EARLY WARNING SIGNS

A Self-Management Training Manual for Individuals with Psychosis

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This project is a result of a partnership between Community First in Herefordshire and Worcestershire, Worcestershire Community and Mental Health NHS Trust, W.C.C. Social Services Department and the Mental Health Link Project (which comprises of voluntary organisations working in mental health service provision in Worcestershire)

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Who is this pack for?

This pack is aimed at individuals who have experienced some form of Psychosis. This is a medical term for a group of mental health problems which have certain experiences in common. Some of these experiences include hearing voices, having jumbled thoughts and having frightening or unusual ideas, sometimes called 'delusions'. Examples of mental health problems which are included in this group are: Schizophrenia, Schizo-affective disorder, Manic Depression and Paranoid Psychosis.

Why might this pack be useful?

A quarter of people who experience psychosis will have just one episode. However, others are likely to have further episodes. When psychotic symptoms return or get worse requiring extra medication or admission to hospital, this is called a 'relapse'.

Most people who have been through a psychotic episode will be fearful of relapse and the return of psychotic experiences. Although some people will try and cope with the fear by trying to forget their experience of psychosis in the hope that it will not recur, most people will be keen to prevent it from returning. This pack is designed to help you to develop skills which will help to reduce or prevent the possibility of having another relapse.

What are early warning signs?

Early warning signs are the very first changes that occur when a psychosis is returning. They can happen quite slowly and can be noticed weeks or in some cases, months before relapse. Early warning signs typically include changes in the way you may be thinking, feeling or behaving.

Common early signs include feeling more anxious, having difficulty concentrating, feeling more quiet and withdrawn, changes to your sleep and eating patterns, feeling puzzled about strange experiences or becoming suspicious of people. There are a range of possible early signs, some of which may be quite specific to each person. *These tend to follow a similar pattern each time the person becomes unwell.* We call these specific changes a 'relapse signature'.

Why are early signs important?

Early warning signs are important because they help you to recognise signs of relapse in the very early stages. This helps you to *take action early* to prevent the relapse taking place or at least, to reduce its severity. As a result, the need to be admitted to hospital may not arise or if it is needed, the length of stay can be much shorter.

Why is it called a 'self-management' pack?

Self-management involves learning about and taking responsibility for your health and well-being. It involves learning about your experiences and developing skills to recognise and control relapse. Self-management is something which needs to be worked at, but in time, it will lead to increased confidence and a greater sense of personal control as you begin to trust your own judgement and take action to help yourself stay well.
What will the self-management pack help me to do?

The aim of the pack is to assist you to develop your relapse prevention skills by learning more about your own early signs when you become unwell, how to detect if psychosis is returning and what to do to control it should it recur.

What does this involve?

The manual provides you with a framework which will take you through a series of steps to assist you in learning about early signs of relapse and identifying what you can do to intervene if early signs occur. The manual is in the form of a booklet with work sheets to complete. The aim of the pack is to help you to draw up your own *relapse prevention action plan*.

This will include:

- Identifying potential triggers for becoming unwell,
- What early warning signs to look out for,
- Actions which you can take yourself if these occur
- Actions others might need to take to assist you in doing this.

How to use this pack?

This pack is designed for you to use on your own or with the support of a friend or helper. It is not intended that you would work through the pack in one go but that you would give time and thought to each step so that the action plan that you develop is meaningful and useful. There are no time limits, so take breaks after each step to reflect on what you have learnt so far.

Sometimes, when you begin to think about times when you have been unwell, this can trigger feelings of distress and anxiety and you may find yourself feeling more emotional and vulnerable than usual. It may help to know that these feelings are common and they will pass but it is one reason why we suggest that you might wish to work through the pack with someone who can support you if this happens.
What do I have to do?

There are ten steps to learning how to self manage relapse. This pack will take you through each step in turn and provide you with some tools with which to do it in the accompanying workbook.

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A handy progress checklist is included at the back of the workbook so that you can note your progress as you work through the ten steps.
**STEP 1: GETTING STARTED**

The first step in learning to self manage is to be clear about where you are starting from, in terms of your attitude to relapse and your current awareness of early warning signs:

**Attitude to Relapse Scale**

Have a go at completing the *Attitude to Relapse Scale* in the back of the workbook and circle the number which best describes how you feel in terms of:

a) the extent to which you fear relapse,

b) catastrophise about the consequences of relapse and

c) the degree of control you feel you currently have over relapse.

