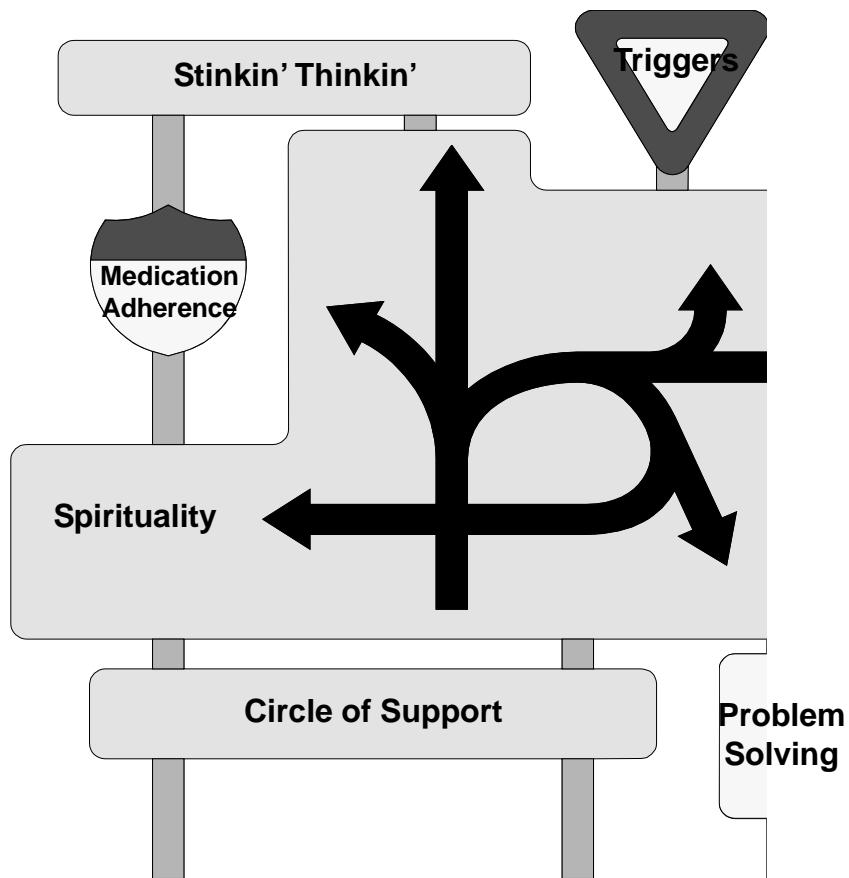


My Action Plan

For

Relapse Prevention



MAP

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My Action Plan For Relapse Prevention

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Table of Contents

What is This Book About?.....	6
Triggers.....	7
Spirituality	11
Problem Solving.....	17
Medication Adherence	22
Circle of Supports.....	27
Stinkin' Thinkin'	31
My Action Plan	37

Name: _____

Date: _____

Montgomery County Emergency Service, Inc. (MCES) has been providing a broad range of crisis intervention, emergency psychiatric care, and criminal justice diversion services since 1974.

MCES has long recognized that many behavioral health crises and emergencies originate with a relapse related to mental illness, substance abuse, or both. Relapse plays a part in many hospitalizations, and many of those served by MCES have a dual diagnosis.

In early 2002, a multidisciplinary group of MCES staff got together as a Relapse Prevention Task Force. Their focus was to develop programs to help prevent relapse among MCES consumers.

Over several months the group assessed the relapse prevention needs of MCES patients, reviewed the literature on relapse, and evaluated available relapse prevention resources. This publication is the principal output of that process. It is part of an inpatient relapse prevention program that involves patient education, support/therapy groups, individual counseling, and appropriate medication, when necessary.

MCES understands that relapse can best be prevented when consumers and providers work together to understand the risks, the signs, the triggers, and the steps to be taken to head off relapse. *My Action Plan for Relapse Prevention (MAP)* is designed to facilitate this process.

MCES welcomes comments on this publication and suggestions for improving future editions.

WHAT IS THIS BOOK ABOUT?

This book is a tool to help you prevent a relapse.



