Relapse Preparation

Description

Relapse in the context of TEAM-CBT therapy, or coaching, is when a client reverts in ANY way, however small, to their previous way of thinking, feeling, or behaving.

Examples:

- Being tempted to drink after getting sober.
- Feeling nervous and inferior after crushing their performance anxiety.
- Not feeling motivated to get out of bed after they have worked through depressive thinking.
- Getting annoyed at a partner and not wanting to use the 5 Secrets.

These need not go any further than one initial temptation, thought, or feeling.

Most modalities only see relapse as the goal failure itself. IE: They take a drink, or need anti-depressants. But as we saw on the previous slide, TEAM-CBT treats any small movement in the wrong direction as a relapse.

This is because "relapse," either way, is gradual[1], so if we address it right away, we can often prevent worse outcomes. We normalize the ebbs and flows of life while avoiding a pathological response by allowing the little steps in the wrong direction, culminating in a full-blown episode of whatever issue the client initially came to you for.

It is crucial to long-term recovery/goal success. Not addressing it leads to less optimized long-term outcomes.[2]

It will happen; ignoring it may cause clients to think therapy/coaching failed.

It's not problematic if we address it ahead of time. It is just part of developing healthy coping skills; in fact, it provides an opportunity for reinforcing a client's successes. Often it's why clients came for therapy/coaching in the first place.[1]

1. Melemis, S. M. (2015). Focus: Addiction: Relapse Prevention and the Five Rules of Recovery. The Yale Journal of Biology and Medicine, 88(3), 325-332. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553654

2. Ludgate, J. (2021). Relapse prevention. In A. Wenzel (Ed.), Handbook of cognitive behavioral therapy: Overview and approaches (pp. 385–414). American Psychological Association. https://doi.org/10.1037/0000218-013

When to Use

Can address Relapse Preparation three times. I do it ALL three times. **1.** During the initial 15min consultation. **2.** When there is a successful DML completion. **3.** Before the termination session.

How to Do

- After a successful DML, go over the client's Recovery Circle / Circle of Hope or list of most effective tools and point out the ones that worked well for them.
- Inform the client to keep this list handy to practice whenever they relapse. Remind them to address even the little "slips" so they can practice full recovery over and over, embedding the success in their minds.
- Create a Relapse DML or add relapse thoughts to the current DML.
- Do Externalization of Voices!

Practice

Vignette: Mary Jane is a 69-year-old woman who recently retired from teaching and felt estranged from her daughter. She was frustrated with her life as she thought she didn't accomplish much. She was depressed and blue most days before working with you. After 6 sessions, she was able to crush her first DML and set of NTs around this topic. There are a few blank spaces to add possible "relapse" thoughts.

Upsetting Event: Friday morning at 11am. After breakfast, sitting alone, didn't accomplish much this week.

Emotions	Before%	Goal%	After%
<u>Sad, depressed, blue, down, unhappy</u>	95	10	5
Anxious, <u>worried</u>, panicky, nervous	60	5	5
<u>Guilty</u>, remorseful, <u>bad, ashamed</u>	80	5	0
<u>Inferior, worthless, defective</u>	100	0	0
<u>Lonely, unloved</u>, rejected, alone	70	10	5
Embarrassed, foolish, self-conscious	0	0	0
<u>Hopeless, discouraged, despairing</u>	50	5	0
Frustrated, <u>stuck, defeated</u>	50	10	5
Angry, annoyed, irritated, upset	0	0	0

Thoughts	NT Before%	Distortions	Positive Thought	PT %	NT After
1. My best days are behind me; life will only get worse from here.	100	AON, OG, FT, MF, DP	While I can't do the things I once did, I still can enjoy my remaining years doing things I love.	100	20%
2. I'm a bad mother	100	AON, OG, LB, DP, MF, MR, SB	I love my daughter with all my heart. Relationships are both me and you. I can put in a little more effort but it's not all on me.	100	0%
3. I should have done more with my life.	100	AON, OG, SB, MAG,	I did a lot with my life. As a teacher, I touched the lives of thousands of kids.	100	5%
4. Sure, I had a career, but it wasn't anything special.		AON, ER, MIN, DP	So what! Lots of teachers aren't anything special, but they are still valued and important.	100	0%
5. I'm too old to accomplish anything worthwhile now.	100	AON, DP, FT, MIN, SS	I still can work on projects that are meaningful, like finishing the book I started writing.	100	0%
6.					
7.					

