Psychiatric Medication Harm Reduction Guided Dialog

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Overview:
Guide a discussion about psychiatric medication that is controlled by the client and provides useful information and tools.

Goal:
Greater empowerment and informed choice regarding starting, continuing, changing, and discontinuing medications.

Outcome:
If any aspect of the dialog has helped you feel more confident and clear about medication choices and led to greater freedom of discussion, then the dialog has been useful.

Non-judgmental:
A “harm reduction” approach is pro-choice and non-judgmental. You don’t know what it is like to be another person. Respect the wisdom each person has in their difficult decisions around medications, and understand that by vaildating where someone is at you create an openness to change.

Non-programmatic:
This dialog guide is a brainstorm to help you create your own style and method of discussing medications in your community. It is not meant to program the conversation or be a recipe.

Non-comprehensive:
Medication empowerment is a long-term process. There’s no need to cover everything in one discussion; just get the ball rolling.

Time:
About 45 minutes or less, up to the participants.

Consensus:
Every aspect of this dialog is voluntary, at each step.

Confidentiality:
No written record is kept. Participant controls all aspect of disclosure.

Using this Guide:
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RECOVERY MESSAGES OF THIS INTERVIEW:

This dialog guide is client centered and pro self-determination.

It is based on the Harm Reduction Guide To Coming Off Psychiatric Drugs,
http://theicarusproject.net/downloads/ComingOffPsychDrugsHarmReductGuide1Edonline.pdf.

Many people try to come off medications alone and unprepared. Learning about the coming off process is important to everyone taking medications, even if they are not considering coming off, because it helps clarify why we are taking medications and gives us greater access to choices and possibilities.

In our culture it is very difficult to have an open and honest discussion about any kind of drug -- legal or illegal -- because our culture is so polarized around drugs. Drugs are angels or drugs are devils.

When discussing medications, we should take an attitude of skepticism, caution, and exploration that is based in our experience and our bodies, rather than accepting uncritically the messages given to us.

The placebo effect means that each person's mind deeply affects how they experience their medications. It is vitally important to accept diversity around medications and medication choices, including taking, not taking, starting, continuing, or coming off medications.

At the same time, providers have a responsibility to do no harm. The community has a responsibility to support each other. If someone seems to be having problems such as withdrawal, interrupting, or overmedication, it is important to raise it ***because the person might be unable to notice***. Voice your concerns. One way is to be "of two minds." Say "I completely support the right to choose and live your life the way you want, because I don't know what you are struggling with or what it is like to be you. I want people to respect choices. At the same time another part of me notices ___ and is not sure how to understand it. So I wanted to bring this up with you and tell you I'm of two minds about it, I don't want to ignore it and I don't want to try to give you unwanted advice either. What do you think?" Then listen to and respect their reply.

Many of the messages mental health consumers receive around medications are not accurate and contribute to medication disempowerment. The Harm Reduction Guide goes into this in detail. Some important information you may not have been told includes:

1. Mental illness is a mystery and there is no proof of chemical imbalance / genetic theories, even though these theories are very popular. There are many diverse ways to address and understand and help people who are diagnosed mentally ill.

2. Medications can be very helpful to tranquilize or stimulate us, and also because of the placebo effect and our beliefs in our medications. Medications work because they are psychoactive chemicals like any drugs and change brain chemistry to intoxicate us, similar to recreational drugs.

3. Medications have risks and side effects as well as benefits. Risks are very serious and widely underestimated.

4. Medications, especially long term use, can sometimes trap people and make problems chronic. They can undermine our ability to learn how to address emotions without medications. They can also change brain chemistry to cause mental health problems.

5. Many people can come off medications; many people can discover ways to address their mental health needs without medications. Everyone is different however, and there is no way to tell what the best path is for anyone. Everyone deserves a chance to explore possibilities.

6. Abrupt medication withdrawal, side effects, and long term changes can cause or look like psychosis.

7. Doing your own research, developing supporters, and having a collaborative relationship with prescriber/doc/therapist (or finding new ones) are key to empowerment around medications.

8. Studies are clear: many people can completely recover from even the most serious diagnosis of mental illness. There is no way of knowing who can recover and how, so it is essential to meet everyone with the possibility and expectation of recovery.

FURTHER RESOURCES FOR LEARNING

The MIND-UK study on medications Coping With Coming Off documents how some 40% of consumers were unsatisfied with provider support. There is unfortunately no single good source for accurate information about psychiatric drugs. Information from providers is often incomplete, unsupportive, or biased; activist groups

are often also one-sided.

