Care Manager Guide to Making a Maintenance/Relapse Prevention Plan

The goal of making a maintenance/relapse prevention plan is to prevent a relapse or recurrence of symptoms as much as possible. A number of steps are involved in making a plan.

- **Review the course of the disease(s) and treatment up to now and address the following:**
  - Symptoms onset
  - Impact of the disease on the patient's ability to function at home and at work
  - Current treatment(s) and treatment(s) tried before
  - Questions about treatment(s)

- **Review risk factors for relapse/exacerbation of symptoms**

  These will be specific to each condition/disease and should be on the care plan and guided from the PCP

- **Review the rationale for continuing medication and other treatment modalities prescribed on the care plan and encourage the patient to do so**

  Besides staying on medications, there are a number of other things patients can do to prevent a relapse of their condition, and you will spend the rest of the session working on this using behavioral activation and motivational interviewing skills and techniques around other lifestyle modifications that can help to keep them healthy and in good clinical management.

  Get a sense of what might motivate the patient to stay on long-term medication and/or lifestyle modifications and behaviors they need to sustain. Reinforce the patient's motivation to do so as much as possible.

  Such as, if they have been hospitalized for this condition in the recent pass, ask the patient, how that experience was, how did it affect their lives (financially, family, quality of life, overall healthy feeling), would they want that to happen again, and then focus on helping them understand what they can do and can control that will help to prevent them from going back into the hospital or the ED or having that unpleasant episode they experienced before.

  Be careful not to sound like you are trying to control the patient's behavior. Be empathetic. Try to understand the patient's perspective and concerns. You may want to point out that the primary care provider and you want to help prevent a relapse, but it is up to the patient to continue in treatment. "This is a decision you have to make yourself." Let the patient know that you believe he or she can take some action, which will significantly reduce their risk of relapse and give them more control over their health.

If you sense resistance, carefully explore what may be difficult for the patient at this time. Having them articulate the difficulties opens up for conversation around asking the patient, what could they do differently to get around the specific difficulty. Help them brainstorm, but it really needs to be the patient's ideas and they need to agree to do something for themselves – not for you, or it will not be sustained.

- **Discuss early warning signs of worsening condition(s)**

  Common early warning signs can be listed by the provider (may even be on the care plan) and per protocols for each disease specific. However, early warning signs may differ from patient to patient and so helping the patient to identify for themselves how things feel or happen differently when they are starting to not be as well controlled in their disease/condition.

  Patients and significant others can learn to recognize such early warning signs and get help before relapses/exacerbations become severe.

- **Make a maintenance/relapse prevention plan**

  It can be very discouraging to experience a recurrence of symptoms and not feel well controlled in your disease state. If patients can detect these symptoms early on, however, it may be easier to prevent a severe relapse.

  Encourage patients to think seek help when these early warning signs occur. Seeking such help should not be seen as a sign of failure, but as a positive step (i.e., "I am doing something to take care of myself.").

  A relapse prevention plan for the patient includes early warning signs and a plan for what to do if you or a significant other notices such symptoms. The plan can include:

  - Making sure you are taking the medication as prescribed
  - Reviewing care plan and other treatments recommended
  - Contacting the care manager
  - Contacting the primary care provider or making an appointment

- **Remind patients that both you and the primary care providers are available and how you can be reached**

- **Discuss future clinic or telephone follow-up contacts***

  Tell the patient that you would like to schedule a telephone follow-up appointment periodically to make sure that he / she continues to do well. During these contacts, you will review symptoms, any new or needed test results, and review any current treatment.

  Let the patient know that you will be in contact with his or her primary care provider to let them know how the patient is doing.

MAINTENANCE/RELAPSE PREVENTION PLAN

Patient Name: **Today's Date:**

Contact / Appointment Information

Primary Care Provider:		Tel. No.
	Next appointment: *Date:*	*Time:*
Care Manager:		Tel. No.
	Next appointment: *Date:*	*Time:*

Maintenance Medications

Review medication lists on care plan, how to take, length and frequency before refill and follow-ups

Other Treatments

Review other treatments to maintain, other specialist appointments, etc.

Goals: How to maintain goals achieved

1.
2.
3.
4.

Personal Warning Signs

1.
2.
3.
4.
5.

If symptoms return, contact:

Care Manager Signature: **Date:**