List of client's most effective tools:

1. Positive Reframing
2. Explain the Distortions
3. CBA
4. Double Standard
5. Shades of Grey

6. Examine the Evidence
7. Semantic

Role Play Script:

Clinician: Mary Jane, last week you crushed all the rest of the NTs on your DML. I'd like to spend today talking about relapse. Would that be ok with you?

Client: Sure, I don't want to relapse. This feels great right now.

Clinician: Yeah, I can imagine you feel a burden lifted with more happiness and joy. I'm so happy for you. I'm not sure if you remember, but before we started working together, I mentioned I did have ONE 100% money-back guarantee, that is, you will relapse. But that's actually good news because recovery is in the relapse. The more you relapse the more you can use the tools that have been working for you. That's because even though you'll believe the negative thoughts 100% again, and have a return in the emotions, sometimes as intense as before, the tools that worked for you now will also work when that happens. There are also a few other thoughts that might come up for you; I'd like to explore those with you and use EOV to really embed the learning; how does that sound?

Client: Sure

Clinician: Ok, so let's look at your DML. The upsetting event will likely be different and you might have some new thoughts about your recovery. What kinds of thoughts do you think you might have? For example, you might think, "Therapy was a waste of time" or "I never recovered at all." Do either of those resonate with you?

Client: Yes…. (pick one, add your own).

Clinician: Great, lets add those to the DML.

IF TIME, you can do EOV; otherwise.

*STOP & DEBRIEF -- **Client** gives clinician feedback*

- Empathy Score with a letter grade.
- One thing you liked.
- One thing you would have improved.

SWITCH ROLES & REPEAT

Source/References

Tuesday group, David & Jill's training on Relapse Preparation training.

Chapter 2 in the ebook, "Tools, NOT Schools" by David Burns.

Various trainings. Special thanks to Mike Christianson and his 12-week program, as well as Dipti Joshi and her Seol presentation.

Others as listed.

Termination Session

Description & Purpose

Our goal is to teach clients to have healthy, truthful thinking. Once they learn that, they need space to implement that on their own. Clients can take ownership of the progress with termination.[1] It's important you have a positive view of termination and the client's ability to move forward on their own.[2] Therapists may have to be very explicit in what to expect and review the successes to help the client see the value in going for it on their own.[3]

When to do a termination session

There are many reasons to terminate working together, and it's important to do a termination session for ANY of these. Some are from the client's perspective, and some are from the clinician's.

- The client has met the therapeutic goals they came to you for. Such as, they are regularly crushing their Negative Thoughts and need little "role reversals" during EOV, and their BMS scores are showing a mostly positive mood and low depression/anxiety scores.
- The client can't continue for financial reasons.
- Their insurance only covered x many sessions.
- The client and clinician are not a good fit (various reasons for this).
- The client would be better served getting a different perspective/modality.
- You are taking a leave of absence.
- You may change clinics or move, and the client wants to stay with a local in-person therapist.

I'm sure there are other reasons I've missed. Can you think of any?

How to do it – Assessing Readiness

Likely, your clinical training will be far better than anything I can offer here. But, I'll cover a few tips I've found for myself and others. I've had a few clients tell me they are getting ready and would just like to do a few "check-ins" a few months apart before final termination so they can "test the waters" themselves.

1. Evaluate Progress: Review the client's progress and goals.

- Has the client met the main objectives they came to therapy for?
- Are they equipped with the coping skills and insights needed to manage future challenges?
- Are there unresolved issues that require further attention?
- Have new issues arisen that should be addressed?
- Does the client want to address Self-Defeating Beliefs?

2. Client's Input: Have a conversation with the client about their readiness. Ensure they feel confident about ending therapy/coaching and discuss any fears or concerns they might have. Just a sample of questions you can use to facilitate the conversation.

- "How do you feel about the progress you've made?"
- "Do you feel we've worked through the issues you initially came here for?"
- "Are there any goals you still want to work on?"
- "Can you walk me through how you've been using [coping technique] in your day-to-day life?"
- "How confident do you feel in managing future difficulties on your own?"
- "How do you feel about the idea of ending therapy?"

3. Reassure them that Tune-Ups are always available!

How to do it – Termination Session

There are several steps that you take over a few sessions.

1. It is important to prepare a client before. I generally mention it two or three sessions before with a check-in and do lots of empathy. Does the client feel ready? Explain that termination is a natural part of therapy and reflects growth and progress. Address any feelings of sadness, loss, or anxiety the client may feel. See "Assessing Readiness" previous page for more.

2. Once you've had a conversation about termination and the client is ready, book a session for this purpose. Send them the termination survey to fill in before you meet.