Add up your scores and write down the total for each of the three scales here:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
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<tbody>
<tr>
<td>Fear</td>
<td>☐</td>
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<tr>
<td>Catastrophisation</td>
<td>☐</td>
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<tr>
<td>Control</td>
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A higher score indicates greater fear, catastrophisation and poorer perceived control.

If you have high scores, do not worry as this is a good reason why it may be particularly helpful for you to learn how to self-manage relapse.

You will be asked to complete this scale again at the end of the pack to assess how useful the pack has been in reducing your fears and catastrophising and increasing your sense of control over relapse. You can compare your scores at the start and end to see what changes may have occurred.


**Awareness of Early Signs Questionnaire**

The next step is to see what you know about your early signs already and whether there are things you are doing now which you could use to help you to stay well.

The *Awareness of Early Signs Questionnaire* in the back of the workbook will help you to clarify what you know already which you can harness and use to identify those areas where you are weakest which you may need to work on as you go through this pack.

Summarise your responses here by ticking the box which best describes your current awareness:

**Awareness of early signs:**

- Can identify a clear pattern  
  - [ ]
- Can identify a vague pattern  
  - [ ]
- Unaware of any pattern  
  - [ ]

**Current coping strategies:**

- Able to identify a range of coping strategies to use  
  - [ ]
- Able to identify one or two coping strategies  
  - [ ]
- Unable to identify any coping strategies  
  - [ ]

You may find it helpful to reflect back on your learning when you reach the end of this pack to see whether your awareness of early signs has been sharpened up and whether you are able to identify more strategies to use in response to early signs if they occur.
**STEP 2: IDENTIFYING YOUR RELAPSE SIGNATURE**

If your psychosis was returning, there would be definite changes in the way you think, feel and behave (perhaps over a few weeks or longer) Early warning signs tend to get worse and become more noticeable as time passes. Not everyone will experience the same changes but the changes that you notice are likely to occur each time you become unwell.

This is what we call your ‘relapse signature’.

A **typical relapse signature** might include:

- Feeling quiet and withdrawn
- Having no interest in things
- Sleep has been restless or unsettled
- Not feeling like eating
- Feeling irritable and quick tempered
- Feeling tense and anxious
- Preoccupied with things
- Difficulty concentrating

There is no easy way to identify your relapse signature as it can be difficult to remember everything that was happening around the time that you were last unwell. However, if you follow the steps suggested this should help you to put together a reasonable picture of the changes that took place before your last episode of psychosis. With help from those you trust and know well who were around at this time, you will be able to build up a very good picture of your early signs 'relapse signature'.
Card sort exercise

You may find it helpful to use the card sort exercise as a quick and easy way to get started. Below is a list of **40 experiences** that people may have during the period leading up to a relapse. Each of these experiences is written on one card in the set of cards in your workbook pack. You can add any other changes that you also experience that are not on this list by simply writing them on a blank card and including them with the card sort pack. By sorting through these cards you can pick out those cards which best describe the changes you may have experienced before your last episode of psychosis.

- Preoccupied with things
- Feeling depressed or low
- Difficulty concentrating
- Others have difficulty following what I am saying
- Feeling as if my thoughts might not be my own
- Feeling as if I am being watched
- Feeling useless or helpless
- Feeling confused or puzzled
- Feeling stubborn, refusing to carry out simple requests
- Feeling very excited
- Feeling forgetful or 'far away'
- Being open and explicit about sexual matters
- My speech comes out jumbled and full of odd words
- Sleep has been restless or unsettled
- Behaving oddly for no reason
- Feeling unable to cope
- Not feeling like eating
- Feeling like playing tricks or pranks
- Feeling quiet and withdrawn
- Talking or smiling to myself
- Not bothered about appearance or hygiene
- Feeling violent
- Thinking I could be someone else
- Feeling dissatisfied with myself
- Having aches and pains
- Losing my temper easily
- Having no interest in things
- Feeling as if I am being laughed at or talked about
- Feeling tired or lacking energy
- Movements seem slow
- Feeling as if my thought might be controlled
- Feeling aggressive or pushy
- Feeling irritable or quick tempered
- Feeling tense, afraid or anxious
- Feeling very energetic or needing little sleep
- Feeling very talkative or outgoing
- Feeling very confident or extremely happy
- Having the urge to spend a lot of money
- Feeling over-assertive or having no regard for authority
- New ideas are constantly coming into my mind
**Using the card sort exercise**

