

MassPRA listening session feedback on Shared Decision-making

Somerville 11-30-16

Feedback about Practitioners

- Impress upon practitioners the importance of respect for where people are at NOW
- Train staff to explore own beliefs, underscore client rights as a decision-maker
- Staff need validation skills - the ability to express appreciation for a person's expressed experience
- Staff must appreciate the difficulty in my taking a more assertive role in my own treatment
- Staff often lack not only capacity, but confidence to engage in discussions about beliefs re: meds and decision-making re: treatments
- Find a way to "slow the process down" and collaborate more - a prescription may feel like an instant solution. One difficulty with meds is that they are so easy to prescribe (it's agonizing to see a person suffer) and so difficult to get off, once prescribed. Staff should learn to validate "NO" and "GO SLOW" as OK answers to where clients are at with taking a particular message.
- Staff do not have up to date knowledge about all meds. There need to be resources available to learn about the medications prescribed together.
- Use tools for discussion that are designed to explore beliefs and aid in decision-making
- Normalize: Poem "You and Me" is a helpful way to sensitize helpers of the importance of supporting people during difficult times rather than anthologizing the experiences.
- Help staff understand that Choice need not be "binary" (yes/no), but instead, a process of finding the ***right*** medication type and amount.

Feedback about Programs

- It's one thing for agencies to "talk the talk"; they also have a responsibility to throw their "institutional weight" behind initiatives like this. We all have examples of the institutional emphasis on things like safety, and R-Day productivity. SDM deserves a place in this prioritization
- Programs may over-emphasize the importance of teaching clients to "self-advocate" and under-recognize that supports by staff to do so within appointments are also critically important - rehab is not just about skills, its also about supports.
- Open Dialog as a treatment approach has many valuable components. Though it may be too time intensive to implement "wholesale" w/o additional resources, MassPRA could extract principles and active ingredients from the dialogic process of OD that could be used within CBFS programs, e.g. involvement of family, the radical transparency of decision-making, etc.
- Introduce and encourage a variety of complementary approaches to medications: diet, exercise, rest, MBR, etc. Provide evidence for their effectiveness to staff and clients, and offer supports to both for encouraging their adoption
- I work in child/adolescent services, and am required to explain in language the child/family can understand, the benefits, side effects and any contraindications to a medication when it is first being prescribed to someone. A consent form is required to be signed, acknowledging the person's understanding. Require staff to complete medication education for persons served by CBFS
- Clarify our statements of values as organizations, and make these conversations **NORMATIVE**, rather than rare exceptions
- Prescribers with excellent values-bases are out there. Develop positive partnerships that can exist between community services and prescribing treators, and use these partnerships to improve clients' active involvement in their treatment

Feedback about Service Systems

- We have no current place or service capacity to help people in extreme states, so that people CAN come off of medications if they choose to. They must often experience consequences that are much more harmful without these supports. Agencies should look at how to divert a portion of emergency services or respite funding available, to assist people they serve when they are off of medications and experiencing extreme states w/o pressure to begin another course of medication.
- MassPRA can develop a presentation that could be completed with medical students while they are in training. Explore partnerships with the medical schools that train our next generation of docs in MA and advocate (or offer directly) training about the importance of personal activation, SDM, partnerships in treatment