3. Go over key points of the survey together during the termination session. Include:

- Discuss the significant progress and changes the client has made throughout therapy. Reinforce the coping strategies, skills, and insights the client has gained.
- Explore how the client can handle potential challenges that might arise in the future.
- Offer to discuss any unfinished business or feelings of loss related to the ending of the therapeutic relationship. While therapy may be ending, it's often helpful to let the client know they can return if they feel the need. This can offer a sense of security and continuity.

4. Create a Post-Therapy/Coaching Plan (see sample in the next page)

5. Administrative and Ethical Considerations (see final two pages). Document the reasons for termination, the client's progress, and any follow-up plans. Ensure the client is not left vulnerable and that termination is not premature unless the client insists or ethical considerations require an early end.

Practice Outline

Vignette: Mary Jane (see Relapse Preparation)

Role Play Script:

- **Clinician starts:** "I'd like to do a little check-in with you today. Would that be ok with you?"
- **Client:** Sure.
- **Clinician:** "How do you feel about the progress you've made?"
- **Client:** "Good. I've really had no depression lately and I can usually crush my NTs."
- **Clinician:** explore other questions from the "assessment" section as time allows.
- **Client:** MAKE IT UP
- **Clinician:** Wrap up with: "I think you're ready to move forward without therapy soon. Don't get me wrong, you are always welcome back for a tune-up should you need it. You've crushed several DML, and we did some work on Self-defeating beliefs. How does that align with how you're feeling?"
- **Client:** responds, "Yeah, I've been thinking about that too.
- **Clinician:** Ok. Would next week work for you as a termination session?
- **Client:** Sure.

*STOP & DEBRIEF -- **Client** gives clinician feedback*

- Empathy Score with a letter grade.
- One thing you liked.
- One thing you would have improved.

SWITCH ROLES & REPEAT

Your Plan for Maintaining Emotional Well-Being
Client Name: Mary Jane
Termination Date: 2024-09-09

1. Summary of Your Progress

You've made incredible progress! After retiring from your teaching career, you worked through the challenges of clinical depression and successfully crushed those negative thoughts about not having anything left to look forward to. Using TEAM-CBT strategies like **Positive Reframing**, **Explain the Distortions**, **Cost-Benefit Analysis (CBA)**, **Double Standard**, **Shades of Grey**, **Examine the Evidence**, and the **Semantic Method**, you've transformed how you view your retirement and future. You're now feeling happy, fulfilled, and ready for what comes next!

2. Maintaining Your Emotional Health

Here are the key strategies you've learned that will help you stay emotionally healthy:

- **Positive Reframing:** Continue recognizing how even negative emotions and thoughts can have value and serve a purpose. By reframing them in a positive light, you remind yourself that setbacks or challenges are just opportunities for growth.
- **Explain the Distortions:** Whenever a negative thought arises, challenge it by identifying the distortions (like all-or-nothing thinking, catastrophizing, or emotional reasoning). Break the thought down and remind yourself that these distortions don't represent reality.
- **Cost-Benefit Analysis (CBA):** Use this technique to weigh the pros and cons of any lingering negative beliefs. Ask yourself: Is holding on to this belief helping or hurting me? You've seen how powerful this tool is for changing your perspective.
- **Double Standard:** Be as compassionate with yourself as you would be with a dear friend. Remember how effective treating yourself with kindness rather than holding yourself to an unrealistic standard has been.
- **Shades of Grey:** Life isn't black and white, and neither are your thoughts. Keep practicing seeing the nuances in situations rather than jumping to extreme conclusions. This approach has helped you think more flexibly and realistically.
- **Examine the Evidence:** Whenever a negative thought about the future arises, stop and check the facts. Ask yourself, "What's the actual evidence for this thought?" You've seen how often those thoughts are based on feelings, not facts.
- **Semantic Method:** Continue using the power of words to shift your mindset. Subtle changes in how you phrase things can make a big difference in how you feel. Keep rewording any negative statements in a more balanced, positive way.

3. Relapse Prevention Plan

You've successfully overcome your depression, but it's important to stay mindful of early signs that could signal a dip in mood. Here's how to stay proactive:

- **Recognizing Early Warning Signs:** If you start feeling down or notice thoughts like "I'm not useful anymore" creeping back, that's a sign to revisit the techniques you've mastered.

- **Steps to Take: See #7 Follow up plan for more.**
  - Revisit your **Positive Reframing** tool to remind yourself of the hidden benefits.
  - Apply **CBA** to weigh the costs and benefits of holding onto any negativity.
  - Use **Examine the Evidence** to challenge those thoughts immediately. S
- **Handling Future Triggers:** While you've adjusted well to retirement, life can bring unexpected challenges. Whether it's health concerns, changes in your social circle, or adapting to new routines, remember to apply the flexible thinking skills you've developed.

