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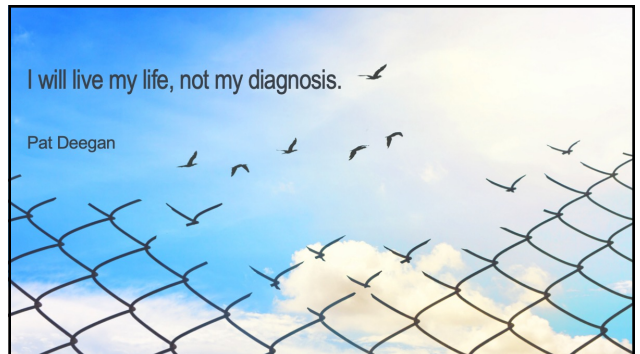
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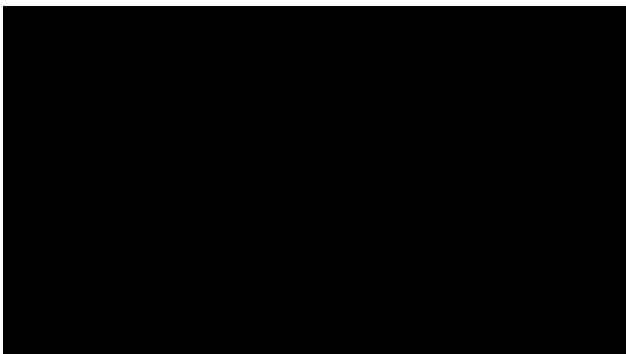
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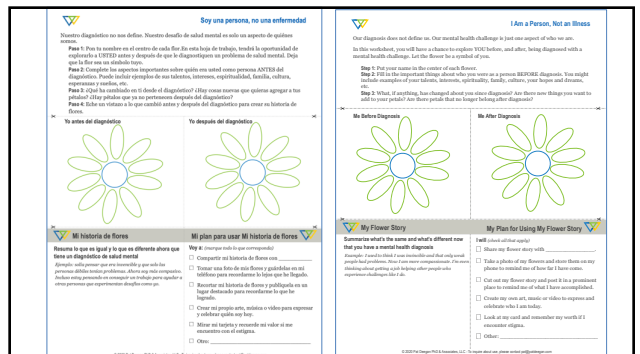
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Will I ever get my son back?

The good news is your son never left. He is still here. All of the gifts and values you helped him develop are still with him. He will draw on those strengths, and discover new gifts, as he makes his journey of recovery.



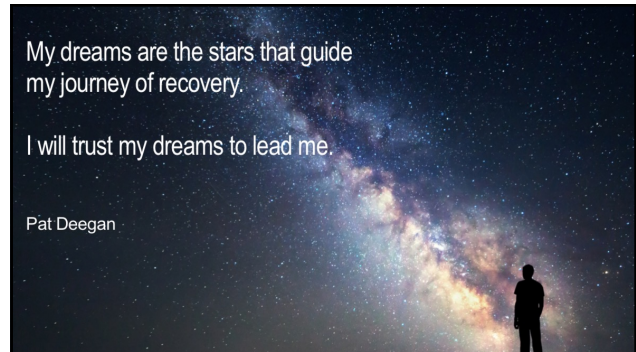
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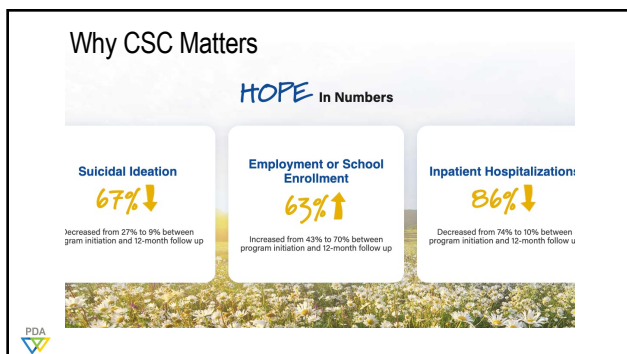
My dreams are the stars that guide my journey of recovery.

I will trust my dreams to lead me.

