Relapse Prevention Planning

Rita Haverkamp, MSN, PMHCNS-BC, CNS
Agenda

• Relapse Prevention
  – What it is
  – Why it’s important
  – Common and best practices
  – Timing the relapse prevention plan
  – How to complete
  – Discussion
  – Role play
  – Next steps
What Is It?

- Plan to empower patient in self care after treatment is terminated
- Prevent recurrence of depression and/or help patient know when to seek help
Terminology

• Concept used in substance abuse treatment
  – Acknowledges recurrence common
  – Best plans made BEFORE recurrence

• Relapse Prevention vs. Continued Care
  – WA state MHIP uses “Continued Care”
  – Same thing
How this fits for Depression

Depression recurrence is common

1 Judd LL et al., Am J Psychiatry, 2000
2 Mueller TI et al., Am J Psychiatry, 1999
How this fits for depression

– Least able to plan well when depressed

– Empowers patient
  • Identify need for help sooner
  • Remind what worked to reduce depression so they can take action sooner
Why Is It Important?

• Ending well is as important as starting well
  – Empowers patients
    • Info & tools to be in charge of care
    • Fly solo when better

• Usual termination discussion often about process/loss
  – Less about patient empowerment/self management
How It Works

• Strengthens
  – Self-efficacy
  – Outcome expectancies
  – Coping
  – Adherence to medications
  – Adherence to other interventions
    • E.g. behavioral activation, PST, CBT, other strategies they learned during treatment
Common Practice: Open-Ended

• Some primary care BH programs
  – Open-ended, indeterminate
  – No criteria for when to consider termination
    • Patients can always benefit from more
    • Reinforcing to keep seeing patients who are better
    • May prefer long-term, in-depth practice
  – Minimizes access and reach, maximizes depth
    • Small # of patients get in-depth service
    • Many who need help missed, waiting list
    • Some patients don’t want in-depth therapy
Common Practice: Predetermined

- Some primary care BH programs
  - Predetermined length
    - e.g. 6 sessions, 12 weeks
  - Rigid termination criteria regardless of outcomes
    - Most criteria allow 1 treatment course
    - 50-70% need at least 1 change in treatment
    - Each treatment change gets 20% of patients better
  - Maximizes access, sacrifices depth
    - Large # get one course of treatment
    - Patients (50-70%) don’t get depth they need
Best Practice: Driven by Treatment Outcome

• Research evidence supports
  – Middle ground
    • Neither open-ended nor predetermined
  – Clear criteria for measuring treatment outcome
    • Most common: 50% decrease or remission
    • Alternate: 5 point decrease in PHQ-9 or GAD-7
  – Use treatment outcome to determine length
    • Avg duration of evidence-based CC: 6 months
    • Allows for more than 1 course of treatment
    • Recognize when referral to specialty care best
Collaborative Care: Typical Contact Frequency

• **Active Treatment**
  – Initial 3-6 months or until patient improved
  – Typically ~2 contacts per month
    • Unless psychotherapy part of tx plan
    • Mix of phone and in-person works best

• **Monitoring / Maintenance**
  – 1 contact per month
    • After 50% decrease in PHQ-9/GAD-7 (or similar) achieved
    • Monitor for ~3 months to ensure patient stable
Timing the Relapse Prevention Plan

Start on Monitoring and Maintenance
- Transition from active treatment
- Begins termination process

Throughout Treatment
- Part of patient education
- Work on plan throughout treatment

Termination Session
- Caps treatment
- Provides a structure for final session

Relapse Prevention
Throughout Treatment: Advantages

• Use PHQ-9 to monitor symptoms
• Supports medication adherence (if part of treatment plan)
• Reinforces coping strategies (e.g. pleasant activities, behavioral activation, PST)
• Empowers patient to actively participate in treatment monitoring
Start of Maintenance/Monitoring: Advantages

- Facilitates transition from active phase
  - Provides structure for step-down
  - Gives patient concrete plan
- Follow patient with monthly (brief) contacts
  - Usually by phone
  - Or in a maintenance group
- Finalize relapse prevention plan at termination
Termination Session: Advantages

• Facilitates termination session
  – Provides structure for session
    • Helpful for both patient and provider
  – Creates concrete plan for patient self management
  – Reminds patient of progress made
  – Develops concrete plan for self-care and self-monitoring symptoms
  – Clear plan for what to do if symptoms return
    • Mitigate fear of termination
Helping patients Adjust to Termination

