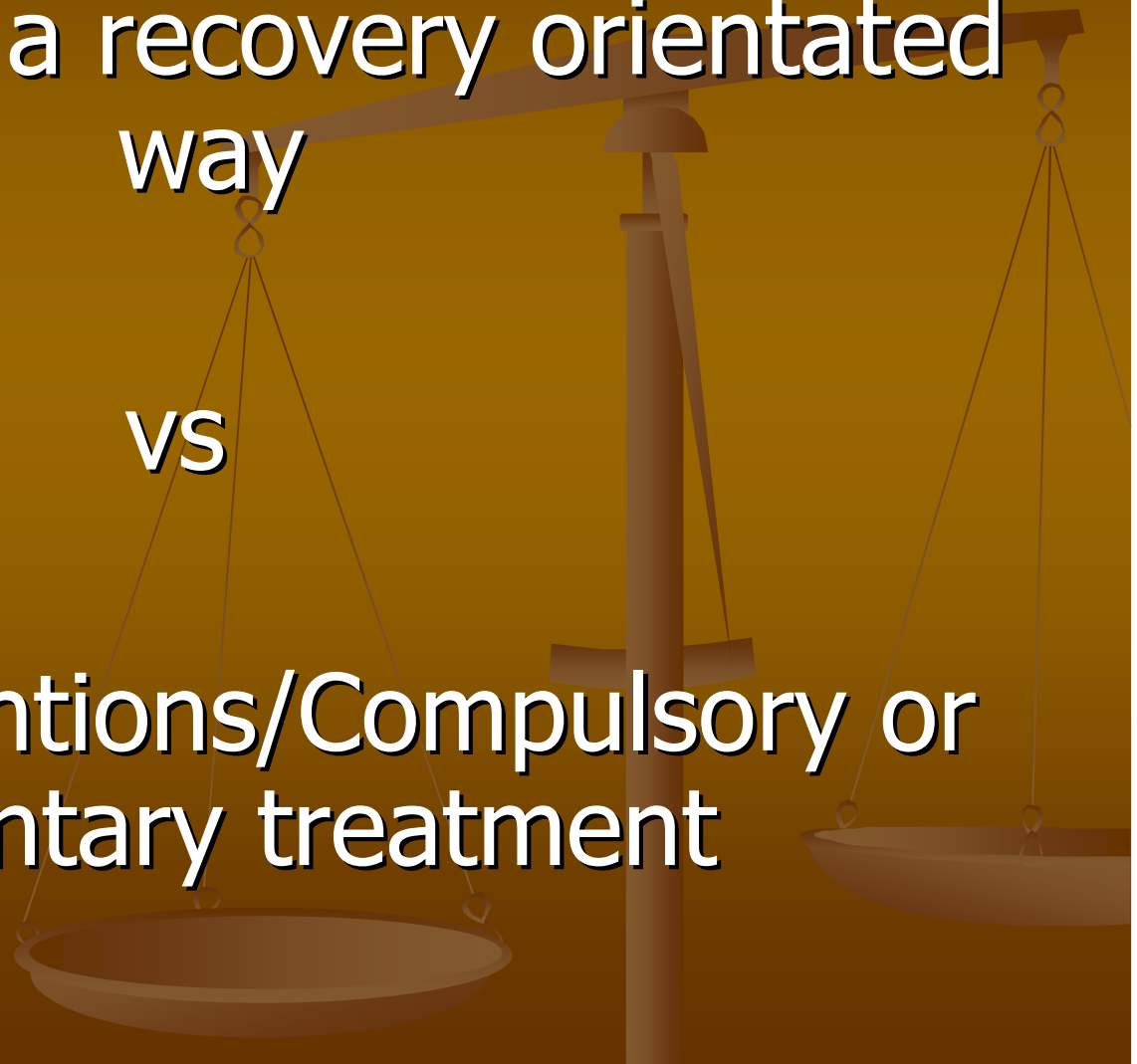


A Paradox?

