MassPRA listening session feedback on Shared Decision-making

Springfield 12-14-16

Feedback about Practitioners

- Teach practitioners to give credible information
- Teach people in services skills to have conversations with their prescribers
- Re: MAP - Instead of offering medications 2x more following a person declining a dose, offer to listen to the person's reasons and/or concerns about the medication
- Help people learn how to communicate how their body feels
- Promote use and availability of WRAP and other ways of communicating wellness goals and advance directives
- Some peer and outreach work providers feel nervous about being included in shared decision making, as if they are sharing the risk and responsibility around medication decisions. For that reason, it may be useful change the name of the activity of psych rehab practitioners to reflect that they are not sharing the decision with the people we serve, but indeed are supporting the decision making skills. The decision is shared with the psychiatrist who has the ultimate power over the prescription pad, while the person has the ultimate power over what they put in their body, at least in outpatient-land.

Feedback about Programs

- Create and disseminate training from a Psych Rehab point of view (emphasizing partnership, choice, and self-determination)
- Develop and disseminate Shared Decision-making promotional and orientation materials
- Explore the roles Peers can play in promoting self-advocacy and self-determination re: medications, within the scope of their practice and code of ethics
- Peers can have a positive impact in medication discussions: provide awareness of what works for some other people (when the person feels "stuck") and help to explore other options.
- Develop teaching strategies for practitioners that emphasize the complexity of evidence and the importance of countering a "single narrative" with a more nuanced approach to talking about meds
- Change the language - Decisions are to be made by the person taking (or not) a medication. "Shared Decision-making" is a term not best reflective of the role of a service partner - it was suggested that "Supported Decision-making" is a more apt term.
- Share Joanna Moncreiff's paradigm of psychiatric medications: shifts from Disease-centered model (Drugs help correct an abnormal brain state) to a drug-centered model (therapeutic affect derived from the impact of the drug-induced state on behavioral and emotional problems)
- Develop training for how to "sit with people": respecting decisions and not trying to take power away

Feedback about Service Systems

- Concerns about the numbers of people being placed on Rogers Guardianships: Advocacy regarding misuse or overuse of Rogers orders within the Western MA area of the State
- Spread the word about Hearing Voices Network groups, Sponsor a training, and make the practice more widely available
- Interact with training/residency programs:
    - How to help residents understand their "liability" and to address issues of risk in ways that leave the patient's choice and self-determination intact.
    - Sensitize trainees to the experience of taking medications, and of having them prescribed without regard to the negative effects, etc

- For prescribers: acknowledge the ultimate role of personal choice in whether to take a medication; adopt a "harm reduction" approach to helping people reduce the likelihood and severity of adverse outcomes as a result of a choice to come off of a medication
- Promote alternatives to a prescription being "first line" treatment
- Advocate for data to be kept and managed reflecting the associated outcomes (short and long-term) of peoples' choices regarding treatment by medication
- Expand upon what clinicians look at from "identification of symptoms" toward other reported signs, experiences, sensations people might be having which may point to unwanted effects of medications.
- The heart of SDM is the empowerment, with knowledge and skills of the person who is communicating with the psychiatric provider. An unexplored facet of the conversation involves Psychiatry clinicians working to reduce prescription, who are in some cases facing people who don't want to reduce their medication. We must respect people's preferences and help them find their voice no matter the preference. My understanding of peer specialist training is just that—the PSW does not impose their own treatment philosophy but supports the individual in finding their own way - which may include taking medications.