Pat Deegan



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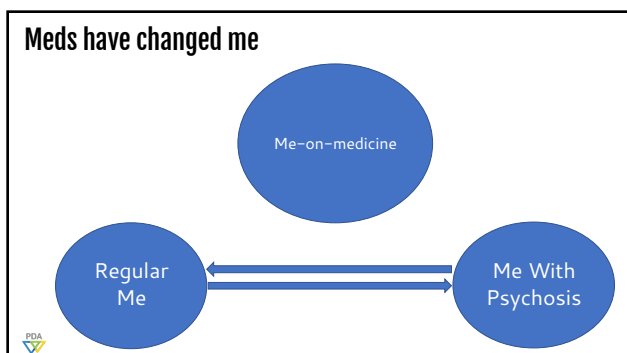


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Story 2 Psychiatric Meds



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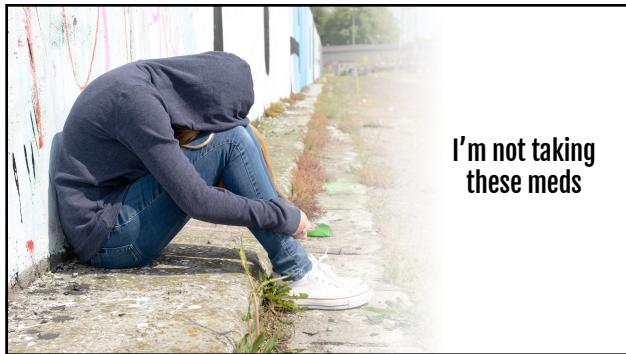


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Me	My Team
<ul style="list-style-type: none"> I feel sedated I still hear distressing voices I can't think clearly I feel like the meds are controlling me I'm not myself anymore 	<ul style="list-style-type: none"> You are not psychotic You are not shouting at your voices anymore You are less thought disordered You are more in control You have returned to baseline

PDA

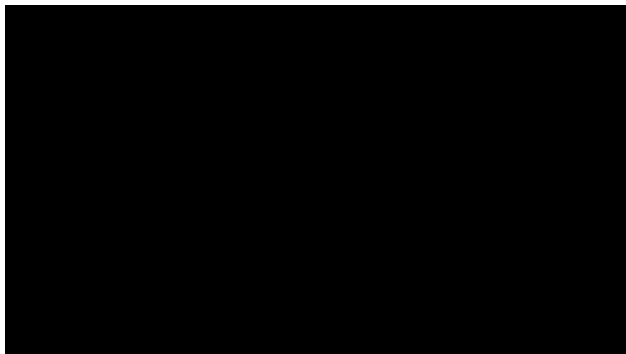
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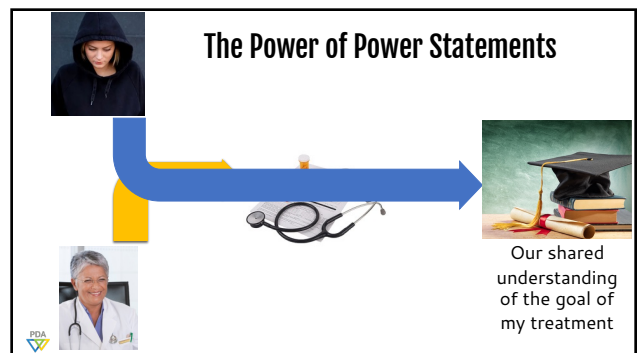
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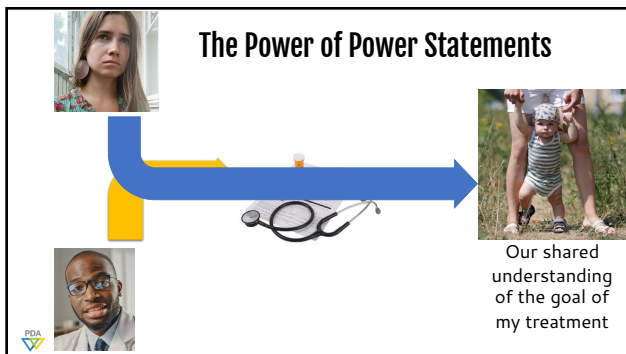
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Power Statement	My Power Statement Plan
<p>I want to work together to find a medicine that will:</p> <p>Help me have energy and motivation to focus on my responsibilities so that I can...</p> <p>so that I can:</p> <p>Be a good mom, breast feed my baby and raise her to succeed in life</p>	<p>I will share my Power Statement with:</p> <p>My nurse and my therapist</p> <p>My next steps:</p> <p>I will ask my therapist to come with me when I show this to my nurse</p>

