

The relapse prevention plan

There are a variety of relapse prevention plans that are used in the Netherlands. As a workgroup 'nursing' within the KenBIS (knowledge center bipolar disorders) we decided to create one nationwide document. In May 2011 we bundled all our knowledge and put together a new format. Then, during a national day of the bipolar patient association (PlusMinus), we presented this format in a workshop to a panel of clients and other stakeholders.

First, we want to note that creating a relapse prevention plan, begins with being aware of the fact that you have a bipolar disorder and have a vulnerability. In case you think that you are not going to use a relapse prevention plan, or if you think it's all nonsense, leave it for a while until you do want to use it.

Why a relapse prevention plan?

A regular part of the treatment of bipolar disorder is a relapse prevention plan. The illness progresses erratically and the severity of manic and depressive symptoms varies greatly. Sometimes they even stay away for years. An occurrence (e.g. excessive sleep or a lack of sleep) can be seen as a signal of how you are doing.

The relapse prevention plan divides the course of an episode (either manic, mixed or depressive) into phases. Many give these phases their own name (e.g. code green, orange or red). The format of the relapse prevention plan that is presented here, describes only one side of the illness, like depression. With this format you can make a plan for the manic, hypomanic and the mixed episodes as well.

Family members and others closely concerned can be very important in maintaining or restoring the mental health balance of a client with bipolar disorder. It is therefore valuable to involve important relatives and friends in the process of making a relapse prevention plan. Your relatives and friends are often aware of other signals than you are yourself. The things they see, can be different from how you experience it yourself. This plan leaves space for what another person sees and can do to help.

Steps in making a relapse prevention plan.

It starts with making a choice about which episode to start with. First describe the signals that are characteristic for a particular phase. Always ask yourself the question: how can I (or somebody else) tell how I am doing? Describe these signals as specific as possible. For example: the number of hours that you sleep, typical behaviour that you will show in a particular phase, certain thoughts you have. You can do this for each phase separately.

Start describing your stable phase. This will make clear how you are doing in your usual way. Others do not need to worry about your behaviour in this phase. For example, sleeping bad is not a negative sign for everyone. The same is true for a negative mood in the morning, some people simply are grumpy in the morning. It could fit in with your normal functioning and it doesn't have to predict anything. Then, in the same way, tackle the most serious phase and afterwards describe how the phases are in between.

The largest part of the plan is reserved for the first phase. This phase points towards a possible relapse. The first signal towards a manic episode is often feeling more energetic and the first signal towards a depression is often negative thinking. It is very important to describe the first phase accurately. Being aware of your first signals, toward either depression or a manic episode, will help you intervene earlier and will hopefully prevent your condition in becoming more serious.

The next step is to describe what you and your relatives and/ or friends can do in the different phases, for example when you notice that you are becoming more restless than usual you could actively seek more rest. This is what we refer to as counter-behaviour. In a second phase you will need help from someone else and in phase three mental healthcare professionals will have to be ready to help, and give guidance and advice. The fourth phase often involves asking for (and receiving) protection from the negative consequences from your behaviour when you realize that you are no longer in control. If the only action left is an admission, it is important to describe what worked and what didn't work if there was an earlier admission.

A next step is to describe the events in the past that triggered a relapse; the so-called stress factors. Here you can also make note of your vulnerabilities. These are the things that make you susceptible to a new episode and which can make you and your friends and/or relatives be alert, e.g. if your day to day structure changes or if something affects you, like negative events in your family. If you encounter these events, you can help yourself by doing the things that are listed in the first phase.

Who and where?

The final step is to think about who you want to involve. Are there people who can be of assistance to you in certain phases. Make sure they don't feel obliged to do anything. They should not have to feel guilty if, despite this plan, things still go wrong. Be critical of who you let read your relapse prevention plan.

Also agree on a place where you will keep the relapse prevention plan. In any case it should be accessible for professional caregivers (in your files).

A few last tips: update the plan after a relapse and discuss it at least once a year.

All that is left for us now, is to wish everyone who will use the relapse prevention plan, to remain stable and not have a relapse. Maybe thanks to the plan, although unfortunately success cannot be guaranteed.

Translated for KenBiS by P. van Leeuwen, manp from the original: "Het nieuwe signaleringsplan op de website." by Titus Beentjes, Peter Goossens, Joma Prinsen, Petra Rijper en Riet Vijffhuizen.