Lay the cards out on the floor and spend some time reading through them. Try and remember whether you have experienced any of the changes described on the cards. It is sometimes helpful to think about the changes you experienced under the following headings:

**Changes in your thinking:**
- Ideas you had
- beliefs you had
- thoughts about others
- speed or ease of thinking

**Changes in the way you felt:**
- more or less happy than usual
- more changeable mood
- more easily irritated
- more anxious or fearful
- feeling more sensitive

**Changes in your behaviour:**
- levels of energy
- changes in routines
- eating, sleeping
- relationship with others
- doing unusual things
- risk taking e.g. driving faster

Select those cards that best describe how you were thinking, feeling and behaving before you last became unwell. You could also try completing this exercise with those who were close to you at the time, to see what they also may have noticed or observed.

**Ask them:**

What do they notice about you when you are becoming unwell? What do you tend to talk about or do?

**Make the cards specific to you:**

As the cards tend to list general changes in thinking, feeling and behaving, it will help if you can try to make them more specific and personal to you. Either make up a new card or write underneath the general description on the actual card.

For example:

**General:** 'Neglecting appearance/hygiene'

**Specific:** 'Not washing my hair'

**General:** 'Having aches and pains'
Specific: 'My back pain is worse and I complain about it more'

This is important as the more accurate and specific you can make them to your personal experience, the more meaningful your relapse signature will be to you.

Once you have selected those cards which best describe the changes you personally experience, the next task is to use the timeline exercise to help you to sort these into some kind of order and clarify the timescale over which these changes occurred prior to your last episode. This is the final step to establish your relapse signature.

Time Line Exercise

Try and place the cards that you have selected in order from the first change that you noticed to the last change before you relapsed and possibly were admitted to hospital. It sometimes helps to work backwards, thinking about the last thing you remember doing, thinking or feeling before relapse and then working through the changes to the first thing that you noticed.

For example:

'Sleep restless and unsettled' (1st change)
'Losing my temper easily'
'Difficulty in concentrating'
'My movements seem slow'
'Preoccupied with one or two things'
'Feeling confused or puzzled'
'Feeling as if my thoughts are being controlled'
'Hearing hallucinations' (last change)

To try and get some feel for the timescale over which these changes were occurring, use a timeline.

Using a timeline

Take some sheets of paper and number them. Each sheet represents one of the weeks leading up to relapse. The sheet headed no.1 being one week before relapse, no.2 being two weeks before relapse etc.

On the top of each sheet, note down anything that was happening on that particular week. This could be anything from:

What you were doing e.g. college assignments, holidays

Special occasions e.g. birthdays, Christmas, trips, parties

Current affairs/News items e.g. world events, sporting events, political events

Weather e.g. season of the year, extreme weather

Diary entries e.g. situations you were in, people you met
For each card that you have chosen, think about when you first noticed that this particular experience was happening and try to link it to a particular week before relapse, placing it on the sheet that represents the week in which it occurred. Now work through each of the cards in turn trying to link them to the weeks in which they occurred. This should help you in trying to clarify your relapse signature and the timescale over which this occurred. The order of the cards may change as your memory is triggered by thinking about the events surrounding the time prior to relapse.

An example of a timeline might be:

**Mid June (holiday with family):**
- Sleep restless and unsettled
- Talkative and outgoing
- Feeling very confident
- Excessive spending

**Early July (problems at work):**
- Feeling agitated
- Losing my temper easily
- Feeling aggressive or pushy

**End of July (lost job):**
- Feeling stubborn and refusing to carry out requests
- Feeling unable to cope 1 difficulty with tasks
- Preoccupied with one or two things
- Preoccupied with one or two things

**Early August (break up with girlfriend):**
- Feeling confused and puzzled
- Thinking my thoughts might be controlled
- Behaving oddly

DON'T WORRY! Many people find it difficult to remember the time before they were last unwell, even if it was only recently. You may need to play around with the changes and the ordering until you feel you have a 'good enough' representation of your relapse signature. Looking at it again after a little gap in time may help you to sharpen your memory about the sequence of events. You can always refine it as time progresses, particularly if you begin to experience early signs again.

**Involving others**

It is often helpful to involve family and friends and other people who were around at the time, to help you to 'fine tune' your relapse signature at this stage. Ask them what they remember about what was happening at the time and changes that they observed in you over that period. *Often by talking to others, you may find that they remember bits you had forgotten.* The more that they can help you to identify what typically happens, the better equipped you will be to know what to look for and to take the right action at the earliest possible stage.