Relapse is defined as a return to a pattern of living that leads to an inability to sustain recovery/ remission. This workbook is designed to encourage you to take an active role in your wellness. The workbook is designed to assist you to recognize early signs of relapse and to independently develop and apply behavioral skills to reduce the risk of relapse. This book will help you recognize relapse as something that can be in your control, not something that suddenly comes out of nowhere.

If you seriously work through this book, it can empower you to begin to build a MAP for your emotional, mental and spiritual well being. The book is meant to be used actively when you are discharged. We suggest you review it daily for a week or two and then at regular intervals. The more you review this book and MAP, the better prepared you will be to spot the subtle signs of relapse.



TRIGGERS

Sam was very depressed and suicidal after a cocaine binge. He had stopped the medications for his Bipolar illness a few weeks before because he felt so good. He has very little structure in his life, lives in a boarding home and is constantly bored and complaining of not having any fun since he stopped doing drugs.

When Sam came into the hospital, he was not aware that many triggers led to his depression. After working with his treatment team, he realized that using drugs, not staying on his medication, and not having any interests/activities to fill up his time triggered his feelings of depression and suicide.

Everyone has a past that involves situations that were good or bad. Whenever something happens that reminds me of one of these experiences, it triggers memories of that time. I react to the current situation the way I reacted to the original ones. (I may not even be aware of the original event.) Triggers can be internal (self-thoughts or emotions) or external (situations, events or what people do or say). In order to cope with triggers I may abuse substances, have rages, withdraw from others, feel nervous or anxious, feel suspicious, or hear voices.

It is important to be able to identify my specific triggers in order to develop coping strategies to avoid relapsing. Some groups of triggers may be:

- Physical Triggers - things that affect my body.
- Life Stressors - personal or world events that affect me.
- Social Triggers – situations that evoke negative thoughts/feelings.
- Emotional Triggers – situations or feelings that negatively affect my sense of self.



any of the following triggers I feel apply to me. For any not listed, I will fill in the lines below.

Physical Triggers

- Over tiredness
- Illness, e.g. the flu
- Loud noise
- Abuse

Life Stress

- Work
- Family
- Financial problems
- Housing
- World events

Social Triggers

- Being alone too much
- Holidays
- Vacation
- Weddings, funerals
- Pay Day
- Other people's outbursts
- Intimacy with another
- Being successful
- Music
- Anniversary dates of losses or trauma

Emotional Triggers

- Feeling excluded
- Guilt
- Dwelling on the past
- Blame
- Symptoms worsening which may lead to hospitalization
- Others being over-critical
- Feelings of abandonment
- Others interfering in my affairs

Other triggers in my life are:



Things to avoid in order to prevent being triggered:

Ideas for coping with triggers:



Name _____

Date _____

Evaluation of TRIGGERS

1. This information helped me to understand how this issue affects me.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

2. The material is presented clearly and is understandable.

<input type="checkbox"/>				
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1 2 3 4 5 6 7 8 9 10

5. I would change this chapter. No Yes If Yes, how?



SPIRITUALITY

Tom had a serious drinking and drug problem. He had lost his job and was on the verge of divorce. None of this helped his chronic depression and anxiety. Through a friend, Tom began to attend AA meetings, and while not enthusiastic about everything he heard, it was not hard to admit his life was out of control. He decided to give the twelve-step program a real try. By talking with other people in recovery, sharing his feelings and doubts, and being willing to work the twelve-steps, Tom began to feel real hope.

He came to realize the Higher Power that recovering people looked to for help and support was simply the God of his own understanding. This definition allowed him to look at spirituality in a brand new light. Tom started to experience the value of daily prayer and meditation, and he read spiritual and recovery literature every-day. He found an increasing understanding of himself and a new sense of self-worth that had been lacking before he began to practice his daily spiritual routine. He discovered it wasn't necessary to be perfect, or always right. In other words, he was happier just being himself. This new understanding of his own spirituality helped Tom feel more connected to other people, more connected to his Higher Power, and more connected to his own recovery.



What Spirituality is.

Spirituality includes feeling more connected to one's self, to other people, to our community, and to God, Nature, or Life in general.

Spiritual experiences and individual conceptions of spirituality are personal and vary from person to person.

True spirituality in action helps us lead better, more fruitful and happier lives.

Check any of the following that I feel apply to me.

