

# My R&R Plan

My plan to Restore a sense of safety & detail resources for  
Recovery and Relapse prevention

Developed by Dr Richard Lakeman  
[www.working4recovery.com](http://www.working4recovery.com)

The R&R plan represents a systematic, comprehensive, individualised and collaborative approach to planning for mental health recovery. Specifically the R&R plan addresses:

- Restoring and maintaining a sense of safety;
- Identifying and responding proactively to signs and symptoms suggestive of relapse (sometimes called a relapse signature);
- Identifying and scheduling activities which are necessary to maintain optimal mental health and wellbeing;
- Focusing on positive mental health such as evidence-based practices to enable thriving and enhancing resilience;
- Enabling communication between individuals and their supporters / allies about the best way to support recovery and;
- Enabling useful conversations between health professionals, individuals and their supporters about needs and treatment.

All or some of the R&R plan may be completed by you and should be written in "I" language. This was designed by [Dr Richard Lakeman](#), an academic and psychotherapist for use by people who may be engaged in therapy or interested in improving their wellbeing.

You may need to download and open this document in [Adobe Acrobat](#) and save the file when you fill it in.

The R&R plan draws on a range of evidence-based practices and principles to restore and maintain a sense of safety and plan for a thriving future. Some or all of these are routinely introduced to individuals and families, students and groups whom Dr Richard Lakeman works with.

Further information regarding the elements of the R&R plan and links to helpful resources may be found at the website [www.working4recovery.com](http://www.working4recovery.com).

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My signs of being unwell or in a state of disequilibrium

What I notice about my thoughts, feelings, behaviour or body when I am unwell:

What others may notice about my behaviour when I am unwell:

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My response to being unwell

If I notice signs or symptoms of disequilibrium or unwellness this is what I will do:

If I need assistance with decision making or additional support the following people may be of assistance:

If I notice signs or symptoms of disequilibrium or unwellness this is what I wish my named supporters to do:



## My Window of Tolerance

The **window of tolerance** is the ideal mental and physiological state to deal with and respond to the stressors in life. Trauma, stress and adverse life experiences can shrink the window of tolerance. My experience (what it is like) to be in each of these three states include:

### The Window of Tolerance

Ventral Vagal

Comfortable

- ☐ Connected
- ☐ Engaged
- ☐ Self-soothing
- ☐ Safe
- ☐ Grounded

### Hyperarousal

Sympathetic Arousal

Fight or Flight

Overloaded

- ☐ Anger
- ☐ Panic
- ☐ Fear
- ☐ Anxiety
- ☐ Aggression

### Hypoarousal

Dorsal Vagal

Freeze / Collapse /

Shut Down

- ☐ Dissociated
- ☐ Fatigued
- ☐ Disconnected
- ☐ Numb
- ☐ Checked out
- ☐ Unfocused
- ☐ Depressed

### Expanding my window of tolerance

The strategies I will practice everyday to expand my window of tolerance, safety and sociability include:

### Returning to the window of tolerance, safety and sociability

The skills I will practice to return to the window of tolerance, safety and sociability, include:

- ☐ The STOP skill (Stop, & Observe, Proceed Mindfully)
- ☐ The TIPP skill (Tip the body temperature, intense exercise, paired muscle relaxation)
- ☐ Grounding techniques
- ☐ Visualise a calm safe-place
- ☐ Connect with a trusted supporter
- ☐ Mindfulness activities
- ☐ Other

