

# Relapse Prevention Plan

The Relapse Prevention Plan is designed to be part of the IAP for Individuals served in PROS and ACT programs. The purpose of the Relapse Prevention Plan is to help the Individual served work out ways he or she can actively stay well, prevent a relapse of symptoms and avoid crises. The Relapse Prevention Plan is to be completed by the Individual served in collaboration with staff. The Relapse Prevention Plan is based on personal needs and takes into account cultural, religious, and ethnic factors important to the Individual served. Crisis arrangements separate in experience from the Relapse Prevention Plan, are included as a helpful tool to arrange additional supports for the Individual served and provide instruction for staff. It is not meant to replace decision making by the Individual served, even in crisis. It does not replace a Health Care Proxy or an Advance Directive. Information is to be provided if the Individual served requests further clarification on these documents. It is recommended the Relapse Prevention Plan is periodically reviewed and updated as needed prior to discharge and when a relapse or crisis occurs.

Data Field	Identifying Information Instructions (*Fields for Individual's Name, Record #, and D.O.B. must be completed on each page)
<b>Individual's Name:</b>	Record the first name, middle initial and last name of the Individual served.
<b>Record #:</b>	If applicable, record your agency's identification number for the Individual served.
<b>D.O.B:</b>	Document Individual's date of birth.
<b>Date of Admission:</b>	Document the date the Individual served was admitted.
<b>Date Plan Written:</b>	Document the date that the plan is written.

Data Field	Details of the Plan Instructions
<b>What are your early warning signs that things are too stressful, deteriorating or not going well for you that could be a sign of relapse?</b>	The Individual served is to describe how he/she would know that he/she is becoming symptomatic. Examples: <ul style="list-style-type: none"> <li>I do not feel like getting out of bed.</li> <li>I stop socializing with my peers and family members</li> <li>I have suicidal or homicidal thoughts</li> </ul>
<b>Who, or what, are the people, places or things that contribute to increased stress and problems in your life? What steps or actions can you take when you have to deal with these people, places and things?</b>	The Individual served is to describe people, places, things that could trigger a relapse. Examples: <ul style="list-style-type: none"> <li>I should not stay up all night</li> <li>I should not buy lottery tickets</li> <li>I should avoid going to my brother's house</li> <li>Abstain from activities that could trigger a relapse</li> </ul>

<b>Data Field</b>	<b>Details of the Plan Instructions</b>
<b>What actions can you take to manage stress, stay well, and remain focused on your goals?</b>	<p>The Individual served is to describe tools, mechanisms, techniques that he/she can utilize to relieve stress, provide a sense of calm or assist him/her in feeling safe.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• I can take my medications as prescribed</li> <li>• I can go for a brisk walk</li> <li>• I can exercise</li> <li>• I can eat nutritionally balanced meals</li> <li>• I can talk to my counselor</li> <li>• I can utilize breathing techniques to relieve my anxiety</li> </ul>
<b>Persons you can call:</b>	<p>The Individual served is to describe persons that they have identified as being a support to him/her in the prevention of a relapse.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• My brother John</li> <li>• My therapist/ staff at the program</li> </ul>
<b>Resources you can use:</b>	<p>The Individual served is to describe resources that he/she has identified as being a support to him/her in the prevention of a relapse.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Wellness Group on Tuesdays</li> <li>• Contacting my Therapist</li> </ul>
<b>What things can others do that will be helpful?</b>	<p>The Individual served is to describe tools, mechanisms, techniques that can be provided by others as a support to him/her in keeping him/her safe.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Contact brother John when I am feeling overwhelmed</li> <li>• Remove myself from the situation that is unsafe for me</li> </ul>
<b>Is there anything else you would like to add to the Relapse Prevention Plan? If yes, add additional feedback.</b>	<p>The Individual served is to add additional information if he/she chooses to do so.</p>