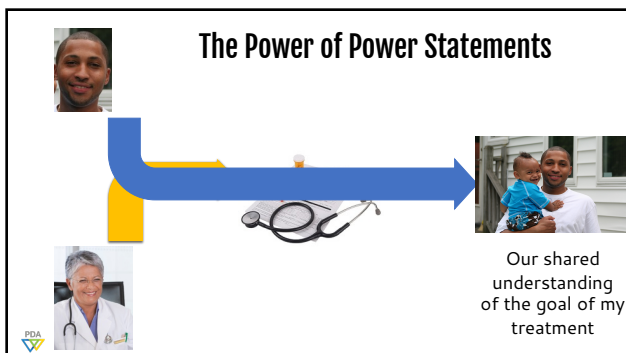
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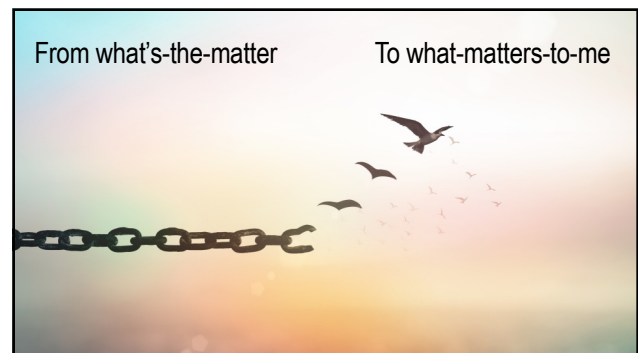
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Enhancing Clients' Communication Regarding Goals for Using Psychiatric Medications

Patricia E. Deegan, Ph.D., Elizabeth Carpenter Song, Ph.D., Robert E. Drake, M.D., Ph.D., John A. Naslund, M.P.H., Alison Luciano, M.F.A., Ph.D., Sheri L. Hershman, M.S., Ph.D.

Objective: Discrepancy between psychiatric care providers' and clients' goals for medication treatment represents a barrier to person-centered care. Power statements—short self-advocacy statements prepared by clients in response to a two-part template—offer a novel approach to help clients clarify and communicate their personal goals for using psychiatric medications. This study described the power statement method and examined a sample of power statements to understand clients' goals for medication treatment.

Methods: Across three 12,000 adults with serious mental illness at 69 public mental health clinics had the option to develop power statements by using a Web application located in the clinic waiting area. A database query determined the percentage of clients who entered power statements into the Web application. The authors examined textual data from a random sample of 300 power statements by using content analysis.

Results: Nearly 14,000 (79%) clients developed power statements. Of the 277 statements in the sample, several were appropriate for content analysis. 272 statements had responses to the first part of the template and 250 had responses to the second part. Clients wanted psychiatric medications to help control symptoms in the service of improving functioning. Common goals for using psychiatric medications (96/230 statements) were to enhance relationships (32%), well-being (32%), self-efficacy (23%), employment (19%), hobbies (23%), and self-improvement (23%).

Conclusions: People with serious mental illness typically viewed medications as a means to pursue meaningful life goals. Power statements appear to be a simple and scalable technique to enhance clients' communication of their goals for psychiatric medication treatment.

Psychiatric Services 2017; 68:773–775. doi:10.1176/appi.ps.20160408

Deegan, et al. Psychiatric Services 2017

- 17,000 people dx SMI
- 69 public MH Clinics in US
- Peer support prior to med management visits
- 79% created Power Statements to communicate their goal for using psychiatric medicine
- Power Statements are:
 - Efficient
 - Scalable

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Why CSC Matters

- Protected time for psychiatric care providers to work as members of an interdisciplinary team
- Individual voice and choice at the center of the care team
- Shared decision making

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Story 3

Patricia, would you like to go food shopping?

