# Relapse Prevention Collaboration - Clinician dialogue

Guide a collaborative conversation about relapse prevention collaboration while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Casey wants clear agreement about whom to contact if familiar warning signs return.

### Invite and obtain permission

Offer: "Would it be useful to explore relapse prevention collaboration using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

### Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: An illness-management plan can specify support before difficulties escalate. Ask what fits and what does not.

### Guide the task

Draft a collaborative early-warning plan with routine, increased-support, and urgent-assessment steps using existing care guidance. Ask for permission before giving an example. Use this fictional illustration if useful: Casey wants clear agreement about whom to contact if familiar warning signs return.

### Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: What should each support person do, with your permission? Avoid assigning motives or interpreting silence as agreement.

### Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

### Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

### Reflection

What would tell me to adapt, stop, or seek supervision?

### Scope and adaptation

Original IMR-informed companion exercises, not the official IMR manual, fidelity assessment, or complete IMR program. Use collaborative clinical assessment and existing care plans. Do not change medication independently, challenge distressing beliefs through confrontation, or use worksheets to determine urgency. Increased or concerning symptoms need appropriate clinical assessment.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Illness Management and Recovery Evidence-Based Practices KIT. Full source links and scope: library.morethantherapy.org/recovery/resources/IMR-A08-3