**What are my earliest signs of relapse?**

It may help to list your earliest signs here. You will need to transfer these to your action plan when you come to this in step 8.
My earliest signs are:

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These tend to start happening........ weeks/days prior to relapse

PLEASE NOTE: Sometimes, having to think about times when you were unwell can get you in touch with feelings; of anxiety or distress associated, with this period in your life. This is common and understandable. It is important that if this happens that you are aware of it and use the support you have available to talk about these feelings rather than bottling them up.
**STEP 3: EARLY SIGNS MONITORING**

Remember that, at times, everybody will feel restless or anxious and may not feel like going out or seeing people. Therefore, you need to learn how to recognise normal fluctuations in your thoughts, feelings and behaviour from changes which are part of your relapse signature. It is important to remember that if your psychosis is returning you will experience definite changes in the way you are thinking, feeling and behaving that get worse over time and become more noticeable as time passes. If the changes are just temporary, then these are unlikely to be early warning signs.

To help you to recognise your relapse signature, you may need to be more self-aware regarding your usual thoughts, behaviours and feelings. This is particularly important in respect of those changes in thoughts, behaviours and feelings which are your earliest signs. To help you get a measure of how you are usually, we have included an **Early Signs Scale** in the back of the workbook which we suggest you **complete at weekly intervals for the next 4 weeks**. We suggest you make copies of this chart or ask your treating clinician for copies.

If you add up the score for each response on the scale, this will give you a total early signs score. At the end of four weeks, if you add the total scores from each of the 4 completed scales and divide by 4, this will give you your average (usual) score in relation to typical early signs. If at a later date, you are concerned that you may be experiencing early signs, you can complete the scale again to see if the total score reflects a change from usual. If you observe a rise of 5 points from your average score on the scale, you need to start taking some action to calm things down. **If you observe a rise of 10 points** this indicates that relapse may be imminent and you will need to follow your relapse prevention plan which you will have developed in step 8.
Using the early signs scale

<table>
<thead>
<tr>
<th>Total score for week 1</th>
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<tr>
<td>Total score for week 2</td>
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<td>Total score for week 3</td>
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<tr>
<td>Total score for week 4</td>
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<tr>
<td>Sum of these scores</td>
<td></td>
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<tr>
<td>Divide this Sum by 4</td>
<td>★</td>
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★ This is your usual (average) score on this scale when you are well.

If you think you may be experiencing early signs, check this out by completing a further copy of the scale and comparing the total score with your usual score!
**STEP 4: KNOWING YOUR STRESS TRIGGERS**

For many people, it is very often the case that before a relapse there is a specific 'trigger' event or situation. This might be moving house, college exams, having a baby, starting or changing a job, personal illness, divorce, redundancy or death of someone close to you. Different trigger events may apply to different people. It may be helpful for you to be aware of your own trigger situations or times where you may be particularly vulnerable.

Looking back at your last relapse, can you think of any particular event or situation that may have triggered your psychosis?

**My possible stress triggers are:**

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**What can I do about trigger situations?**

One strategy could be to avoid trigger situations altogether. However, this may not always be possible and can restrict your life unnecessarily. A more helpful approach may be to anticipate possible trigger situations and plan ahead as to how you will deal with them. This could include working out ways to soften their impact or using stress management strategies to help you to cope through a difficult period. You may also want to share your feelings or distress with friends or others in whom you trust, taking time out to relax, having a break from demands or, problem-solving on actions you can take, which will reduce the stress and impact of an event for you. List below any coping actions or stress management strategies which you can use to cope with potential trigger situations

**I plan to cope with my trigger situations by:**

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**STEP 5: IDENTIFYING YOUR COPING TOOLS**

Having identified your relapse signature, it is important that you have a clear plan about what you will do if you become aware of early signs of relapse. There are a range of things you can do and, indeed, may already be using to prevent early signs escalating into relapse. Often, these skills may be exactly the same skills you use to deal with everyday difficult problems and situations.

For example:
Having a bath to relax, finding someone to talk to, planning a good nights sleep, finding something to absorb your thoughts and distract you.

**What existing coping strategies can you identify?**

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If you cannot identify any coping strategies or feel you would like to have more, these are some helpful strategies which you may wish to develop:

**Relaxation:** finding ways to relax and calm down.

**Distraction:** switching your thoughts and energies away from distressing thoughts and feelings.

**Seeking support:** Talking to others about what is happening in your life and how you are feeling.

**Altering activity:** changing your level of activity to alter how you are feeling and thinking e.g. using activity or exercise to change your mood or stopping stressful activities and interactions

**Altering demands and input:** cutting down the amount you have to deal with, setting limits on driving and spending, cutting out stimulants and stimulation

**Self instruction:** reassuring yourself praising and encouraging yourself and challenging negative thoughts.

**Sticking to routines:** trying to keep to regular sleep and eating patterns and creating a purpose and focus to your day, doing things in spite of how you feel even if it is less than usual.

**Feeding positive mood:** finding things which you find enjoyable or satisfying and rewarding yourself with treats and encouragements.

**Putting off major decisions:** e.g. changing job or moving house.

**Involving family and friends:** to support, encourage and reassure you.
Some of these strategies may be new to you and may need some practice if they are to be useful to you in managing early signs. Not all of these strategies may be useful for you and you will need to work out which ones work best for you. All of these strategies work best when applied *early* before things start to get out of hand. If you are able to feel that you have effective strategies you can use, this will increase your feelings of control and in turn, this is likely to influence how effective you will actually be in managing early signs and preventing relapse. Try to list *at least 3 different things you can do* if you begin to notice early signs.

**If I notice early signs I will try:**

1. ..............................................................................................................................
   ..................................................................................................................................

2. ...............................................................................................................................
   .....................................................................................................................................

3..............................................................................................................................
   .....................................................................................................................................
**STEP 6: USING SELF MEDICATION STRATEGIES**

Once you have learnt to recognise your early warning signs, you may wish to talk to your doctor to see if they would be willing to prescribe an emergency supply of extra medication (in addition to your normal dosage) so that you can make adjustments (within agreed limits) yourself. This involves learning to raise the dose when you experience early signs of the psychosis returning and lowering the dose back to the usual level when the early signs stop.

Alternatively, your doctor may prescribe a small amount of a different medication to tackle early changes such as not sleeping or feeling anxious or restless. This might include extra medication to help you to get a good night's sleep or medication to calm you down.

This is called ‘self medication’ and may involve some discussion and negotiation with your doctor. Self medication is designed to avoid any delay in response when you first observe early signs. Early signs will get worse if you do not act quickly and this enables you to act fast and effectively. It can also serve as a safety valve for times when you may be away from home e.g. holidays or when it is difficult to contact your doctor or services e.g. at weekends or bank holidays when immediate action may be vital.

Although many doctors encourage self medication, this does involve confidence in your knowledge and understanding of the medication, adjusting medication within the limits agreed with your doctor when the need arises, and a degree of trust that you will act responsibly and not abuse it's use. Alternatively, if you are not confident in your ability to do this, you may need to negotiate how and where you can quickly contact your doctor or care co-ordinator (who will alert your doctor of your concerns) so that they can suggest adjustments to your medication dosage or prescribe some additional medication as appropriate.

Write down the name and dosage of your usual medication and how often you should take it. Then, note down any increase in dosage or any new medication that you need to take if you experience early signs. Again, note the dosage, how often it should be taken and how long you can take it before you need to seek medical advice and support. You may also wish to note the contact details for your prescribing doctor in case you need to seek advice.
My current medication is:

Name: ........................................................................................................

Dosage: ....................................................................................................... 

How often: .....................................................................................................

My agreed self medication strategy is:

Name: ........................................................................................................

Dosage: ....................................................................................................... 

How often: .....................................................................................................

How long: ....................................................................................................... 

Prescribing doctor contact details:

Name: ........................................................................................................

Telephone: .....................................................................................................
What help would I like to be offered?
How would I like this help? When? Where?
Who should do what?
Is there anything that I do NOT want to happen to me?
What treatments do I want?
What do I want to happen in a crisis/emergency?

These are my support details:

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>My treating clinician is</td>
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<tr>
<td>My GP is</td>
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<tr>
<td>My psychiatrist is</td>
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<td></td>
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<tr>
<td>My out of hours contact</td>
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These are the steps which other people can take to help:

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**STEP 7: INVOLVING OTHERS**

One important factor in preventing relapse is ensuring that you get the right support and help that you need when you need it. You need to know who to contact, when and how to do it. This will need to apply for 24 hours, 7 days a week, 365 days a year, so you will also need to identify back up support out of working hours, at weekends and over holiday periods.