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Why CSC Matters

- Families are members of the team

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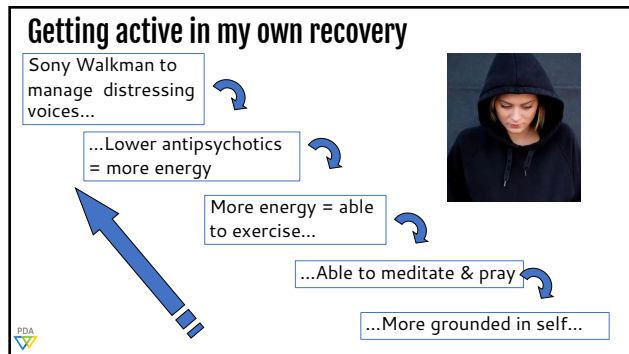
Story 4

Stumbling into self-care

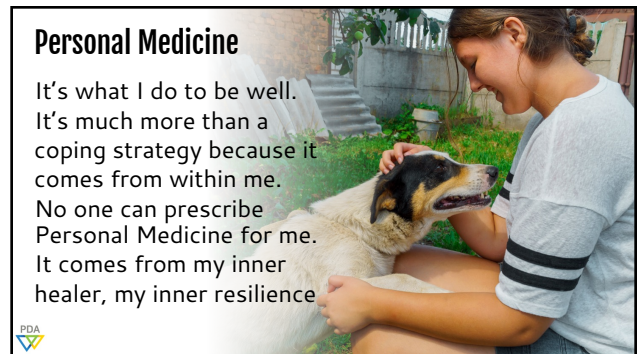
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Waiting to get "cured" was a trap leading away from recovery

36



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Personal Medicine Worksheet

What do you do to feel better stroke my cat and how does it help?
when I'm having a flashback, picking up my cat, stroking her and hearing her purr helps me get grounded in the present

My Personal Medicine

Just like a cat can't heal a broken leg, psychiatric meds can't do all the work of getting us through mental health challenges. Meds can help us achieve our goals, but we have to get active too.

Ask yourself: What do I do to feel better _____ and how does it help? _____

Here are some examples:

- When I do feel better it's a great feeling and it helps bring me peace as I just love cats.
- When I feel better I can't stop my negative thoughts and I can't stop my mind from racing.
- When I do feel better it's not at all of my thoughts and it reminds me I'm loved when I'm feeling bad about myself.

All of these are examples of Personal Medicine. Personal Medicine is what we DO. Psychiatric medicine is what we TAKE. They work together to help us through our mental health challenges.

Now it's your turn to discover your Personal Medicine and to make a plan for using it.

My Personal Medicine	My Personal Medicine Plan
What I do to feel better:	I will use this Personal Medicine when:
How it helps me:	I will share my Personal Medicine with:

PDA

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- ### Examples of Personal Medicine
- Cooking for my elderly mom helps me feel needed and gives me a reason to get out of bed in the morning
 - Reading my Bible calms me down when I'm having flashbacks of my abuse
 - Fishing on Saturday helps me forget my troubles and feel more at peace
 - Feeding and walking my dog every day helps me stay out of the hospital
 - Riding my dirt bike on the power lines helps me get the rage out and when I'm done, I can be more patient with my kids
 - Making Tik Tok videos for my channel keeps me connected to people when I am too anxious to go out
- PDA

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Personal Medicine "hidden" within a CSC intake note


Upon our evaluation, Cindy reported onset of paranoid thoughts a few weeks prior to the end of her spring semester. Very afraid her computer and accounts had been hacked as retaliation for religious beliefs. Cindy reports paranoid beliefs related to celebrity figures as well and believes a chip has been implanted in her teeth via the milk she drank in high school. She endorses thought broadcasting and thought insertion by "billionaires". Following hospitalization, she notes that residual paranoid thoughts continue but reported "I fight against them". She indicates having challenges with sleeping...

