


AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Recovery Support Planning

Communicating with Patients & Your CoCM Team

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Case Narrative - Stan

For Relapse Prevention Planning Coaching Call

Stan is a 53-year-old male, presented with chief complaint of "not sleeping enough, having increased back pain, and feeling run down."

After four weeks in treatment, Stan's sleep was better and his energy improved, but his PHQ-9 score remained elevated at 14. The behavioral health care manager (BHCM) notified the PCP and Stan's bupropion SR dose was increased to 150mg twice daily (morning and afternoon) as suggested by the psychiatric consultant. By week eight, Stan reported his concentration was improving at work, his back pain had improved, and his PHQ-9 score was down to 8. At this point, the BHCM introduced Relapse Prevention Planning. The initial plan included having Stan continue taking bupropion 150mg twice daily and continue working on behavioral activation.

At week 12, Stan's PHQ-9 dropped to a 4 and he reported that his pain was more manageable. Stan reported that he had added a walking routine with his dog and twice-weekly water aerobics class at his local community center. He reported feeling better connected socially, and while he occasionally had bad pain days, he felt he had a plan to manage them well. Stan also reported a decrease in irritability, which resulted in better relationships with his family. Together, the BHCM and Stan updated his Relapse Prevention Plan to include his new exercise routine and follow-up meetings were reduced to every other month.

After an additional 2 meetings and four months in Relapse Prevention, Stan's score dropped to a 1 and he reported continued success in social engagement, even when his back bothered him. Again, Stan's Relapse Prevention Plan was reviewed and updated. He understood the need to remain on his antidepressant medication for a minimum of six months even though he was feeling better, but that he might consider a longer course given his prior history of a depressive episode. The episode of Collaborative Care was complete. Stan and his team would utilize the Relapse Prevention Plan to help maintain stability and identify if additional support is needed in the future.

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Warm Up #1

- After reviewing Stan's case, name some of his personal warning signs.

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Warm Up #2

- Imagine creating a RSP with Stan. What would you want to include for medications?

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Purpose of Recovery Support Plan

- **Patient empowerment**
 - Shift the focus from ending to celebrating
 - Information about risk of recurrence of depression symptoms
 - Tools for self-management and taking charge of care
- **Prevent recurrence of symptoms and/or help patient know when to seek help**
 - Identify what worked to get better
 - Recognize symptoms of depression or anxiety
 - A plan if symptoms return

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Recovery Support Plan Template

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My Relapse Prevention Plan

Name: _____ Last Revised: _____

Get the most out of your plan

- Make it easy to find.
- Review often and update as needed.
- Assess symptoms regularly.
- Know how and when to contact your team.

I will keep my plan: _____

I will share my plan with: _____

I will review my plan: _____

Personal warning signs

1. _____
2. _____
3. _____
4. My PHQ-9 score is _____ or higher, and/or My GAD-7 score is _____ or higher.

Maintenance medications

1. _____ Dose/how often: _____
Take at least until _____
2. _____ Dose/how often: _____
Take at least until _____
3. _____ Dose/how often: _____
Take at least until _____

Call your PCP or BHCM with questions.

Things that help me feel better

1. _____
2. _____
3. _____
4. _____

Treatment

1. _____
2. _____
3. _____
4. _____

If symptoms return, I can contact:

PCP: _____
 Phone: _____
 Care Manager: _____
 Phone: _____
 Next appointment: _____
 Write: _____

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My Relapse Prevention Plan

Name: Stan Last Revised: July 22, 2021

Get the most out of your plan

- Make it easy to find.
- Review often and update as needed.
- Assess symptoms regularly.
- Know how and when to contact your team.

I will keep my plan: paper copy on the fridge and in the car

I will share my plan with: sister Sharon

I will review my plan: every 2 weeks

Personal warning signs

1. increased irritability with family
2. difficulty falling asleep
3. not exercising and feeling run down
4. My PHQ-9 score is 10 or higher, and/or My GAD-7 score is 10 or higher.