- One expression of spirituality is being calmer, more able to handle problems in a way that benefits me.
- I feel more spiritual when I'm outdoors in nature, like a park, or in the mountains, or by a quiet lake.
- Spirituality is love for people.
- A spiritual experience is when I'm with my kids, laughing and helping them grow up.
- Spirituality and happiness go hand-in-hand.
- Spirituality is love for one's self.
- I believe that one can be very spiritual whether they go to church, temple, synagogue, mosque, or not.
- Spirituality is not so much what one believes, but what one does to better himself and others.
- Spirituality is kindness.
- Spirituality includes everybody.
- I'm not sure about what spirituality is, but my mind is open.
- Spiritual success includes leading a better and more fruitful life.
- I would like to be calmer and feel more connected.
- My spirituality has to include my experience in life and my own hope for the future.
- For me, spirituality is not always the same as religion.
- Spirituality is increasing love.
- I would like to learn more about spiritual ways of life.
- I like to help other people.
- Becoming more spiritual does not mean I must be perfect.
- I know of a group that includes a strong spiritual connection.
- I would like to find a group for myself that includes a strong spiritual connection.
- I believe in my own dignity.
- I'm learning the value of never giving up.
- When I feel more connected to others, I feel better about myself.
- I had a strong church (or religious) background as a child.
- Spirituality is trying to forgive someone who hurt me.
- I am grateful to be able to keep on trying.
- Spirituality means a personal relationship with my Higher Power.
- Faith is trusting the process of recovery.
- Spirituality is a way to nurture my soul and value my uniqueness.
- Spirituality is finding my true self.
- Opening my heart and mind to receive help is a spiritual exercise.



Action I will take at MCES to increase my feeling of spirituality:

- Practice positive affirmations
 - Read inspirational books
 - Pray
 - Meditate
 - Go to 12 Step Meetings and share my feelings
 - Telephone my pastor, rabbi, imam, priest, minister, etc. – Ask them to visit me
 - Find a place where I can feel at peace each day
 - Develop daily spiritual practices like 15 minutes of prayer/meditation/inspirational reading in the morning and evening - **Quiet Time**
 - Create something I like in Art Group and give it to another person
 - Share my ideas about spirituality and learn about other's practices
 - Write a letter to someone thanking them for helping me
 - Work on developing a strong humility
 - Remember things I am grateful for
 - Let go of resentment – anger - jealousy
 - Practice gratitude and feeling more JOY in my life
 - Practice acceptance of myself, and living life on life's terms
 - Let go of shame – self pity - negative self-image
 - Be honest with myself
 - Practice kindness
 - Be patient with myself and others
 - Learn to share my thoughts and feelings more openly in groups
 - Others: _____
-
-

People who can help me while I'm at MCES:

- Treatment Team Members
- Counselor(s) – staff, contact people, Allied Therapists
- Outside AA or NA speakers
- Fellow patients in recovery
- Visiting clergy or religious leader
- Yoga instructor
- Like minded people serious about sobriety
- Supportive family members and friends

Others: _____



Spirituality is encouraged and increased by an attitude of gratitude.

Six or more things I am grateful for today.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Specific people I know who can help me on my spiritual journey:



Things to do to increase my own feelings of spirituality after I leave:

- Read inspirational books
 - Pray
 - Meditate
 - Attend AA or NA meetings, participate, get a sponsor
 - Work the 12-Steps of AA/NA
 - Continue my daily spiritual practice
 - Spend more time in nature, the great outdoors
 - Practice Yoga
 - Make a daily gratitude list
 - Join a group of spiritually minded positive people
 - Continue to be willing to learn
 - Cultivate more friendships and social events with spiritually minded positive people
 - Establish a schedule for daily prayer/meditation/inspirational reading - **Quiet Time**
 - Open up to my own best self and learn to be more content
 - Volunteer to help other people
 - Keep daily contact with like minded positive people
 - Say the Serenity Prayer throughout the day
 - Repeat positive affirmations
 - Forgive someone who has hurt me
 - Other: _____
-

People Who Can Help After I Leave:

- Supportive sober family members and sober friends
 - Supportive sober co-workers
 - Counselor(s)
 - Sponsor(s) (AA/NA)
 - Other people in recovery who are serious about sobriety
 - Clergy
 - Support Group
 - Other: _____
-



Name _____

Date _____

Evaluation of SPIRITUALITY

1. This information helped me to understand how this issue affects me.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

2. The material is presented clearly and is understandable.

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5. I would change this chapter. No Yes If Yes, how?