PDA

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Rahim

- Early 20's, heterosexual male living at home with supportive family; practices Islam; enrolled with CSC team
- Interests in computer programming
- Left college due to onset of psychosis
- Hospitalized x 3 months; voices of spirits controlling him at times; history of safety issues with voices telling him to kill himself; no attempts to take his life
- DX schizophrenia w/ significant family history
- Uses oral antipsychotic consistently but doesn't find it particularly helpful.
- Feels powerless over spirits and although he meets w/ the primary clinician most weeks, he doesn't want to discuss spirits
- Last semester completed a single course at community college. Planning to try another course next semester
- Team: How to help him identify goals for tx and future given poor insight



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Why CSC Matters

- ✓Multidisciplinary teams
 - ✓CBTp
 - ✓Harm reduction
 - ✓Motivational interviewing
 - ✓Supported employment
 - ✓Supported education
 - ✓Psychiatry
 - ✓Wellness nursing
 - ✓Peer support



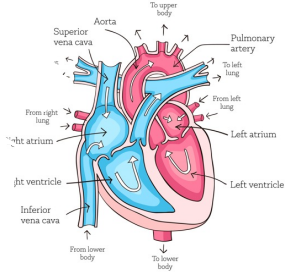
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Certified peer specialists are professionals who use their lived experience of recovery to support others in reaching their goals for their lives



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Science says: The heart is a bio-mechanical pump



THE HUMAN HEART

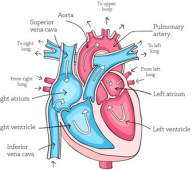
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What is the heart we know before science tells us the heart is a pump?




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Two Ways of Knowing



THE HUMAN HEART

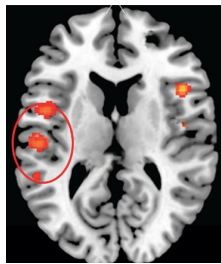
Knowing through science



Knowing through lived experience

48

**Clinicians, informed by science, say:
Auditory hallucinations are sometimes a symptom of mental illness**



Brain scan of a person having auditory hallucinations



49

What is hearing voices before science tells us it is a symptom of mental illness?

Some of my voices are really helpful and remind me God made me and God doesn't make junk



50

Two Ways of Knowing



Knowing through the scientific clinical applied sciences



Knowing through lived experience

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Myra

- Works solo and has kept job for a couple of years
- 2 previous hospitalizations
- DX alcohol abuse; unspecified psychosis
- Experiences meds as helpful but can be inconsistent w/ oral; willing to discuss LAI
- Fears for her life; strangers want to get her; sleep deprived
- Good, consistent connection w/ primary clinician; exploring sexual orientation
- Shares she is considering buying a knife to protect herself and recommends therapist get one too



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Clinical

- Safety planning – (concern about knife)
- SDM for long acting injectable
- Harm reduction approach for substance use
- CBTp
- Financial security
- Explore daytime jobs to help improve sleep



Lived Experience

I grew up queer and often felt people staring at me, trying to figure out my gender. That got tangled up in my experience of psychosis. The threat was real. People were staring at me and in our society, there is terrible violence against non-binary folks like me. I started to explore how to defend myself. I decided not to get a knife because it is illegal to carry one. I settled on pepper spray, and I took self defense classes. Myra might be interested in exploring how she can safely defend herself too.

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The Power of Peer Support

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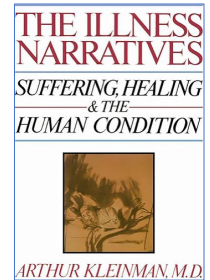


Story 5 I want to go back to who I used to be

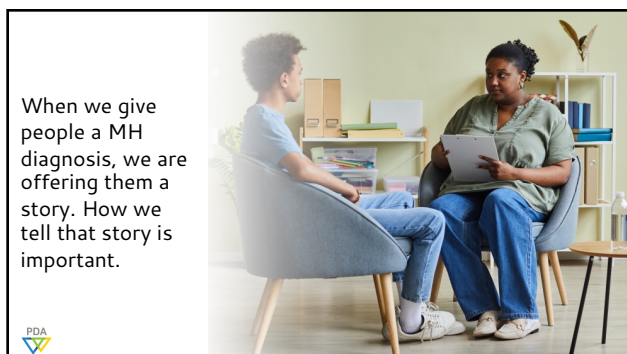


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Becoming seriously ill is a call for stories in at least two senses...Stories have to repair the damage that illness has done to the ill person's sense of where they are in life, and where they may be going. Stories are a way of redrawing maps and finding new destinations.