Some of your action plan may also involve support and actions that can be provided by your care co-ordinator, doctor, family and friends. These will need to be agreed in advance in terms of what you would find most helpful or, want them to do if you or, they notice early signs occurring. These actions may be quite varied, possibly in response to different early signs. You will need to decide what works best for you.

Here are some examples:

- Increased contact or telephone support
- Monitoring my early signs using the Early Signs Scale
- Increased or additional medication
- Urgent outpatient appointment
- Home treatment
- Respite (temporary stay) support
- Encouraging you to keep active or calm down
- Getting you out of the house and mixing with others

It may help you think about the following questions:

- How can my family and friends help?
- What do I want my care coordinator or doctor to do?
**STEP 8: ACTION PLANNING**

Having learnt about your relapse signature and identified coping strategies you will use, it is important that this is pulled together into a clear plan of what you will do should you begin to notice early signs of relapse. This is called 'action plan'. A blank action plan is included in the toolkit for you to use. Your action plan will include action to be taken by you, your key worker, your doctor, your family and friends. It is important that everybody involved in the plan has a copy and knows what to do!

What needs to be in my action plan?

- Your relapse signature
- Your stress triggers / vulnerable times
- Your coping strategies to tackle specific early signs
- Your self-medication strategy
- Who to contact for support, when and how
- What support will be provided by others

Here are some useful hints to assist you in preparing your action plan:

**Keep it simple:** Stick to those things you know will be effective. You can always add things to your plan at a later date.

**Make it yours:** Write it in a way that means something to you and which will be useful to you. Try using your own words and terms and make it personal to you.

**Work together:** Use the support you have from your key worker, doctor, family and friends and get them to assist you in sticking to your plan.

**Know your plan:** Read through and rehearse elements of your plan regularly so that you are familiar with it and have practiced it to ensure that you are ready to use it if you need to.
STEP 9: TAKING ACTION

Developing your early signs self-management action plan provides a means for you to take increased responsibility and control to help yourself stay well and prevent relapse. Using the skills you have learnt and putting your coping strategies into practice if early signs are observed, should lead to:

- Fewer times in hospital
- Improved relationships
- Better quality of life
- Focus on 'health' vs 'illness'
- Sense of confidence and achievement

The gains from self management depends very much upon you making your plan useful and remembering to USE YOUR PLAN. You need to catch your warning signs early .. take them seriously and act quickly to be maximally effective. The longer you leave it the harder it will be to control For most people there is typically about one or two weeks in which you can successfully stop signs escalating into full relapse. If you find yourself stalling for time or wanting to delay action, just remind yourself what your last psychotic episode was like and the negative impact it had upon you, your relationships and your life. Then ask yourself whether it is worth having another?

However, it is important to remember that your plan is unlikely to be totally foolproof and there is still a chance that you may have another relapse in spite of the best laid plans. If this, unfortunately, does happen, you can still make it useful to you, by using the experience to review and refine your plan and to use the extra knowledge gained and practice to improve your early signs self management skills to prevent it happening again. All you need to do now is BE AWARE AND TAKE ACTION!
STEP 10: EVALUATION

Attitude to Relapse

The final task is to reflect on what difference this pack has made on your attitude to relapse by completing a second *Attitude to Relapse Scale*. You can then compare your total scores on the fear, catastrophisation and perceived control scales with your initial responses from step 1 to see whether there have been any changes as a result of having worked through the steps in this pack.

Awareness of early signs

You may also find it helpful to compare your final action plan with your initial responses to the *Awareness of Early Signs Questionnaire* which you completed in step 1 to see whether the pack has shaped up your awareness of early signs and the strategies that you can use in response to them.

Pack Evaluation

We are keen to hear your opinions about this early signs self-management pack. We would like you to complete the brief *Evaluation Questionnaire* enclosed with your workbook. You are asked to indicate your level of agreement and any comments you may wish to make in relation to the impact of the pack on your confidence, worry, understanding and control and the ease of using this pack.

