

Relapse Dismissal Plan

ECHO 2018

Description

- When to utilize
 - After a patient has been in treatment 4-6 weeks
 - If a patient is consistently relapsing on any substance(s)
 - Relapses can be occurring weekly or can be a general inability to accumulate more than 30 days of abstinence over multiple months in treatment
 - Case presentation?

Strategies for Implementing

- Make it voluntary at first
 - The hope is that the patient volunteers for additional external accountability
 - The physician can ask “Do you think going on the relapse dismissal plan would be helpful to you?”
- If the patient does not volunteer one week and then relapses the next it is typically then required
- This plan can be for 30, 60 or 90 days or more if the treatment team decides
- If the patient relapses while on this plan, it is an automatic dismissal even if they are honest

Goals for Implementing

- Provide increased external motivation for sobriety
- Provide consequences for continued relapses
- Sends the group a message regarding expectations of progress in treatment

Options Regarding Dismissal

- Dismissal can be out of the MAT program for 30 days
- Dismissal can be to a higher level of care such as IOP
- Dismissal can be to increased contact for a certain number of weeks
 - Typically at least 4 weeks in duration
 - Increased contact can range from 2x a week to daily dosing
 - The idea of increased contact is to increase monitoring and treatment