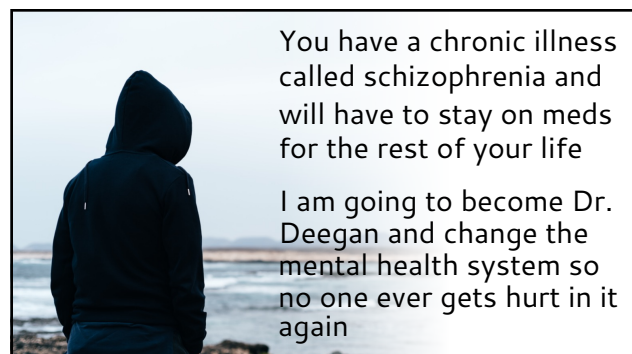
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When we give people a MH diagnosis, we are offering them a story. How we tell that story is important.



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You have a chronic illness called schizophrenia and will have to stay on meds for the rest of your life

I am going to become Dr. Deegan and change the mental health system so no one ever gets hurt in it again

58



- Single course at local community college
- Avoided drugs
- From "monastic" to living with weirdos
- Family support
- Good alliance with psychiatric care providers
- Ongoing therapy
- Viewed hospitalizations as breakthroughs, not breakdowns

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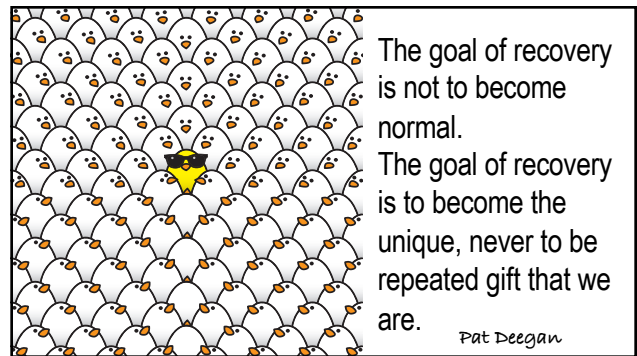


Recovery is Real

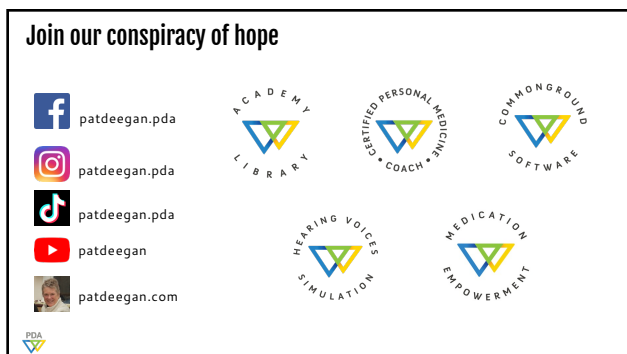
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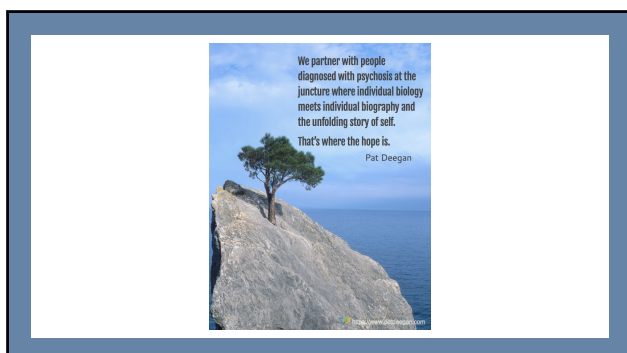
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