Please send the evaluation questionnaire and any other comments you may wish to make about the pack to: Ms Jackie Warner, Manager – Education, Training & Development, Ballarat Health Services – Psychiatric Services, PO Box 577, BALLARAT 3353.
# Early Warning Signs Self Management Manual

## Progress Check-list

You can note your progress as you work through the self management steps using this progress check-list

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attitude to relapse Scale</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness of early signs Questionnaire</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Card sort Time line</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Early signs Scale</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Stress triggers</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Coping strategies</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Self medication strategy</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Involvement of others</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Action plan</strong></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Taking action/ Rehearsal/ Review</strong></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Attitude to Relapse Scale Evaluation Questionnaire</strong></td>
<td></td>
</tr>
</tbody>
</table>
## ATTITUDE TO RELAPSE

### A. Fear

**I worry about relapse every day.**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**The possibility of relapsing is something I have learnt to live with.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

**I rarely worry about relapse.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

**Although I try not to, I often find myself worrying about relapse.**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**The possibility of relapse is something I'll never get used to.**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

### B. Catastrophisation

**If I begin to show signs of relapse, I know I will end up in hospital**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**If I begin to relapse, I will feel a failure**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**If I begin to relapse, I will not go mad.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>
### If I begin to relapse, I will panic

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

### If I begin to relapse, I will not make a fool of myself

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

### If I begin to relapse, I will feel frightened that I will never be well again

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

### If I begin to relapse, I will not lose my family and friends

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

### If I begin to relapse, I will not lose control of myself

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

### Control over relapse

#### No matter what I do, if I’m going to relapse I will relapse

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

#### There are things I can do when I notice early signs, to stop myself relapsing

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

#### When I notice signs of relapsing, I ignore them

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

#### I have learnt to recognise my early signs of relapse (and know how to deal with them)

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

#### I can’t help panicking when I notice early signs of relapse

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

#### When I begin to relapse, I enjoy the feelings too much to do anything about them

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>
Awareness of Early Signs Questionnaire

The next step is to see what you know about your early signs already and whether there are things you are doing now which you could use to help you to stay well.

The Awareness of Early Signs Questionnaire in the workbook will help you to clarify what you know already which you can harness and use to identify those areas where you are weakest which you may need to work on as you go through this pack.

Summarise your responses here by ticking the box which best describes your current awareness:

**Awareness of early signs:**

- Can identify a clear pattern
- Can identify a vague pattern
- Unaware of any pattern

**Current coping strategies:**

- Able to identify a range of coping strategies to use
- Able to identify one or two coping strategies
- Unable to identify any coping strategies

You may find it helpful to reflect back on your learning when you reach the end of this pack to see whether your awareness of early signs has been sharpened up and whether you are able to identify more strategies to use in response to early signs if they occur.
Early Warning Signs Self Management

EARLY SIGNS SCALE

Name: ............................................................ Today’s Date: ……./……/………

Current Medication:

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

This questionnaire describes problems and complaints that people sometimes have. Please read it carefully. After you have done so, please tick the appropriate box which best describes how you have felt in the past week, including today. Tick only one column for each of the problems listed. When you have completed the questionnaire, please return it in the SAE provided.

Thank you very much for your help.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>Am preoccupied with one or two things</td>
<td>Not a problem Zero times a week</td>
<td>Little Problem Once a week</td>
<td>Moderate Problem Several a week</td>
</tr>
<tr>
<td>N</td>
<td>Feeling depressed or low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Others have difficulty following what I am saying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>I have difficulty concentrating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Feeling as if my thoughts might not be my own</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Feeling as if I am being watched</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Feeling useless or helpless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Feeling confused or puzzled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Feeling stubborn/refusing to carry out simple requests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Feeling very excited</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Feeling forgetful or “far away”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Being open and explicit about sexual matters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>My speech comes out jumbled or is full of odd words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Sleep has been restless or unsettled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Behaving oddly for no reason</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Feeling unable to cope, having difficulty managing everyday tasks and interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Not feeling like eating</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling like playing tricks or pranks</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling quiet or withdrawn</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking or smiling to myself</td>
<td>IP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not bothered about appearance or hygiene</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling violent</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking I could be someone else</td>
<td>IP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling dissatisfied with myself</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having aches and pains</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Losing my temper easily</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having no interest in things</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling as if I am being laughed at or talked about</td>
<td>IP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or lacking in energy</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movements seem slow</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling as if my thoughts might be controlled</td>
<td>IP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling aggressive or pushy</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling irritable or quick tempered</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tense, afraid or anxious</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling very energetic or needing little sleep</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling very talkative and outgoing</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling very confident and extremely happy</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having the urge to spend a lot of money</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling over-assertive or having no regard for authority</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New ideas are constantly coming into my mind</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>