<b>Data Field</b>	<b>Details of the Plan Instructions</b>
<p><b>Crisis Arrangements</b> Should a crisis arise, below are questions to consider to help you manage your affairs in a psychiatric emergency. These arrangements are not a substitute for your decision making, even in the midst of crisis. It is only a supplemental support option.</p>	<p>Individual served is to identify what actions to take when he/she is in crisis.</p>
<b>What should be done if you are in crisis?</b>	<p>Individual served identifies what should be done if he/she is in crisis and include the Individual's treatment preferences.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Contact therapist</li> <li>• Contact family member</li> <li>• Individual would prefer to go to Stony Brook Medical Center instead of Brookhaven Medical Center.</li> </ul>

<b>What should be done if you are NOT in crisis?</b>	Individual served identifies what should NOT be done if he/she is in crisis.
<b>Medications that are helping or have helped in the past:</b>	The Individual served is to describe the medications that are helping or have helped him/her in the past in preventing a relapse.
<b>Medications that have not helped:</b>	The Individual served is to describe the medications that have <b>not</b> helped him/her in the past in preventing a relapse.
<b>Is there anything else you would like to add to these crisis arrangements? If yes, add additional feedback.</b>	The Individual served is to add additional information if he/she chooses to do so.
<b>If I become unable to handle my personal affairs...:</b>	Individual served is to list name, contact information, and how the identified person can assist him/her. <b>Example:</b> <ul style="list-style-type: none"> <li>▪ Take care of my pets</li> <li>▪ Pay my bills on time</li> </ul>
<b>Data Field</b>	<b>Details of the Plan Instructions</b>
<b>Health Care Proxy</b>	Individual served is to indicate in the Yes/No box if he/she has a completed Health Care Proxy and if a copy has been provided for the record. Individual served is to indicate if he/she would like additional information on Health Care Proxies.
<b>Advance Directives</b>	Individual served is to indicate in the Yes/No box if a copy of the Advance Directives is in effect and if a copy has been provided for the record. Individual served is to indicate if he/she would like additional information on Advance Directives.
<b>Data Field</b>	<b>Signature/Confirmation Instructions</b>
<b>I have developed this Relapse Prevention Plan... I was provided a copy of the plan. If No, Provide a Reason Individual's Signature:</b>	The Individual served is to sign his/her name acknowledging that this plan is specific to him/her. The Individual served should be given a copy of the Relapse Prevention Plan. A reason should be provided if a copy wasn't given.
<b>Data Field</b>	<b>Signatures Instructions</b>
<b>Print Parent/Guardian/Other Name:</b>	The parent/guardian/other signature is necessary if Individual served is a minor or an adult who has a legal guardian. This space can also be used for any family/significant other as defined by the individual served if he/she wishes them involved in process. Check if N/A.
<b>Date:</b>	Date of this signature.

<b>Data Field</b>	<b>Staff Signatures Instructions</b>
<b>Print Staff Name/Credentials:</b>	<b>Legibly</b> record signature and credentials, according to agency policy, of the staff who prepared the plan.
<b>Date:</b>	Date of this signature.
<b>Print Supervisor/Professional Staff/Qualified Health Professional Name/Credentials (if applicable):</b>	<p>If applicable, <b>legibly</b> record signature and credentials of supervisor.</p> <p>Check if <i>N/A</i>.</p> <p><b>Example: Jerry Smith, LMHC</b></p>
<b>Date:</b>	Date of this signature.
<b>Print NPP Name/Credentials (if applicable):</b>	If applicable, <b>legibly</b> record signature and credentials.
<b>Date:</b>	Date of this signature.
<b>Print Psychiatrist/MD/DO Name/ Credentials (if applicable):</b>	If applicable, <b>legibly</b> record signature and credentials.
<b>Date:</b>	Date of this signature.
<b>If Applicable, Additional Staff Sign Below</b>	Any additional staff involved in the development of the IAP- Psychopharmacology plan should legibly record their name and credentials and date. Check if <i>Not applicable</i> .