Maintenance medications

1. Bupropion SR Dose/how often: 150 mg twice daily
Take at least until: January 22, 2022
2. _____ Dose/how often: _____
Take at least until _____
3. _____ Dose/how often: _____
Take at least until _____

Call your PCP or BHCM with questions.

Things that help me feel better

1. walking my dog
2. water aerobics
3. taking my medication daily
4. Sunday family dinner

Treatments

1. Behavioral Activation: exercise and maintaining relationships with family
2. Sleep meditation recording
3. _____
4. _____

If symptoms return, I can contact:

PCP: Dr. Holt, Community Health Center
Phone: 206-686-5000 or patient portal

Care Manager: Sara Cares
Phone: 206-686-5000 ext3 or patient portal

Next appointment: phone, 8/30/21 @ 2pm
With: Dr. Holt

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Help Patients Maximize Their Plan

To enhance accountability, discuss with patient:

- Plan storage
 - Where to keep it
 - Who to share it with
- How often to review and revise plan
- How often to assess symptoms
- Know how and when to contact your team

Get the most out of your plan

- Make it easy to find.
- Review often and update as needed.
- Assess symptoms regularly.
- Know how and when to contact your team.

I will keep my plan: _____

I will share my plan with: _____

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Personal Warning Signs

- Ask patient to identify signs symptoms are returning
 - Review initial PHQ-9 or GAD-7 for symptoms
 - Help patient recall behaviors they had in the beginning of treatment
 - e.g., not getting dressed, not contacting friends
- Identify PHQ-9 and/or GAD-7 scores to compare self-assessment scores



Personal warning signs 

1. _____

2. _____

3. _____

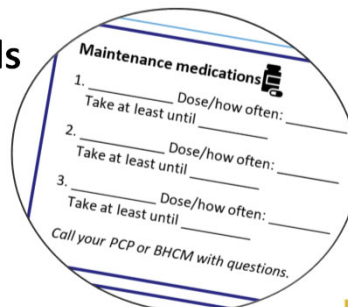
4. My PHQ-9 score is _____ or higher.
and/or
My GAD-7 score is _____ or higher.


_____ signs that help me feel better 

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Medications

- Discuss dose and how long to take
- Review rationale for staying on medications and discussing any change with PCP before making a change
- Review how to handle refills and ask questions



Maintenance medications 

1. _____ Dose/how often: _____
Take at least until _____

2. _____ Dose/how often: _____
Take at least until _____


3. _____ Dose/how often: _____
Take at least until _____

Call your PCP or BHCM with questions.

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Healthy Behaviors

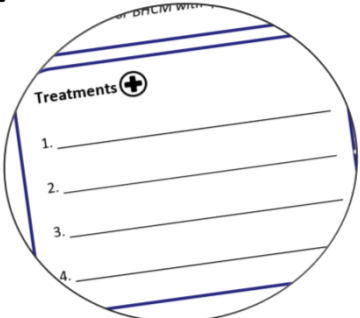
- Review strategies that improved mood
 - Daily activities
 - Social activities
 - Pleasant activities
 - Exercise
 - Sleep
 - Routine activities
- Be detailed!




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Other Treatments

- Behavioral activation
- Cognitive behavioral therapy
- Problem-solving treatment
- Support groups
- Positive habits