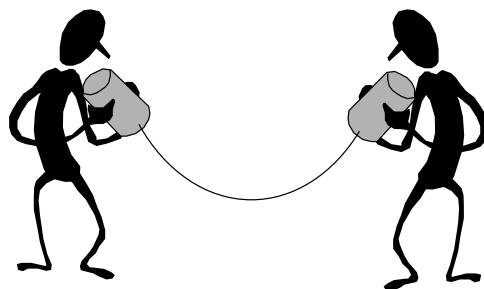


PROBLEM SOLVING

Delilah had not used heroin in four months. The antidepressant she was taking made her feel more hopeful and gave her some energy to face daily situations. However, Delilah's family was not letting her see her three year old and she was having difficulties with her landlord who was threatening not to renew her lease because of problems in the past. She was beginning to think that being on medication and off heroin was not changing her life for the better.

Delilah began working with her outpatient therapist on problem solving techniques. She discovered that a concrete, organized, step-by-step approach to working on a problem helped her to make a much better decision.

Once I am stabilized I begin to see serious problems that must be faced. I handled them in the past by avoidance, getting drunk or high, or by plain ignoring them. However, some of them need to be solved to get on with my life. What is needed is a systematic objective method of problem solving.



Specific problems I am facing:

1. _____
2. _____
3. _____
4. _____
5. _____

Putting the problem under a microscope. Pieces I need to examine more closely:

The people involved are: _____

Exactly what happened: _____

This happens when: _____

This happens why: _____

This happens how: _____

Information and suggestions I have gathered from others:

Some of my options for solving the problem are:

1. _____
2. _____
3. _____



Examination of options:

Option 1:

Pro	Con	Realistic Expectations

Option 2:

Pro	Con	Realistic Expectations

Option 3:

Pro	Con	Realistic Expectations

I feel the best option for me at this time is (and my reasons for choosing this one):



Steps I have to take:

The results of those steps were:

Who can help me to problem solve at MCES?	Who can help me to problem solve when I leave the hospital?



Name _____

Date _____

Evaluation of PROBLEM SOLVING

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<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

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MEDICATION ADHERENCE

Mindy had been diagnosed with depression two months ago. She had been taking her medication as prescribed since she was discharged from the hospital. She felt better on the medication but was wondering if she really needed it anymore. After all she was sleeping better and regained her appetite. Her spirits were brighter and she was no longer crying at the drop of a hat. However, she noticed she was starting to put on weight and did not seem to enjoy sex as much as she did before she was treated for depression. Her doctor always seemed to be rushed and didn't really seem to have time to discuss medication issues. Mindy, without talking to anyone in her circle of supports or anyone on her treatment team, stopped her medication. Part of her knew this was risky but she rationalized her mental health disease was cured and that she no longer needed to take medications. Besides, she ran out of money for her medications. After all, who wants to be tied down to taking medications and who wants to gain weight and not enjoy sex. Two months later, Mindy was readmitted to the hospital after a suicide attempt. She was experiencing difficulty falling and staying asleep, couldn't eat, secluded herself from her friends and support system, and began to feel hopeless about her future.

Mindy talked to her doctor about why she stopped taking her medications. Her doctor reassured her that a switch to a different antidepressant that did not cause weight gain or sexual problems could be prescribed. Her physician reminded her that her depression was a medical illness much like diabetes or heart disease and would require continued treatment with medications. Mindy promised not to stop her medications again without talking to her doctor first.

WHAT?

Medication non-adherence is anytime I choose to not take medications as prescribed by my physician. This includes the right amount, the right time, and as directed. Non-adherence is when I either stop my medication on my own, change the amount I take, skip days, or choose not to follow the instructions. As a consumer, it is important that I feel my medication plan enables me to manage my symptoms with the least amount of side effects.



WHY?

