examples of supports include through contacts with others, comfortable activities, or routine schedules. And examples of supports include contact with others, comfortable activities, and routine schedules. Moe Armstrong, Director of Vinfen’s Peer Educator Project in Boston believes that the elements of recovery are weighted “70% on having a program to attend (“we need to set up classrooms in mental health centers to teach people about their mental illness), and only 30% on taking medications.” He also emphasizes the importance of a regular sleep routine, going to bed at the same time every night and getting up at the same time every morning. “Too many of us wake up in the middle of the night and make a pot of coffee that only makes the situation worse.” Other supports that Moe relies on include playing the guitar, drawing cartoons, contacting valued friends, but never “watching over-stimulating TV.” (NAMI Virginia Conference, 1999)

Supports are those people, places, medications, interventions and activities that help an individual cope successfully with the illness. It is important for a person who has received medication to identify what medications have been helpful in the past when a relapse has occurred. What person does he most trust to confide in and assist him in getting services? What services are most helpful and what services are not helpful? By putting all of this information into a plan of action, the person with a psychiatric disability is able to plan for and control what will happen if a relapse threatens. This is far more effective than fearing the loss of control that often accompanies relapse. This information is also what is crucial in developing a more formal legal document, an advance directive.

More programs are hiring consumers as providers and this practice enhances the focus on recovery. A statewide program recently implemented in Virginia emphasizes the importance of providing a structured academic curriculum and fieldwork that eases the transition from consumer to provider roles. Our two graduates are valued for their ability to deal with other consumers’ denial about their mental illness and/or substance abuse, as well as teaching skills from direct experience. These peer support specialists relay an important message of hopefulness about opportunities for recovery and reducing stigma.

Through informal and formal relationships, staff adapt this recipe for recovery with members of clubhouse, consumers in case management programs, family members in NAMI affiliates, tenants in supportive housing, and employees in jobs. The point is to help consumers to maintain newly acquired roles, so that symptoms don't interfere; if stressors occur, there should be a ready list of supports to "get me back on track."

At Highlands Community Services, the "4 S's" are taught in individual sessions to develop service plans and advanced directives, with monthly and quarterly assessments of progress toward goals and objectives by consumers and staff sitting side-by-side. But, the "4 S's" are also taught in regularly offered Recovery and Sobriety groups conducted by peer support specialists in the clubhouse programs. The result is that consumers are increasingly commending each other on their strengths in coping with needs. It is not unusual on any clubhouse day to hear folks boasting, "it didn't get me this time-I didn't take that drink," and focusing more on their accomplishments, "I made it through work a whole day and I feel good."

Consumers, families and staff together with such testimonials as those reported in our programs over the years, share the strength of this approach:

- "I now have a career that I am well qualified for, which also helps me manage my own mental illness; I get a lot of pleasure helping people like me recover."
- "I set my mind on a goal and was able to accomplish it, something I couldn't do even before I had a mental illness; the 4 S's were the main part of my recovery."
- "Because of my job, I just bought my very own red pick-up truck."
- "Now that I have my own place, I can eat my favorite foods whenever I want."
- "NAMI helped my see my son as the best cook in the universe!"

(Adapted from Peterson, "A Definition of Psychiatric Rehabilitation," The Network, NAMI Virginia, Fall, 1999)