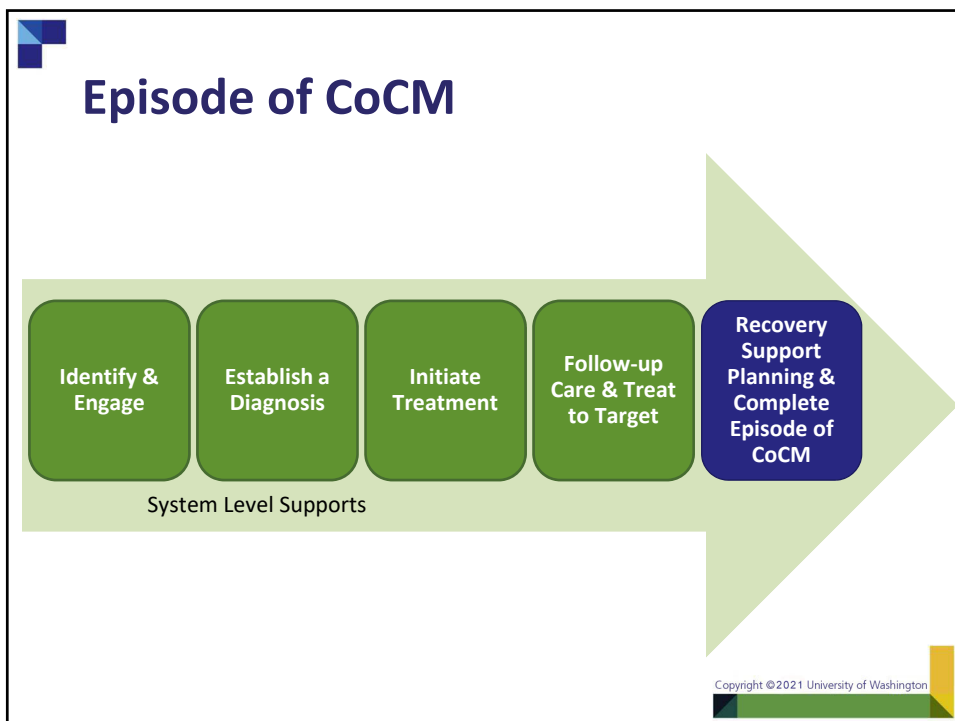

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Contact Information

- **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]**
- **Review referrals (if any)**
- **Discuss follow up plan with their provider**

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Timing the Introduction to Recovery Support Planning