# Restoration of a sense of safety & Resourcing for recovery and relapse prevention

## PLAN

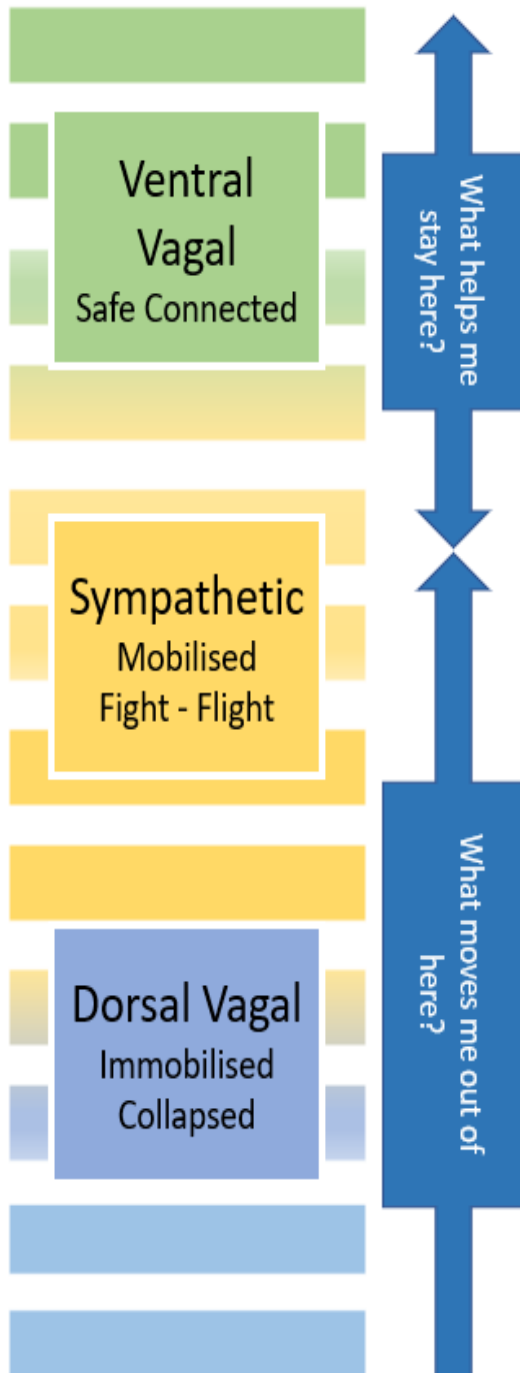
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### My Regulating Resources Map

What skills will you practice and use to return to the window of tolerance, safety and sociability?

Things I can do on my own

Things I can do with others





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### My Thriving Life (The PERMA)

Describe what activities you value under the **PERMA** headings.

**P**ositive Emotion

**E**ngagement

**R**elationships

**M**eaning

**A**ccomplishment

**V**itality

Optimism, Physical  
Activity, Sleep,  
Nutrition

What do I need to do more of to lead a thriving life?

Set some specific, measurable, achievable, relevant and time-bound goals to lead a more thriving life:

P  
ositive Emotion

E  
ngagement

R  
elationships

M  
eaning

A  
ccomplishment

V  
itality

Optimism, Physical  
Activity, Sleep,  
Nutrition

## My Balanced Life

Dan Siegal and David Rock created [the healthy mind platter](#) to illustrate the necessary ingredients for a health mind. Consider each of the following essential mental activities and list what you do each day. Consider how much time you currently spend on each activity each day.



### *Focus Time*

When we closely focus on tasks in a goal-oriented way, we take on challenges that make deep connections in the brain.



### *Playtime*

When we allow ourselves to be spontaneous or creative, playfully enjoying novel experiences, we help make new connections in the brain.



### *Connecting Time*

When we connect with other people, ideally in person, and when we take time to appreciate our connection to the natural world around us, we activate and reinforce the brain's relational circuitry.

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### *Physical Time*

When we move our bodies, aerobically if medically possible, we strengthen the brain in many ways.



### *Time In*

When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, we help to better integrate the brain.



### *Downtime*

When we are non-focused, without any specific goal, and let our mind wander or simply relax, we help the brain recharge.



### *Sleep Time*

When we give the brain the rest it needs, we consolidate learning and recover from the experiences of the day.

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### My unhelpful thinking

The following types of thoughts or patterns of thinking may be unhelpful:

Unhelpful  
Thoughts

Helpful  
Alternatives

My lifestyle prescription for optimal health

To maintain optimal health I need to engage in the following physical activities:

To maintain optimal health I need to adhere to the following diet or dietary changes:

To maintain or restore an optimal sleep / rest pattern I need to take the following measures:



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My medical treatment

Medication Name	Time & Dosage	Expected Effects	Side Effects	Adverse Effects
-----------------	---------------	------------------	--------------	-----------------

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Medication Name	Time & Dosage	Expected Effects	Side Effects	Adverse Effects
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Other recommended medical treatments:

Precautions I need to take with medical treatment:

My plan for discontinuing or reducing the dosage of medical treatment includes:

My medical treatment is reviewed (how frequently):

My psychiatrist is:

My general practitioner is:

Other health professionals involved in my care include:

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My support team

Name:

Contact Details:

Support Requested:

Name:

Contact Details:

Support Requested:

Name:

Contact Details:

Support Requested:

Name:

Contact Details:

Support Requested: