AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Recovery Support Planning & Completing an Episode of CoCM

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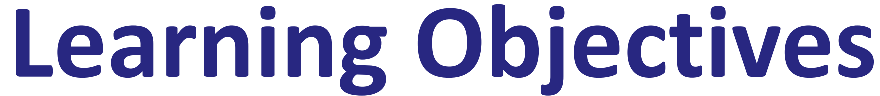

By the end of this session, participants should be able to:

- Identify when patients are ready to complete treatment
- Understand the purpose and content of a recovery support plan as well as the steps involved in creating one
- Describe when a patient may need a referral for specialty care and how to bridge care successfully

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Completing Treatment and Relapse Prevention

Identify & Engage

Establish a Diagnosis

Initiate Treatment

Follow-up Care & Treat to Target

Recovery Support Planning & Complete Episode of CoCM

System Level Supports

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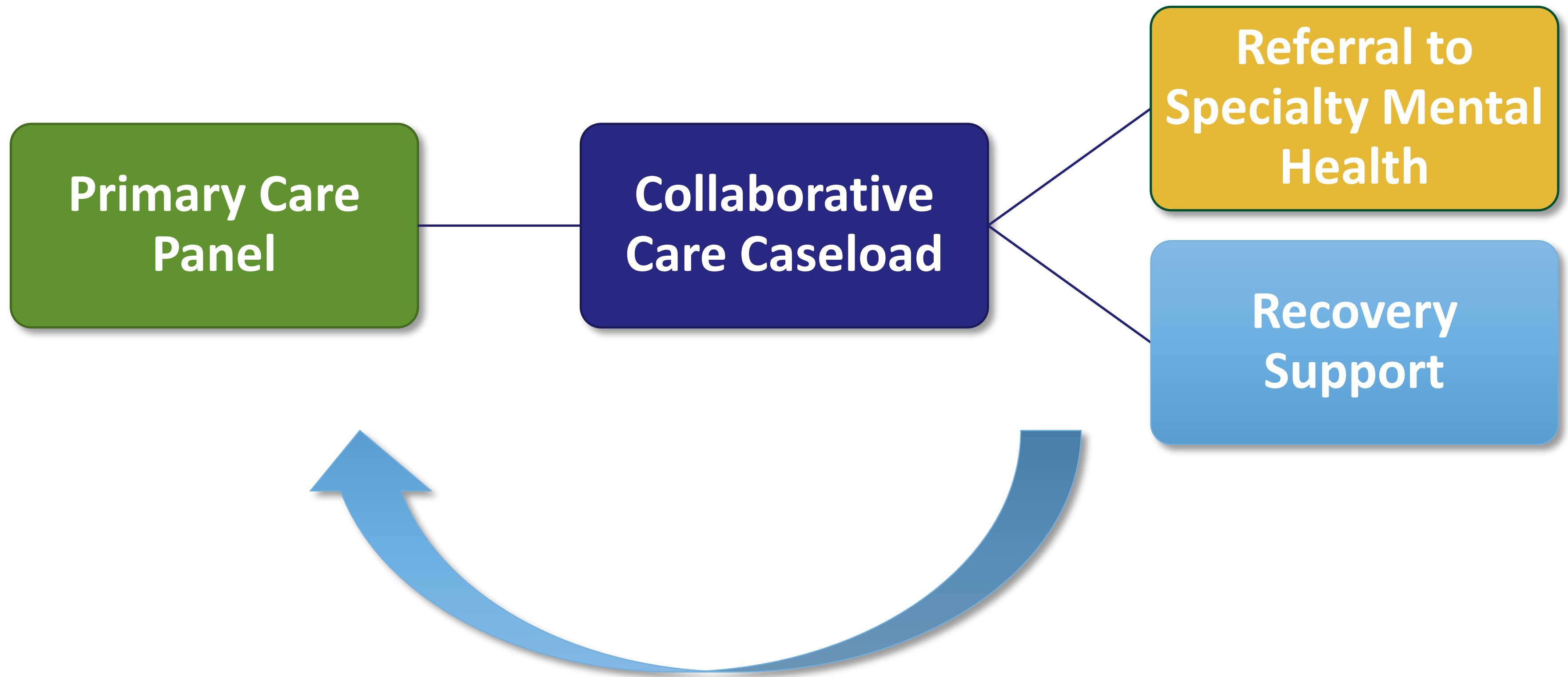
Typical Course of Care Management: Duration



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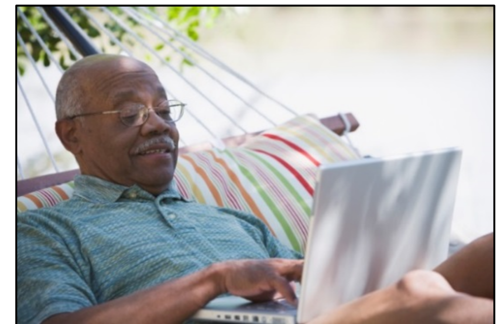
Defining Recovery Support Plan

- Plan to empower patient in self-care after active care management is ended
  - Self-efficacy
  - Outcome expectancies
  - Coping

- Prevent recurrence of symptoms and/or help patient know when to seek help
  - Adherence to medications
  - Adherence to other interventions



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Maintenance Treatment & Recovery Support

- **Patient in remission from acute episode**
  - Make a recovery support plan
- **Follow the patient with monthly contacts**
  - Usually by telephone
  - Individual OR in a maintenance group
- **Bring patient back in for further evaluation if symptoms recur**

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Ending Well Is Important: Purpose of Recovery Support

- Ending is about patient empowerment
  - Shift the focus from ending to celebrating
  - Info & tools to be in charge of care
- Core elements
  - Identify what worked to get better
    - Strategies to keep doing these things
  - Recognize symptoms of depression or anxiety
  - A plan if symptoms return

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Reflection & Discussion

- **How does recovery support planning happen in your practice now?**
  - Are there changes you would like to make to improve this process?
  - Success stories in using a recovery support plan?