• Discuss treatment timeline and structure from beginning
• Use PHQ-9 graph to help them see progress
• Work with patient to find other sources of support and identify effective coping skills
• Give specific end date (when appropriate)
  – e.g. two more sessions, spread sessions out more and more
# CMTS Relapse Prevention Plan

**Date of Contact:** 10/18/2013 (in clinic, 70 minutes)

<table>
<thead>
<tr>
<th>Plan End Date</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Medications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed medications with the patient as of 10/18/2013</td>
<td>None recorded</td>
</tr>
<tr>
<td><strong>Last updated by:</strong> Johnny Mao, 10/18/2013</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Treatments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None recorded</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Warning Signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None recorded</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to Minimize Stress from Depression or Anxiety</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None recorded</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None recorded</td>
<td></td>
</tr>
</tbody>
</table>

**Assessed by:** Diane Powers Admin  
**Primary Care Provider:**  
**Record Created:** 10/18/2013 5:42AM  
**Phone Number:** 206-685-7095
Date of Contact: 9/18/2013 (in clinic, 15 minutes)

Plan End Date

Current Medications

Confirmed medications with the patient as of 9/10/2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoxetine HCl (Generic)</td>
<td>2 tablets of 20mg every morning (Daily Dose: 40mg)</td>
<td></td>
</tr>
</tbody>
</table>

Other Treatments

PST Monthly Maintenance Group

Personal Warning Signs

- Not sleeping
- Introverted
- Poor concentration
- Eating too much, eating junk food
- Crying for no obvious reason

How to Minimize Stress from Depression or Anxiety

- Zumba
- Gardening
- Quilting

Additional Comments

None recorded

Assessed by: Diane Powers, CC, Test Site
Primary Care Provider: Dr. Says, Test Site

©2016 University of Washington
Relapse Prevention Plan

Date:

Purpose: Depression can occur multiple times during a person’s lifetime. The purpose of a relapse prevention plan is to help you understand your own personal warning signs. These warning signs are specific to each person and can help you identify when depression may be starting to return so you can get help sooner - before the symptoms get bad. The other purpose of a relapse prevention plan is to help remind you what has worked for you to feel better. Both of these put YOU in charge!

Instructions: 1. Fill out this form with your care manager. 2. Put it away where you’ll come across it on a regular basis. 3. Use the PHQ-9 on the back to self-assess yourself. 4. If you see signs of returning depression, use your prevention plan.

Maintenance medications:
1. ________ tablet(s) of ______ mg Take at least until ____________
2. ________ tablet(s) of ______ mg Take at least until ____________
3. ________ tablet(s) of ______ mg Take at least until ____________
4. ________ tablet(s) of ______ mg Take at least until ____________

Call your primary care provider or your care manager with any questions (see contact information below).

Other treatments:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________

Personal warning signs:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________
4. _______________________________________________________

Things that help me feel better:
1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________
4. _______________________________________________________

If symptoms return, contact:

________________________ Phone: ______________________

________________________ Email: ______________________

Primary Care Provider:

________________________ Phone: ______________________

________________________ Email: ______________________

Care Manager:

________________________ Phone: ______________________

________________________ Email: ______________________

Next appointment Date: __________ Time: __________

©2016 University of Washington • AIMS CENTER • http://aims.washington.edu

©2016 University of Washington • AIMS CENTER • http://aims.washington.edu
How-To Complete: Medications (if part of treatment)

• Discuss dose and length of time to stay on meds with PCP, reinforce with patient
  – If meds entered into registry, most current regimen will auto-fill
  – If meds not already in registry, can be added for relapse prevention plan

• Review rationale for staying on meds and discussing any change with PCP before making a change

• Review how to handle refills, questions
How-To Complete: Warning Signs

• Ask patient to identify their personal signs/symptoms

• Review initial PHQ-9 for symptoms
  – Especially if patient is having trouble remembering

• Help patient recall behaviors you know they had in the beginning of treatment
  – e.g. not getting dressed, not contacting friends
Healthy Behaviors

• Review strategies that improved mood
  – Daily activities, social activities, pleasant activities
  – Exercise

• Review experimental process
  – When you feel down, do something
  – How did it work?

