Slip vs. Relapse Assessment Quick Reference

One-Page Guide: How to Tell the Difference and What It Means for Reporting

How to Use This Tool

The court treats every instance of use the same — as a violation. Clinically, they are not the same.
Use this guide to assess what you're actually dealing with and make an informed decision about next steps.

	SLIP	FULL RELAPSE
What it looks like:	Single episode or isolated use. One bad night, not a pattern.	Return to continuous or regular use. Pattern is back.
Client presentation:	Client is engaged. Shows remorse, frustration, or disappointment. Still talking to you honestly.	Client is pulling away. Missed sessions, dishonesty, avoidance, or complete shutdown.
Relationship to goals:	Client still wants to work toward their goals. The slip doesn't match what they want for themselves.	Client's goals have shifted or they're no longer willing to engage with the treatment plan.
Trigger picture:	Identifiable trigger — specific stressor, situation, or event. Client can name what happened.	Diffuse or chronic — multiple overlapping factors, lifestyle pattern has resumed.
Clinical response:	Adjust treatment plan. Add interventions. Process in session. Build on what's still working.	Increase level of care. Develop new plan. Client calls PO with increased supports already in place.

Check Yourself First

Before you assess the client, assess yourself. Your own anxiety, imposter syndrome, and fear of making the wrong call can cloud your clinical judgment. Ask yourself:

- Am I about to report this because it's clinically indicated, or because I'm scared of what happens to ME if I don't?
- Am I minimizing this because I don't want to have the hard conversation?
- Am I confident enough in my reasoning to defend this decision in supervision?
- If I'm unsure, am I reaching out for consultation — or just hoping nobody asks?

Remember: The court treats every slip like a full relapse. That doesn't mean you have to.
Your clinical judgment exists for a reason — use it.

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Assessment Questions to Ask Yourself

- [ ] Is this a single episode or has continuous use resumed?
- [ ] Can the client identify what led to the use? (Specific trigger vs. diffuse pattern)
- [ ] Is the client still engaged in treatment? Attending sessions? Being honest?
- [ ] Does the client still want to work toward their goals, or have their goals shifted?
- [ ] Has the client's overall functioning declined, or was this an isolated event?
- [ ] What is the client's emotional response? Disappointed? Frustrated? Shut down?
- [ ] Would reporting this use serve the client's treatment, or would it undermine it?
- [ ] What does the client need RIGHT NOW — more support, or a different level of care?

Court Reporting Decision Framework

CLINICAL HOLD

May not require reporting

- Single isolated slip
- Client self-reported honestly
- Client remains engaged
- Still working toward goals
- Identifiable trigger addressed
- Treatment plan adjusted
- No safety concerns present
- Clinical judgment: reporting would cause more harm

CONSULT & DOCUMENT

Use supervision / peer consult

- Repeated slips (pattern forming?)
- Client engaged but struggling
- Mixed signals on commitment
- Court order is ambiguous
- Unsure if safety is at risk
- Jurisdiction rules are unclear
- Your gut says something's off
- Get a second opinion and document your reasoning

REPORT WITH PLAN

Reporting is clinically indicated

- Full relapse / return to pattern
- Client unwilling to re-engage
- Sustained lack of progress
- Safety risk to client or others
- Client has stopped attending
- Higher level of care needed
- Court order explicitly requires it
- Always develop the plan FIRST Client calls PO with you

The Ethical Framework Behind This Decision

The ACA Code of Ethics (2014) is built on five core principles. The one that matters most here is **nonmaleficence — first, do no harm.** That principle doesn't evaporate because your client is on probation. SAMHSA's TIP 44 reinforces that the therapeutic alliance is one of the strongest predictors of treatment outcomes — and automatic reporting of every slip can destroy that alliance (SAMHSA, 2005).

Whatever you decide, document your clinical reasoning. Your notes are your defense.

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