- **Earlier is Best!**
- **Missed opportunity if patient drops from the program because they are feeling better**
- **More time to develop a thoughtful and detailed plan**
- **Maintains structure of episodic treatment**

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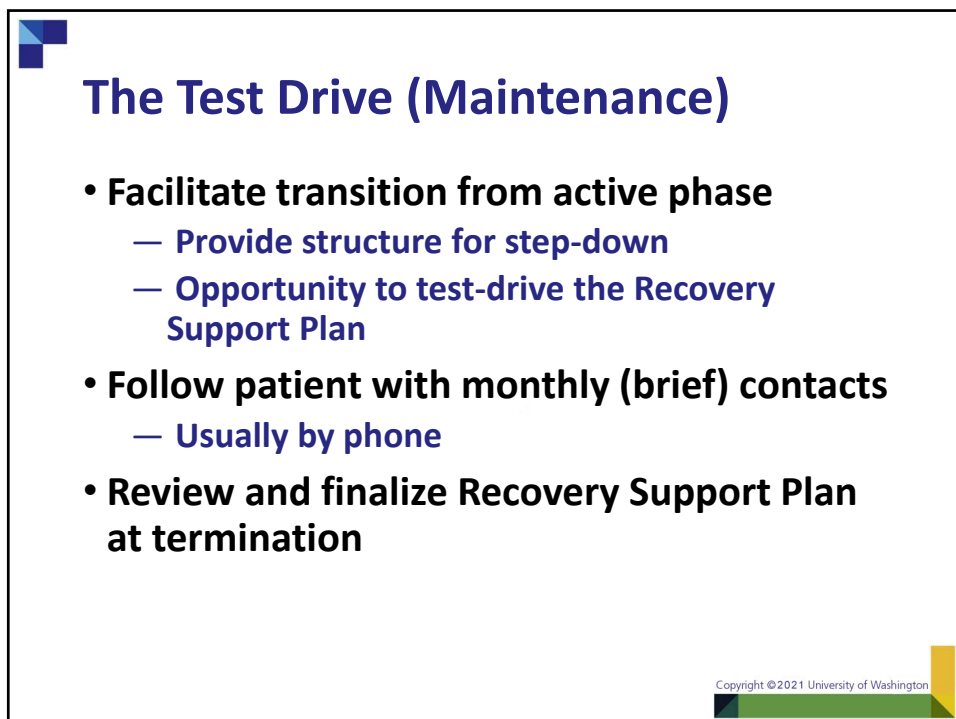
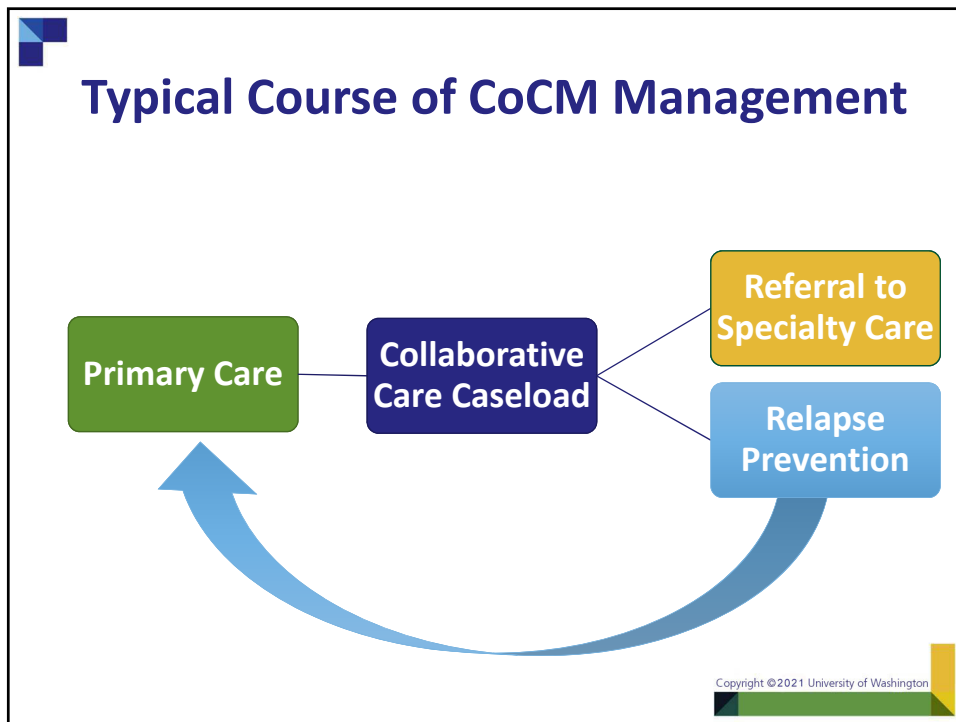