• If PST part of treatment
  – Review & reinforce PST strategies

• Be detailed!
Other Activities

• Review referrals (if any)
• Discuss when to go see their provider again
Poor Sample Relapse Prevention Plan

• Medications:
  – Prozac 20 mgs every am

• Warning signs of depression returning:
  – Down, depressed or hopeless
  – Little interest or pleasure in doing things

• Healthy Behaviors:
  – Exercise
  – Spend time with friends

• Contact your PCP if you are having problems
“HEALTHY” Relapse Prevention Plan

• **Medications:**
  – Prozac 20 mgs every am. Remain on the medications for at least 6 months. Call the pharmacy for refills and have them contact PCP if you run out of refills. Talk to your PCP before stopping.

• **Warning signs of depression returning:**
  – Spending more time in bed, especially in the afternoon
  – Not returning friends’ phone calls or turning down invitations
  – Low energy and lack of interest

• **Healthy Behaviors:**
  – Walk 3 times a week with neighbor in the morning
  – Go to book club/read daily in afternoon
  – Deep breathing daily at 8 am
Sample Relapse Prevention Plan

• Contact your PCP or [your name and number] if these symptoms persist and your healthy behaviors aren’t enough. If you are having a crisis please call [provide crisis line].
Distributing the Plan

• Use registry to do the plan
  – Can be done in person or on the phone

• Give copy to patient
  – Mail or hand it to patient

• Discuss plan for regularly reviewing RPP

• Attach or copy/paste into EHR for PCP

• PCP needs to reinforce plan ongoing
Checklist

- Explained why a relapse prevention plan is helpful. Discussed these points:
  - Help patient watch for return of depression symptoms
  - Clarify how long to stay on medications (if used)
  - Outline helpful things to keep doing
- Discussed medications with patient (if patient is taking them)
- Reviewed signs/signals that patient is feeling down or getting depressed
- Worked with patient to make a list of behaviors that helped him/her improve his/her mood
- Asked patient to figure out when he/she will review this
- Explanation Process
  - Asked patient if had any questions
  - Used easy to understand language
  - Was empathic
  - Stance was collaborative, not didactic
Discussion

• What about patients who have fluctuations in PHQ-9 scores?
• What about patients who don’t want to end treatment?
• What if I am worried about the patient?
• How do I get the information on medications?
• What if they don’t know warning signs?
TIP: If a patient needs to come back into active treatment, you can edit the existing Relapse Prevention Plan note, and enter an End Date. This will remove the patient from Relapse Prevention Plan status and reminders will revert to their original frequency.
Next Step: Case Review

- PST-Trained
  - [date/time]
- Not PST-Trained
  - [date/time]
Next Step: Case Review

Relapse Prevention
Case Presentation for Training

1. Choosing a Case

Look at your caseload in the registry. It can be helpful to think about someone on your caseload who is nearing maintenance or termination. The registry can also help identify potential candidates.

Below is a screenshot of a partial caseload from one of the SIF care managers who has already started to use the Relapse Prevention Plan (the date of the plan appears as a clickable link when the plan is completed).

One way to identify potential candidates for relapse prevention planning is to sort your caseload by the Wks in Tx (weeks in treatment) column. All of the columns on the Active Patients report are sortable by clicking the heading (see 1 below). To reverse the order of the sort, click a second time.

The caseload below is sorted by highest to lowest Weeks in Treatment so it’s easy to see patients who have been in treatment the longest. Scanning from the top, the first patient is slightly improved but still struggling and not ready for relapse prevention planning. The next two patients have already completed a relapse prevention plan (see 2 below).

The fourth patient is a potential candidate (see 3 below). The PHQ-9 declined from a score of 25 at baseline to a score of 6 at the last contact over the course of 23 weeks. It’s worth at least considering relapse prevention for this patient. The same thing is true for the next 3 patients with red boxes around them.

2. Prepare Case Presentation

Complete the following for the patient you’ve chosen.

Age:
Gender:
Diagnoses:

Basic demographic info (no PHI or information that could inadvertently identify a patient - please). For example, living situation, stressors, strengths, factors affecting treatment course / outcome.

PHQ-9 at Baseline:
Most recent PHQ-9:
Length of time in treatment (in weeks or months):
Number of contacts:

Medications: If medication is part of treatment plan, what is current dose and regimen? Was dose adjusted during the course of treatment?

Psychotherapy and other therapeutic interventions: Was psychotherapy or other therapeutic interventions (e.g. behavioral activation) part of the treatment plan? Which problem solving plans and/or behavioral activation plans helped the patient’s mood?

What challenges do you expect to encounter in relapse prevention planning with this patient (e.g. not wanting sessions to get further apart or end, pushing to end sooner than might be a good idea, struggling to contribute ideas, wanting off meds)?

What strategies do you think will work best with this patient to overcome these challenges?
Thank You!