There are a variety of reasons why people do not take medications as prescribed. Contrary to popular belief, most people don't stop taking medications because of a lack of insight. The adherence levels for a person with mental health disorders are similar to people with hypertension, diabetes, and heart disease. Many mental health illnesses are thought to be caused by a malfunction in the brain. Medications are ordered to alter the faulty brain chemistry that causes many of my symptoms. The goal of medication therapy is to restore normal brain chemistry and improve the quality of my life.

There are a variety of reasons why people do not take their medications. Among the most common reasons are:

- 1) *I feel better and therefore, think I don't need the medication any more.* Part of the reason for this belief is that when I have a health problem I take a medication and feel better. I do not get up everyday and take an aspirin in case I get a headache. It is sometimes difficult to understand that with mental health medications I feel better because I am taking meds. If I stop the medication, the symptoms and problems I had before taking the medication will return.
- 2) *I can not tolerate the side effects.* Every type of mental health medication has at least several different choices in that category. Since everyone's body and metabolism are different, what works for one person may cause intolerable side effects or not work at all for another person. So if I find that after taking the medication for one to two months I don't feel much improved or have intolerable side effects (such as gaining a lot of weight, sexual problems, feeling tired all the time), I can talk to my doctor. He/she will work with me to find another medication that will help me without the side effects.
- 3) *I don't have insurance or my insurance does not cover my medication and I can not afford to pay cash for it.* This is a common problem, especially with people who lose their health insurance. I can ask my doctor for samples of my medications. This may help until I get a more permanent solution. All of the drug manufacturers have programs to assist people without insurance. I can get an application from the company (these are available at MCES) and work with my outpatient doctor on getting the medication. Medication will be either free or very inexpensive IF I am eligible. There are sites on the internet that can help. (www.needymeds.com and www.helpingpatients.org)
- 4) *I am angry/ashamed/guilty that I need to take medication because something is wrong with my brain.* In the past 10-12 years more evidence has been found to support the fact that mental illness is a disease of the brain. Each illness has distinct chemical and/or physical differences. Asthma is a physical illness which causes distinct chemical and physical changes. Following the treatment prescribed by a physician can generally enable one to lead a comfortable, productive life. The same is true for mental illness. The stigma that is attached to mental illness has been decreasing as education and the media make people more aware of the facts.



WHAT CAN I DO?

- Attend medication education group while at MCES.
- Learn as much as possible about my medications so I can make informed decisions in partnership with my doctor.
- Talk with my doctor any time I am thinking about stopping my medications or adjusting the dose.
- List and weigh the positive and negative consequences of continuing and discontinuing my medication.
- Use my circle of supports to discuss decisions regarding medication compliance.
- Know which side effects I am not willing to tolerate so that I and my physician can explore all available options.
- Keep an accurate record of all medications I have taken and responses to them.
- Take my medication and keep a log or diary of how I feel on my medication.
- If I want to stop my medication, I will talk it over with my doctor before stopping them. He or she will help me make the best choices for me.
- If cost is an issue, I will contact my aftercare program/doctor. There are options available such as the indigent drug program, samples, etc.
- Equate taking medication with wellness and personal empowerment to take control of my illness.
- Remember most side effects can be reduced or eliminated by minor adjustments to my medication plan. Any problems, such as sexual dysfunction, weight gain, excessive tiredness, stiffness, insomnia, etc. can be addressed by my physician.



Medication Worksheet

My current medications. Today's date: _____

Drug Name	Dosage	When to take	Reason for it	Side Effects

Are there any necessary lifestyle or dietary changes needed for any of the medications I am taking?

When should I contact my physician regarding an adjustment to my medication plan of care?

Medications I am not willing to take and why?

Reasons I stopped taking medications in the past.

- I didn't think I needed medications anymore.
- I didn't have any money or insurance to get medication.
- I believed the side effects are intolerable and worse than the cure.
- Other: _____

My plan to remain compliant with my prescribed medications.

Helpful Medication Hints:

- Remember past consequences, including the return of symptoms, when you stopped taking your medication.
- Never drive or operate heavy equipment if you feel drowsy or excessively tired.
- Eat a diet high in fiber.
- Eat five servings of fruits and vegetables.
- Drink 6-8 glasses of water each day.
- Use sugar-free hard candies if your mouth is dry.
- Do not drink alcohol or use unprescribed drugs while taking medication.
- Exercise daily.
- Call your doctor if you experience a high fever or feel stiff.
- Use sunscreen.
- Try to limit the number of cigarettes you smoke since smoking lowers the effectiveness of many drugs.
- Limit your caffeine intake.
- Place your medications in a location where you will remember to take them.