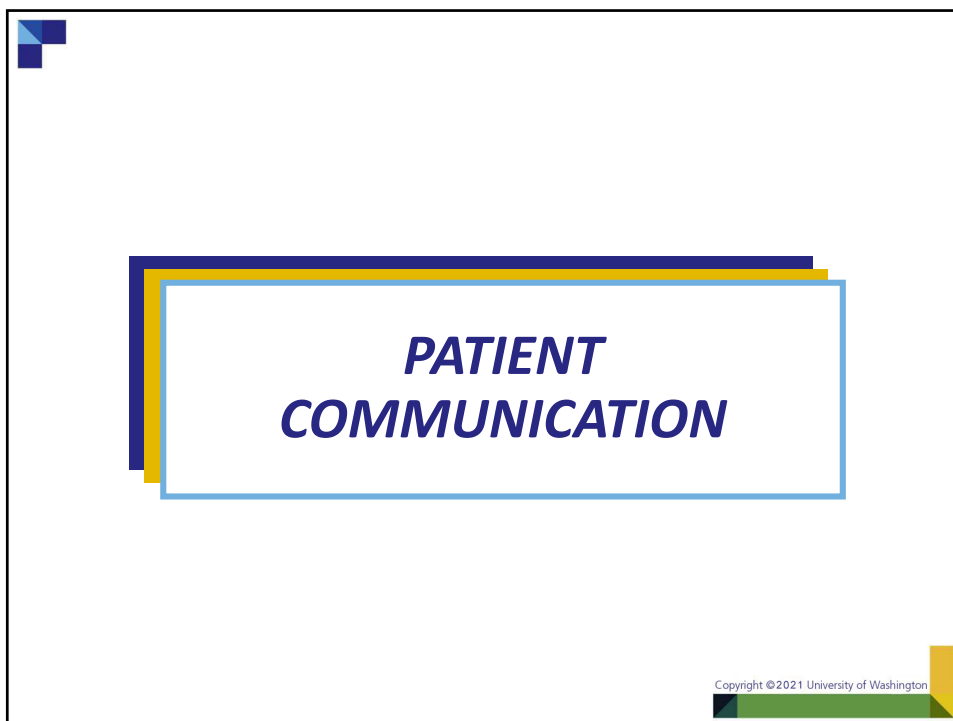
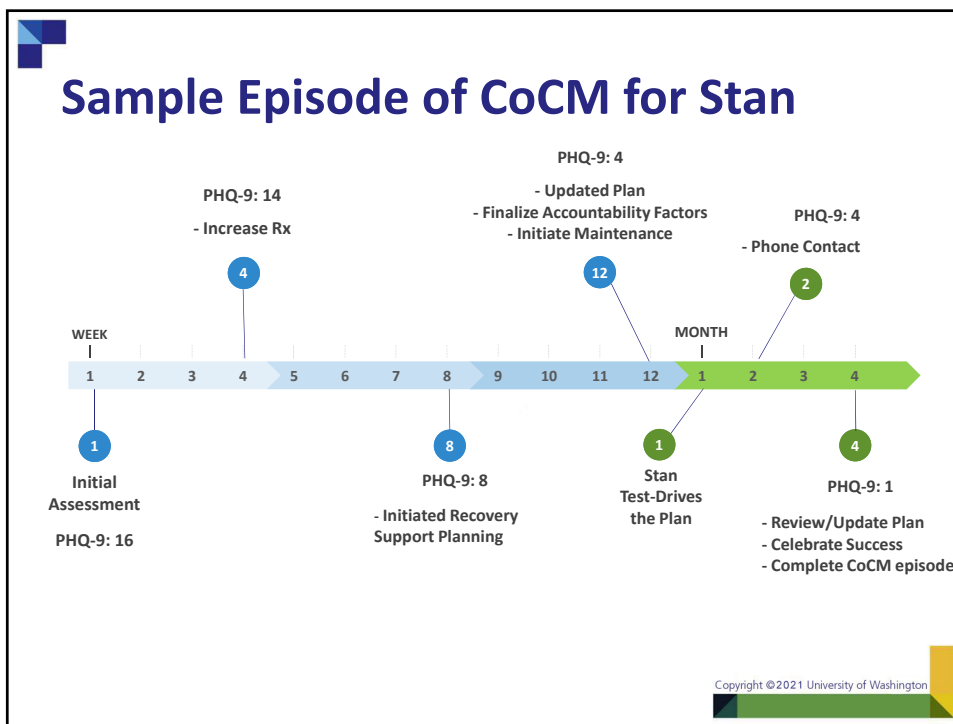
Timing Guidelines