Much is not known. (There can be side effects to drugs that no one has ever reported, for example. In fact, side effects are updated on drugs when people report them after taking them; many side effects are not known before the drug reaches market.) The placebo effect, which determines that each medication is unique to each person, complicates this picture further. All medications, not just psychiatric medications, are well-known to be more effective when they are brand new than when they have been known for a while! That's the power of expectation and the mind.
http://en.wikipedia.org/wiki/Placebo

To improve medication empowerment, people need community support and a balance of multiple information sources. Create medication discussions in your community to share ideas, resources, and experiences. Consult multiple sources of information for drug effects. The following is a list of sources that can balance each other:

www.mind.org.uk/help/information_and_advice

http://theicarusproject.net/HarmReductionGuideComingOffPsychDrugs

www.crazymeds.us

http://bipolarblast.wordpress.com/about/

www.theicarusproject.net

Physicians Desk Reference + Nursing Guides

www.madnessradio.net/audio-extra/09HearingVoicesCongressWillHallComingOffMedications.mp3

www.madnessradio.net/show-topics/coming-meds

Guided Dialog

1. Does it seem like it would be helpful to talk more about medications, so you feel more confident and empowered about your choices and decisions?

2. You understand that I'm having this conversation with you confidentially and won't repeat any details at all. The information is under your control.

3. Does now seem like a good time and place to talk?

4. We can stop any time and pick things up later if you want, don't feel like you need to respond to every topic, just let me know.

5. My role as an guide is just to have a good discussion with you. I'm not here to tell you what to do with your life or to provide medical advice or anything. My goals are to help you have good information, discover your own choices, and have more access to options. Hopefully it will help you feel more empowered.

6. What psychiatric medications you are taking?

7. You're seeing a prescriber regularly to monitor things?

8. Do you have regular access to meds/can you afford them? Do you need help with this?

9. Are you taking any other medications or anything that might interfere with your psychiatric medications? An example might be drinking alcohol. If you're not sure you can talk with your doctor about that.

10. When did you first start taking medications? What was happening?

11. Did you have a choice when you first went on the medications?

12. What did they tell you was the reason you needed to take them? Did you get different explanations, or no explanation? Were you told you have to take them?
*(**Recovery message:** Health providers often overstate claims about why medications are needed; and sometimes say they are always necessary for everyone. In fact, everyone is different and some people find medications helpful, others don't, regardless of what diagnosis they are given.)*

14. Did they tell you how the medications work? Did you get different explanations, or no explanation?
*(**Recovery message:** Health providers often claim medications specifically target mental illness or correct brain chemistry. In fact, medications are psychoactive chemicals that change the central nervous system and brain chemistry just like any drug, such as alcohol or tobacco, does. Usually they tranquilize or stimulate people, but everyone is different in how they respond.)*

15. Do you find the medications helpful, and why?
*(**Recovery message:** everyone is different, and the fact that you find medications helpful or not helpful is the most important thing to consider.)*

16. What side effects do you have, and have you discussed them with your provider? Have they considered reducing dosages or changing your prescription? Do you feel the side effects are worth it?
*(**Recovery message:** Many providers underestimate the risks of medications and consider any side effects worth it. It is instead up to each individual to balance the way medications are helpful with any risks or side effects.)*

17. Do you feel comfortable talking with your prescriber? What is good about the relationship? What could improve it?

18. Do you know where to go for more information and learning?

19. Do you have allies / friends who can support you in learning about your medications and talking with providers?

20. How are you different now than when you first went on medications? What have you learned and what has changed?

21. Do you know non-medication ways to help improve your mental wellbeing?

22. How can you learn more about non-medication ways to help improve your mental wellbeing? Do you know that recovery is possible for everyone -- and that expectation and hope are key?

23. Have you considered reducing/going off, soon or in the future? Why or why not?
*(**Recovery message:** Providers often tell people they need medications for the rest of their lives, but many people do go off medications or reduce/change their meds. Mental illness is not like a chronic physical condition where medication is always necessary; it depends on the person, and people change. You may not be the same person you were when you first went on medications.)*

24. Let's use some **creative tools to explore** and open up our thinking about medications. We can take a look at your medications as a kind of partner in your life, like they had personalities or their own identity. Can you draw a cartoon of each of your medications, or describe them as a character in a movie or fairy tale? Do you want to act them out or show me what they would be like if they were a living creature? What would they do or say, how would they move and act? What do you want to say back to them?

25. Do you feel you have choices now? Why or why not? What can help you to feel more empowered about your medications?

26. How might I support and help you with any next steps?