Name _____

Date _____

Evaluation of MEDICATION ADHERENCE

1. This information helped me to understand how this issue affects me.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

2. The material is presented clearly and is understandable.

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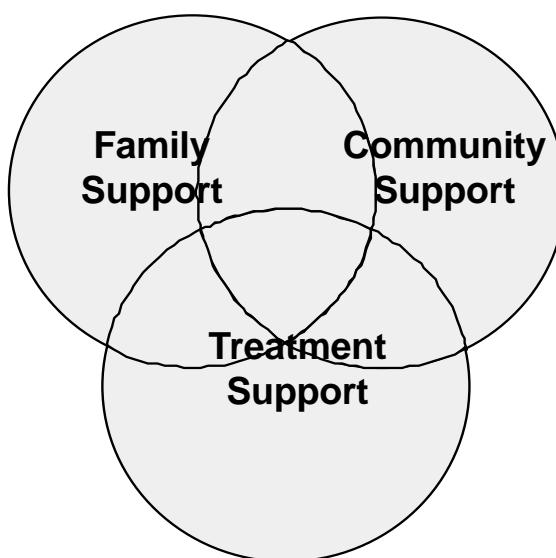
1 2 3 4 5 6 7 8 9 10

5. I would change this chapter. No Yes If Yes, how?



CIRCLE OF SUPPORTS

John's life seemed hopeless. After suffering personal tragedy in his family, he sunk into a deep depression. He had feelings of deep sadness and was suffering terribly. John would isolate in his room and cry a lot. The simmering emotions were eating him up. He drank a lot of alcohol, in an attempt to numb his feelings. However, he just got more depressed and started feeling suicidal. John finally reached out for help. He began attending a support group at night and shared his true feelings. He felt like a large weight fell off his back. It was hard at first to talk about his feelings, but so helpful that he kept coming back. John made some friends, but still needed more help. He saw a psychologist who recognized that John was depressed. He was put on antidepressants and after taking these meds for a couple weeks, he noticed that his despair was turning to hope. John now kept sharing his feelings and taking his meds. John reached out for help and shared his stuffed emotions. Now, life slowly became like a blooming flower instead of a dimly lit room.



An effective circle of support is one of the most important aspects of recovery for a person recovering from mental illness or addiction. Anything in our life that gives us hope, trust, or love is support. People, friends, family members, ministers, self-help groups, counselors, and others can be a major source of support. When a person reaches out for help, instead of isolating, they make a huge leap forward in their recovery.

- Have I ever isolated during times of distress?
- Do I hold things inside instead of talking about problems?

At MCES, I am encouraged to share my feelings. If I let out thoughts and feeling that are brewing inside, I feel better, and relieve these simmering emotions. All the energy I use to stuff my feelings can be used toward my recovery. So during groups and while talking to others, I need to be honest and let it all out. If these feelings don't come out openly they may come out in unhealthy ways, such as angry outbursts, tension headaches, isolation, etc. Some ways of building a circle of support:

- ✓ Talk about the present
- ✓ Talk honestly about what I think and how I feel
- ✓ Take responsibility for what I say by using "I" statements

A recovering person needs a lot of help and support to get better. So, in the hospital I should ask clinicians, doctors, social workers, and contact people a lot of questions. I should listen to their advice. Also, I should seek support from other patients. We are all in this together and our collective experience, strength and hope can help us. I should listen while others are talking about their recovery.

After I leave MCES, a new world of hope and opportunity awaits. However, the foot work in forming a circle of support for after discharge starts now. Who are specific people I can connect with today to receive support?



Support groups can be a key to successful recovery. Making connections now will help me bridge the transition out of the hospital. At MCES, information is available about when and where support groups are held. I will review the community resources board located outside the activities room in North Hall. Resources in surrounding communities include drop in centers, mental health support groups, loss and bereavement groups, Divorce Care and NAMI. This board is updated regularly, so I will check for new support group information. I understand that more group information is available, and I will check with an Allied Therapy staff about this.