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4. Your Support Network

You have a wonderful support system to help you maintain your emotional well-being:

- **Friends and Family:** Continue to stay connected with your loved ones, whether it's through social gatherings, phone calls, or activities you enjoy together. Maintaining strong relationships is key to ongoing happiness.
- **Activities and Hobbies:** You've found joy in exploring new interests post-retirement. Whether it's volunteering, learning new skills, or engaging in creative hobbies, staying active mentally and socially will support your emotional health.
- **Tune up Session:** You are always welcome to come back for a tune up!

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5. Ongoing Self-Care Recommendations

To keep feeling your best, here are some practices that can help:

- **Weekly or as needed:** Continue reflecting on your thoughts and emotions. Use a DML to keep track of any negative thoughts and apply the tools you've learned.
- **Exercise and Physical Well-Being:** Regular physical activity, even if it's gentle walking or stretching, can have a powerful impact on your mental health. Staying active will help you maintain energy and a positive outlook.

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6. Additional Resources

If you ever feel the need for extra support, these resources can be helpful:

- Book: Feeling Great by Dr. David D. Burns — a great refresher on CBT techniques.
- App: Try out the Feeling Great app.
- Podcast database to listen to the tools in action

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7. Follow-Up Plan

You've made great strides and are fully equipped to maintain your progress! I'm always here to support you if anything changes. You're welcome to schedule a session in the future for a tune-up or even to celebrate the continued positive changes in your life.

Next steps:

- Read over your successful DML's and the EOV recording we did EVERY DAY for the next 7-10 days, or until its very boring, whichever takes longer!
- After a week or so, you can read over your completed DML's, and the EOV recording, once a week for a month.
- After a month you can just read them when the thoughts return.

AT the SAME time as the above…. when you have a NEW upsetting situation:

- First, try some empathy (be compassionate toward yourself, be open to all different emotions and let yourself have a few bad days)
- Next, use the straightforward technique. Maybe you can put the lie to the thought right away!
- If that doesn't crush it, write out a DML. Sometimes writing the negative thoughts down is enough because you can start to see the distortions right away and crush them.
- Then, explore your resistance with the Positive Reframing exercise
- Finally, follow the steps below.

1. Pick ONLY one thought at a time!

Work to crush that thought using any of the tools you found helpful in our sessions together.

After each method, try to come up with a realistic, positive thought you believe 100%. Then check how much you believe the Negative Thought.

If you get a yes but" add the new Negative Thought to the DML and go back to the original Negative Thought you are working on. When your critical voice takes you in circles, you can straighten it out. This happens to me all the time. Rabbit trails….. That's ok, lots of us have this same experience.

Use as many methods as you need BUT take at least 15-30 mins on each one before giving up on it. Be patient (Ok, I'm not patient either!!! But try to be a little compassionate with yourself. David will often use one tool for over 30 minutes before calling it a bust).

2. Do these three Methods in order:

- Identify the Distortions
- Explain the Distortions (see worksheet attached)
- CBA

3. Choose a method you think might be a good fit. Here is a list we used together and you found helpful:

- Shades of Grey
- Examine the Evidence
- Worst, Best, Ave
- Semantic Technique
- Double Standard Technique
- Acceptance Paradox
- Paradoxical Magnification
- Individual Downward Arrow
- Daily Activity Log
- Negative Practice (Give yourself 5-15 min per day to just wallow in the thought)
- Distraction Technique (Give yourself a break from the emotion/thought)
- Zig Zag worksheet (Externalization of Voices on paper!)

You've worked incredibly hard to get where you are now, and you've proven to yourself that you have the tools and strength to maintain your well-being. Keep using the strategies you've learned, stay connected to your support system, and remember that your future holds plenty of wonderful experiences. You've got this!

Other Considerations (Disclosure: much of this is from ChatGPT)

Ethical considerations ensure that the process is handled in a way that prioritizes the client's well-being and complies with professional and legal standards. This involves a thoughtful, client-centred approach, ensuring that therapy ends responsibly without harm or abandonment.