Consider initiating RSP with patients who meet one or more of the following guidelines:

- **Decrease in PHQ-9 and/or GAD-7 scores by ≥ 5 points from baseline**
- **Decrease in the first 2 symptoms on the PHQ-9 (patient no longer scoring a 2 or 3 on the first two symptom questions)**
- **Observed clinical improvement (improved presentation, engagement, self-management of symptoms, etc.) and/or psychiatric consultant agrees with timing/plan to initiate RSP**

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Elevator Speech for Introducing Recovery Support Planning



- **Criteria for a good speech**
 - Brief
 - Clear
 - Sets expectations about RSP
 - Tailor speech to patient

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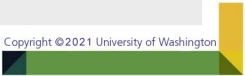

Sample Elevator Speech

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TEAM COMMUNICATION

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Patient-Centered Communication

<h3>Introducing Recovery Support Planning</h3> <ul style="list-style-type: none">• Recall guidelines for timing<ul style="list-style-type: none">— Decrease in PHQ-9 and/or GAD-7 scores by ≥ 5 points from baseline— Decrease in the first 2 symptoms on the PHQ-9— Observed clinical improvement and/or Psychiatric Consultant agrees with timing/plan to initiate RSP	<h3>Sharing the Plan</h3> <ul style="list-style-type: none">• Variety of options is best – let the patient choose<ul style="list-style-type: none">— Patient portal— Paper (printed copy or original written Recovery Support Plan)— Patient takes a photo with their phone— Other?
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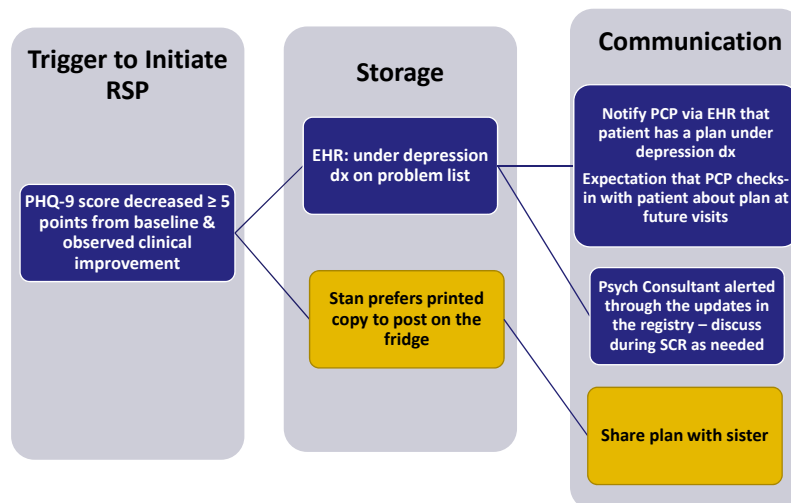
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Communication with CoCM Team

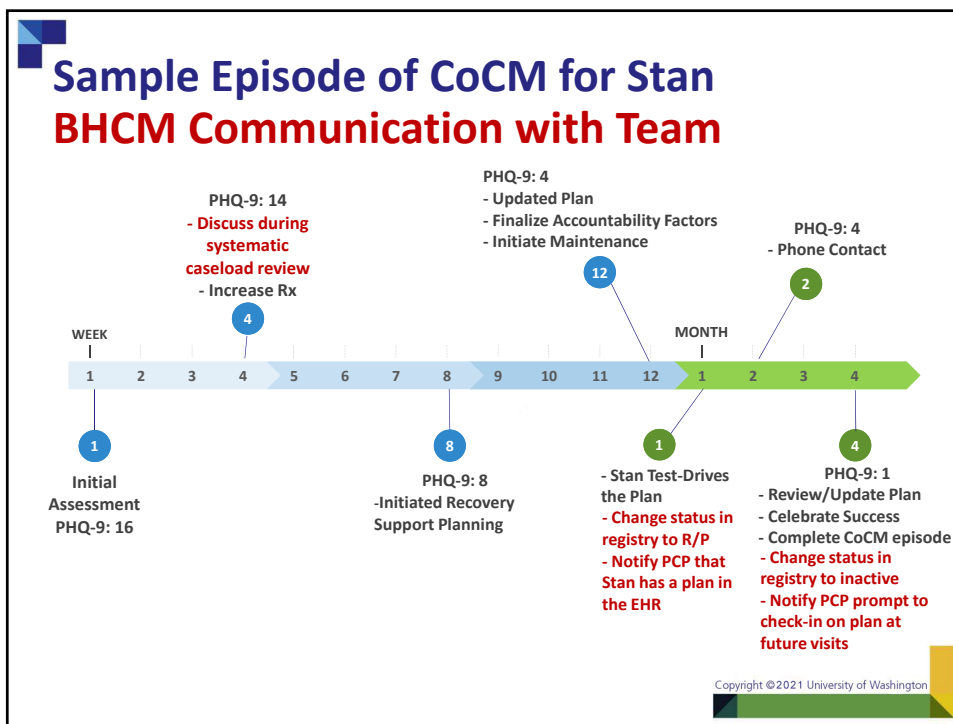
- **Where in the EHR will the plan be stored?**
 - Within a progress note?
 - Scanned into the chart?
 - Problem-based charting (stored under a diagnosis on the patient's problem list)
 - Other?
- **How will team know patient has a plan?**
- **How will team know where to find the plan?**

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Sample Communication Workflow



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QUESTIONS