Other places to connect within the community are: 12-Step meetings, YMCAs, community centers, social clubs (such as Friends Connection, Forteniters), volunteer work and churches/places of worship. In the Neighbors Section of the Sunday Inquirer there are many pages listing support groups. Support groups are invaluable in helping me continue my recovery. I form connections, a lifeline of help, at these groups. I should get phone numbers of people that can help me. Groups remind me that recovery is an ongoing process. My illness goes into remission, but symptoms can reappear if I don't continue seeking help. A circle of support is the foundation of my recovery. I will get better if I reach out. Keep it up! Things will improve!

Meeting new people can be intimidating. What can I do to feel more confident and comfortable?

What prevents me from reaching out to friends, family or community groups? How can I work through this?

What specific types of support would be helpful in preventing me from relapse?



Name _____

Date _____

Evaluation of CIRCLE OF SUPPORT

1. This information helped me to understand how this issue affects me.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

2. The material is presented clearly and is understandable.

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STINKIN' THINKIN'

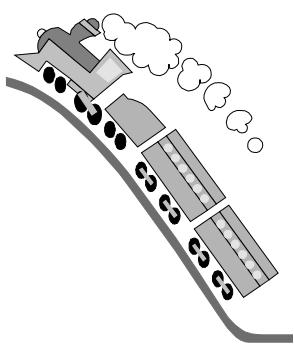
John suffered from depression. Everything about life seemed like it was dark and troublesome. His past seemed filled with regrets and each day John thought about every single negative thing that happened to him. "Poor John," he said to himself. It wasn't until things got really bad that he reached out for help. He met with a psychologist who helped him realize that his own stinkin' thinkin' was making him miserable. Mainly, his psychologist said that John's negative thinking was giving him negative feelings, which was contributing to his depression. He asked John to pick out one positive thing about his life. John couldn't think of any. However, his psychologist taught him ways to combat his stinkin' thinkin'. John practiced every day focusing on the positives instead of the negatives. John came out of his black cloud into the warmth of recovery.



Often, I feel guilty about things I may have done during my full blown mental illness and substance abuse. Some guilt or shame can be good and motivate me for recovery; however, too much guilt can lead to relapse. Talking about my guilt can help release it and will allow more energy for my recovery. At MCES, I am encouraged to share my guilty feelings during group. I should continue to let them out at 12 Step Groups and with my circle of support after discharge.

Self pity and chronic resentment can lead me toward relapse. Self pity often causes me to blame other people for my problems. Sometimes, self pity causes me to not take personal responsibility for my problems and therefore causes me to not work at getting better. Also, self pity often causes resentment toward others and can lead to my rejection of help.

Stinkin' Thinkin' must be challenged on a daily basis to effectively prevent relapse. At MCES, I will learn ways to cope with stinkin' thinkin' and to change it toward positive thinking. However, stinkin' thinkin' is often deeply rooted in my consciousness, and I must continue challenging it on a daily basis after discharge with the help of my circle of support. At MCES I am encouraged to share my guilty feelings at groups, and to forgive myself.



A mental illness relapse or substance abuse relapse can be compared to a train that goes off the track. Often, a return to "stinking thinkin'" is a warning sign that I am headed for a relapse station. Relapse is often caused by irrational thoughts.

What are some examples of my own stinkin' thinkin'?



It is easy to tell ourselves we can get better alone, without the help of medications or our circle of support. However, it is important I remember that reaching out for help is the key to my recovery from mental illness and substance abuse. My own way is what got me in trouble. So, my open mindedness and willingness to avoid isolating are key to a healthy recovery from mental illness and substance abuse.

Believing we don't need help to get better is stinkin' thinkin'. Many of us isolate when symptoms of our illness surface. However, isolating can be a huge trigger for relapse. It is crucial that we reach out for help. How can I avoid isolating?

Thinking errors often manifest in my negative thinking. I often focus on all my problems and fail to recognize that some things are going well. I am sometimes plagued by negative thoughts about myself and my chances of improvement. At MCES and after I leave, it's important that I challenge negative thinking.

Do I dwell on the negatives in my life while ignoring the positive things?

YES NO

Do I doubt myself and my ability to get better?