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Recovery Support Plan Template

Date:

Purpose: Behavioral health episodes can occur again 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 symptoms 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 where you'll come across it on a regular basis. 3. If you see signs of returning symptoms, use your prevention plan.

My Diagnosis:
Maintenance medications:
Other treatments:
Personal warning signs:
Things that help me feel better:

Call your primary care provider or your care manager with any questions (see contact information below).
If symptoms return, contact:
Primary Care Provider Contact:
Care Manager Contact:
Next Appointment:

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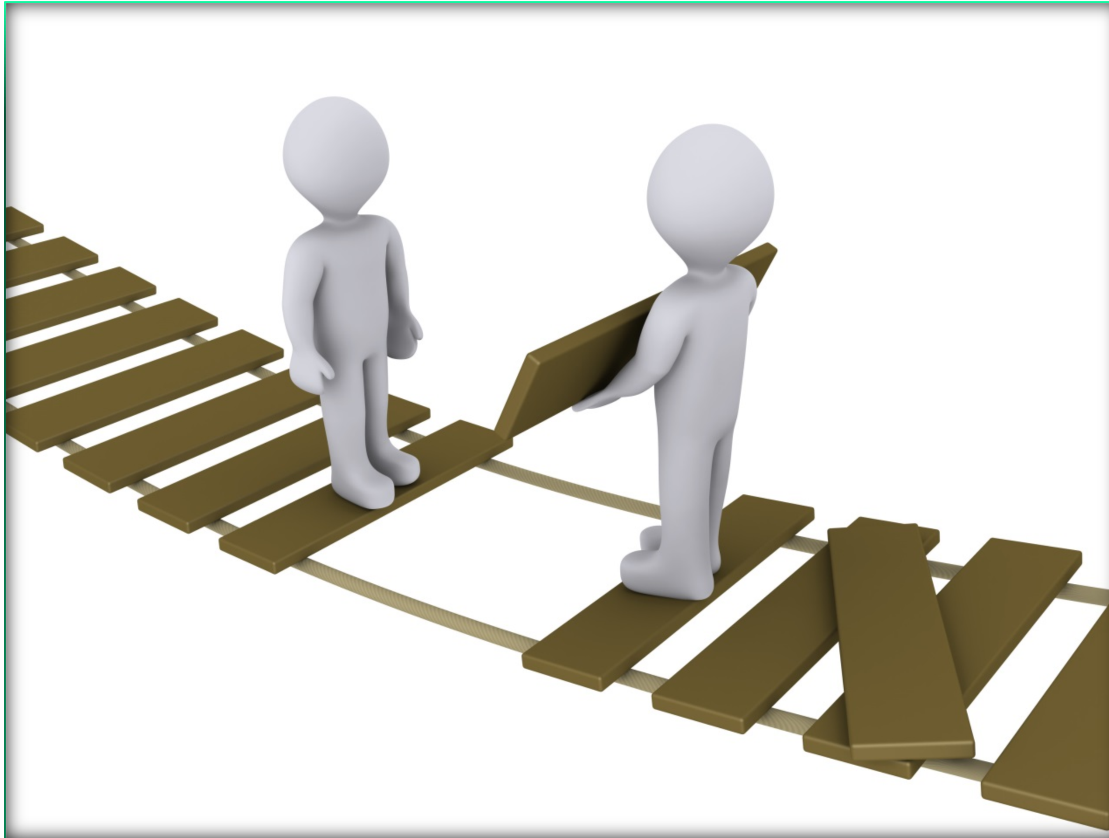
Bridging to Specialty Care



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Hospital

CMHC
Specialty Care

Collaborative Care
Brief Behavioral Interventions

Primary Care
Patient Self-Management

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Referral to Specialty Care

- Reasons to refer on
  - Patient struggling with program parameters
  - Patient requires more intensive support for treatment success
- Normalize option from outset
- Intensify treatment by
  - Changing setting
  - Adding psychological, recovery or social supports

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Prepping Your Patient for a Referral

- Access levels of assistance needed
- Understand barriers and coach patients in overcoming them
  - Cognitive challenges
  - Literacy
  - Cultural issues
  - Practical barriers
    - Funding
    - Transportation
    - Waitlist
    - Hours
    - Attitude

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Helping to Bridge Care Successfully

- Leverage your personal knowledge of community resources/referral sources
- Normalize help seeking for patient
  - "This has helped several of my patients"
    "Sandra over there has been very supportive"
- Emulate warm handoff
  - Call together
- Close the loop
  - Follow-up with client and agency

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Questions?

THANK YOU

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