

**Allegany Rehabilitation Associates  
Personalized Recovery Oriented Services**

**Title of Service:** Relapse Prevention

**Total Number of Sessions:** Ongoing

**Duration of each session:** 30-45 minutes

**Target population:**

- **Diagnoses:** All PROS participants: Participants are identified on a daily basis by primary rehabilitation counselor as needing extra support in the areas identified below.
  
- **Barriers to be overcome:**
  - Exacerbation of acute symptoms
  - Difficulty managing existing symptoms that are not responsive to current service formulation
  - Presents with immediate risk of relapse, hospitalization, loss of housing or involvement with the legal system.
  - Difficulty managing personal and environmental stressors
  - Need for support in accessing healthy coping skills identified on their WRAP plan, safety plan and relapse prevention plans.

**PROS Service: IR Relapse Prevention**

**Service Goal:** The goal of this group is to assist PROS participants in accessing or modifying their current safety plan, relapse prevention plan or WRAP plans during time of increased stress or symptoms. These goal of this intervention is to prevent relapse of symptoms, hospitalization, loss of housing or contact with the legal system. This service is intended to provide additional support to individuals who are experiencing personal and environmental stressors that are exacerbating their mental health symptoms.

**Service Objectives:** Group participants with create, review or modify their current safety plan, WRAP plan or relapse prevention plan in efforts to alleviate current symptoms and stressors that put them at risk of relapse. Group participants will be prompted to explore and apply coping skills learned recent PROS group services.

**\*\*Participants who present with increased risk factors of suicide, have difficulty in engaging in the safety planning/review process will be referred to a PROS counselor for an individualized lethality assessment utilizing the Columbia Suicide Severity Rating Scale\*\***

**\*\*A Monthly Progress Note (choose note type “IRP Addition Form”) and a CAIRS Component Registration Form (submit to front office) must be completed for participants on their first date of participation in this service. Monthly progress note needs to include a rationale for why this service is needed and the expected frequency/duration of this service. PROS participant must sign the Monthly Progress Note\*\***

**Sources:**

Copeland, M.E. (1997) Wellness Recovery Action Plan  
Safety Plan: Barbara Stanley, Ph.D  
NYSCRI Relapse Prevention Plan