YES NO



One way to challenge negative thinking is by telling myself positive things, many times a day, especially in the morning and at night. These affirmations can be helpful. It is important to create your own affirmations. Here are some examples.

- I CAN CHANGE AND GROW!
 - I CAN SHAPE MY FUTURE!
 - I AM GETTING BETTER AT BEING MYSELF AS I STAY SOBER!
 - I AM LOVABLE!
 - I AM TAKING CONTROL OF MY HEALTH!
 - I AM A GOOD PERSON AND I DESERVE TO HAVE A GOOD LIFE.
 - I AM LOVABLE AND TODAY I WILL EXPRESS LOVE.

My Own Original Affirmation: _____



Many of us have suffered grave consequences because of our mental illness or addiction. However, we use denial to protect ourselves from the awareness that we are sick. It can be painful to acknowledge. We are sick and need help and support to get better, yet it is crucial that we acknowledge and not minimize our illnesses and their consequences.

Screening out the negative consequences is stinkin' thinkin'. What are some negative consequences of my mental illness or substance abuse problem?

Sometimes thinking errors can distort my perception of how things were when I was sick. Sometimes, I tend to focus on some things I enjoyed about being addicted or my mental illness. However, the negative baggage that results from my illness far outweighs things I may have enjoyed about it. So, it is important to play the tape until the end, and to recall the devastation resulting from my mental illness or substance abuse.

Remember, to forget the past, is often to repeat it.

Do I tend to dwell on daydreams about times I may have enjoyed during my mental illness?

Why? _____

If I have a substance abuse problem do I tend to dwell on or daydream about times I felt I enjoyed abusing drugs and or alcohol? If yes, play this tape to the end. (Recall the devastation).



Name _____

Date _____

Evaluation of STINKIN' THINKIN'

1. This information helped me to understand how this issue affects me.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

2. The material is presented clearly and is understandable.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

3. The information gave me concrete ideas that will be helpful to me when I am discharged.

<input type="checkbox"/>				
Strongly	Very Much	So-So	Not Really	Not At All

4. With 1 being "not at all helpful" and 10 being "extremely helpful," I would rate this chapter in terms of its usefulness to me as:

1 2 3 4 5 6 7 8 9 10

5. I would change this chapter. No Yes If Yes, how?



My Action Plan (MAP)

Circle of Support

What kind of support do I need?

From whom will I get it?

Triggers

What are my triggers?

Ideas for coping with them.

Problem Solving

These are some ways I will go about attempting to solve my problems more effectively.



Medication Adherence

What will I do to be compliant with my medications?

Spirituality

Things I will do to increase my spirituality.

Stinkin' Thinkin'

Identify my stinkin' thinkin' and what I will do about it.



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Patient

Staff Member

Name

Date

Please help our quality improvement team evaluate the usefulness of this segment of the attached workbook. This workbook will be used during scheduled patient education groups. Thank you in advance for your help. ☺

Please check section:

- Triggers Spirituality Problem-Solving
 Non-Compliance Circle of Supports
 Stinkin' Thinkin' My Action Plan

1. **Story**

<input type="checkbox"/>				
Not Helpful	Somewhat Helpful	Not Sure	Helpful	Extremely Helpful

Comments/Suggestions: _____

2. **Definition of Triggers**

<input type="checkbox"/>				
Not Helpful	Somewhat Helpful	Not Sure	Helpful	Extremely Helpful

Comments/Suggestions: _____

3. **Checklist**

<input type="checkbox"/>				
Not Helpful	Somewhat Helpful	Not Sure	Helpful	Extremely Helpful

Comments/Suggestions: _____

OVER →

Patient

Staff Member

Name

Date

The Workbook was well organized.

Strongly
Disagree

Disagree

Agree

Somewhat
Agree

Extremely
Organized

Comments/Suggestions: _____

The Workbook was easy to read.

Strongly
Disagree

Disagree

Agree

Somewhat
Agree

Extremely
Organized

Comments/Suggestions: _____

I believe the workbook would be helpful in assisting me to take more control of my illness.

Strongly
Disagree

Disagree

Agree

Somewhat
Agree

Extremely
Organized

Comments/Suggestions: _____

Some ideas to make the workbook better that I have are:

Thank you for helping us to help you!