Relapse Prevention

Even following full recovery from PTSD, the nature of human response to trauma is such that, from time to time, the person may become distressed when confronted with vivid reminders of their experience. As long as these episodes are not too frequent, not too severe, do not last too long, and do not impair functioning, they should be considered quite normal. Towards the end of treatment, it is important to educate clients about this process so that if/when it happens they are prepared and can simply let it pass.

In complex and more chronic PTSD cases, it is likely that some vulnerability will remain. Times of high stress, and exposure to (or hearing about) other traumatic events, can be potential triggers for relapse. It is important that clients are prepared for this possibility and that they have strategies to deal with such situations.

As the final stage of treatment, relapse prevention involves educating the client that recovery is not just about getting better, it is about staying better. Relapse prevention involves several steps to help the clients achieve this. These steps involve:

Maintaining a focus on goals: It is important for clients to acknowledge the importance of continuing the work of therapy after formal treatment has finished. It is easy to fall back into old ways of coping which might increase the chance of relapse. Maintaining treatment benefits, and continued improvement, requires a deliberate effort on the part of the client.

Informing the client that distress will occur from time to time: Experiencing some distress when confronted by reminders of traumatic experiences is normal and should not be interpreted as a problem provided that these reactions are not too severe and do not last too long. Over-reacting to these lapses may precipitate a downward spiral; an ability to accept them will enhance recovery.

Identify high-risk times: Learning to recognise their own high risk times, as well as their own early warning signs of relapse, will allow appropriate measures to be implemented before things become worse. Reminders of the original trauma, experiencing another traumatic or stressful event, and periods of high stress at work or at home are all common high risk times.

Develop a plan to deal with lapses: Having a plan for coping with difficult times is important. The plan should consider such things as:

- Identifying high risk times
- Identify and watch out for personal early warning signs of relapse
- Plan how to activate naturally occurring support networks
- Consider which physical, cognitive, and behavioural coping strategies to use

The following handout for clients may help.

Coping With Lapses

1. Ups and downs are to be expected:

- Some bad times – feeling upset or stressed from time to time – are normal
- How you deal with these bad times is a mark of how well you have recovered – try to roll with them and don't let them throw you
- A lapse is not a relapse – as long as your reactions are not too frequent, not too severe, and do not last too long, you are doing well
- Remember that having no emotional response when confronted by life stress is not healthy
- Remind yourself to cope: manage these periods actively, take control – don't let them control you

2. Identify high risk situations or triggers:

Common high risk situations include:

- Powerful reminders of difficult times in your past, news of similar incidents
- Experiencing (another) trauma or similar event
- Other life stress: financial, family, health, work, etc

- What are my likely high risk times or triggers?

3. Identify and be aware of your own early warning signs:

- The earlier you can intervene, the better – but to do this you must know your early warning signs
- What are the first signs for you that you are not coping so well? (e.g., Getting irritable? Not sleeping so well? Feeling tense, wound up? Can't be bothered with things?)

- My early warning signs are:

This information was drawn from multiple sources. The handout was prepared for the ISTSS Resources For Clinicians Website by the Australian Centre for Posttraumatic Mental Health, June 2008

4. Generate a plan to cope, write it down, and keep it somewhere safe:

- What physical coping strategies will I use? (e.g., exercise, relaxation, controlled breathing, changing your diet, getting more rest, etc)

- What "thinking" coping strategies will I use? (e.g., watching your self-talk, writing down some coping statements, distraction, actively problem solving – what's the problem and what do I need to do?)

- What activities will I use to help me get back on track? (e.g., confront what you are avoiding, organise to spend time with people you care about, do an enjoyable activity like seeing a movie, etc)

- Who can I call if I need to talk? What are their phone numbers?

  a) Friends/family:

  Name……Tel:……

  Name……Tel:……

  Name……Tel:……

  b) Professional support:

  Name……Tel:……

  Name……Tel:……