1. Avoiding Abandonment

- **Definition of Abandonment:** Abandonment occurs when a therapist terminates the therapeutic relationship without proper notice, planning, or provisions for ongoing care, leaving the client without support. This can be emotionally harmful and potentially dangerous for the client, especially if they are vulnerable.
- **Ethical Obligation:** Therapists have an ethical responsibility to ensure that clients are not abandoned, especially if termination is initiated due to factors outside the client's control (e.g., therapist relocation, illness, or retirement).
- **Steps to Avoid Abandonment:**
    - Provide advance notice of the termination or any planned breaks.
    - Develop a plan for the transition, including a reasonable amount of time to find alternative care if needed.
    - Ensure continuity of care, particularly for clients who are at risk (e.g., those with severe mental health conditions), with appropriate referrals.

2. Assessing Client Readiness

- **Premature Termination:** Ethically, a therapist should not terminate therapy prematurely if the client still requires help. If the client has not reached their goals, or if they are still struggling significantly with their mental health, it may not be appropriate to terminate unless there are significant reasons to do so (e.g., a breach of boundaries, non-compliance, or safety issues). Of course, you may wish to refer the client to another practitioner if that would be a better fit which would be better for the client than not terminating with you.
- **Crisis Situations:** In situations where a client is in crisis (e.g., suicidal ideation, severe mental illness, or self-harm), termination should be postponed until the crisis is stabilized or an appropriate referral can be made.
    - Example: "Based on your current symptoms and the challenges you're facing, it's not safe to terminate therapy at this time. Let's explore how we can continue to support you or involve another provider."

3. Referral and Continuity of Care

- **Making Referrals:** If the therapist cannot ethically continue working with a client (due to personal reasons, lack of expertise, poor therapeutic fit, client is not progressing, or other factors), they are obligated to make appropriate referrals to other qualified professionals.
    - For example, if a client presents with an issue outside of the therapist's expertise (e.g., eating disorders), referring them to a specialist may be ethically necessary.
- **Ensuring Smooth Transition:** The referral process should be collaborative and involve:
    - Providing the client with multiple options.
    - Assisting in facilitating the transition (e.g., coordinating with the new therapist, providing relevant clinical information, or offering support during the transition).
    - Monitoring the handoff to ensure it occurs without gaps in care.

4. Client Non-Compliance or Breach of Boundaries

- **Non-Compliance:** There may be cases where a client consistently fails to comply with treatment recommendations, misses appointments, or refuses to engage in the therapeutic process. If you have addressed Process Resistance several times, prolonged non-compliance may justify termination.

- **Ethical Process of Termination in These Cases:**
    - Provide clear communication about expectations and the importance of engagement.
    - Document all efforts made to address the issue.
    - Inform the client of the potential consequences of continued non-compliance, including the possibility of termination.
    - Ensure the client is aware of their options for seeking treatment elsewhere.
- **Boundary Violations:** If a client violates ethical boundaries (e.g., threatening behaviour, inappropriate advances), the therapist may need to terminate the relationship.
    - Communicate clearly and directly about the behaviour that violates boundaries.
    - Offer alternative resources or referrals if appropriate.

5. Therapist's Personal or Professional Circumstances

- **Illness, Relocation, or Retirement:** If a therapist must terminate therapy due to personal reasons, such as illness, relocation, or retirement, they are ethically required to provide sufficient notice and assist the client in transitioning to another provider.
    - **Advanced Notice:** Provide enough time for the client to process the ending and make alternative arrangements.
    - **Transition Support:** Assist the client in finding a new therapist or provide resources if they wish to continue therapy elsewhere.

6. Financial or Logistical Issues

- **Inability to Pay:** Termination due to financial issues can be especially challenging. If a client is unable to pay for services, the therapist must balance their financial boundaries with their responsibility to the client.
    - **Ethical Options:** Before terminating for financial reasons, consider offering a sliding scale, reduced fee, or referral to a lower-cost service.
    - **Proper Notice:** Give the client ample notice and options, ensuring they are not left without care.

7. Documentation and Legal Considerations

- **Accurate Record Keeping:** Proper documentation is crucial in ensuring ethical termination. Document the reasons for termination, the process followed, and any steps taken to ensure continuity of care. This helps protect the therapist legally and serves as a record of the ethical steps taken. Include progress notes, communication around termination, referrals, and the client's response to the process.

Source/References

1. Goode J, Park J, Parkin S, Tompkins KA, Swift JK. A collaborative approach to psychotherapy termination. Psychotherapy (Chic). 2017 Mar;54(1):10-14. doi: 10.1037/pst0000085. Epub 2016 Nov 21. PMID: 27869471.

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3. Bachelor A. Clients' and therapists' views of the therapeutic alliance: similarities, differences and relationship to therapy outcome. Clin Psychol Psychother. 2013 Mar-Apr;20(2):118-35. doi: 10.1002/cpp.792. Epub 2011 Nov 14. PMID: 22081490.