Prescribing in a recovery orientated
way

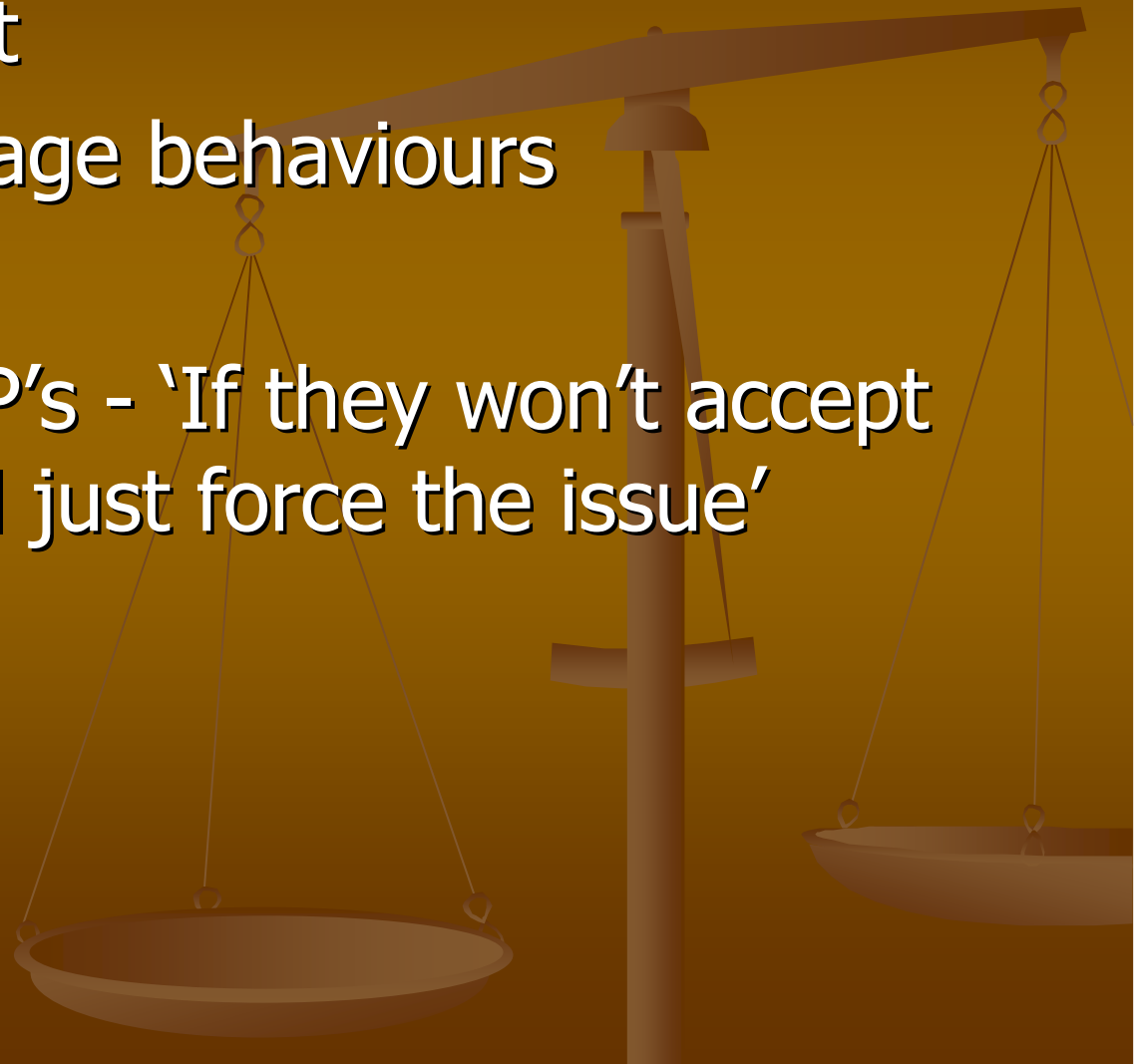
vs

Crisis interventions/Compulsory or
involuntary treatment

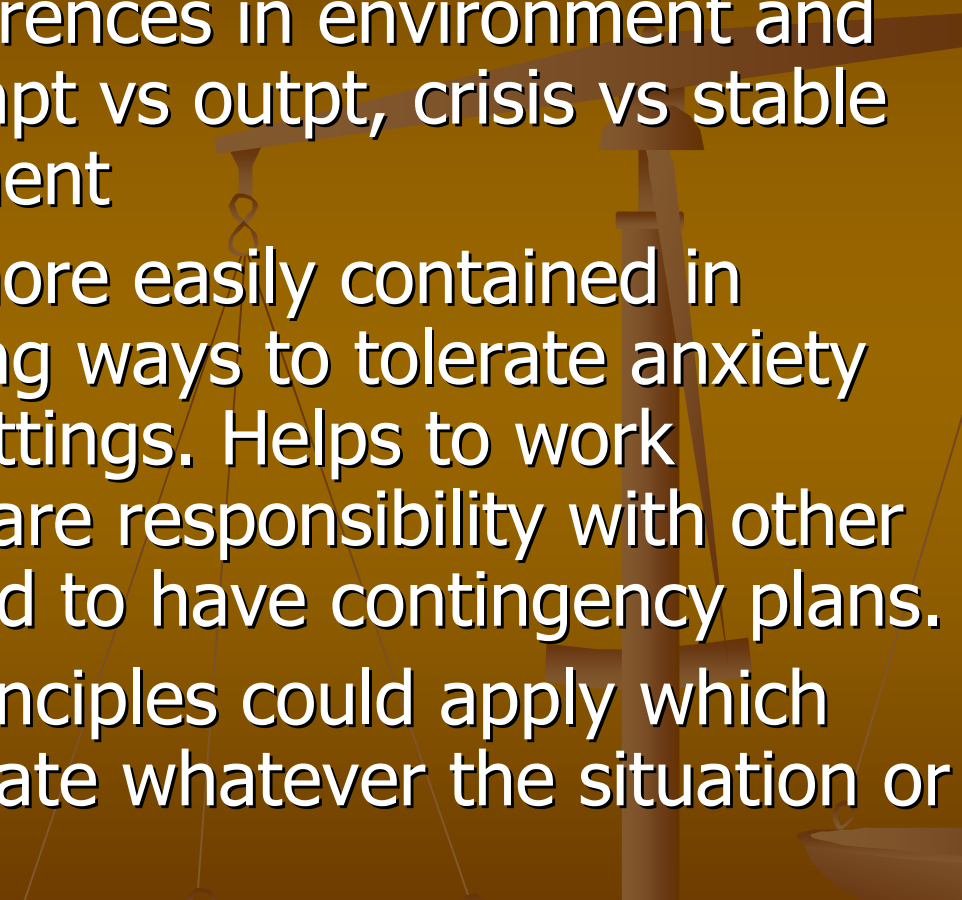


What are the issues in a Crisis intervention/Compulsory or involuntary treatment that might derail prescribing in a recovery orientated way?

- Risk assessment
- Difficult to manage behaviours
- Anxiety of staff
- Attitudes of HCP's - 'If they won't accept medication we'll just force the issue'



How do you keep these processes alive at times of 'involuntary treatment'

- Acknowledge differences in environment and 'acuteness' e.g. inpt vs outpt, crisis vs stable involuntary treatment
 - Situations seem more easily contained in hospital, but finding ways to tolerate anxiety important in all settings. Helps to work collaboratively, share responsibility with other team members and to have contingency plans.
 - However some principles could apply which would be appropriate whatever the situation or setting.
- 

PREPLANNING



■ Advance Directives

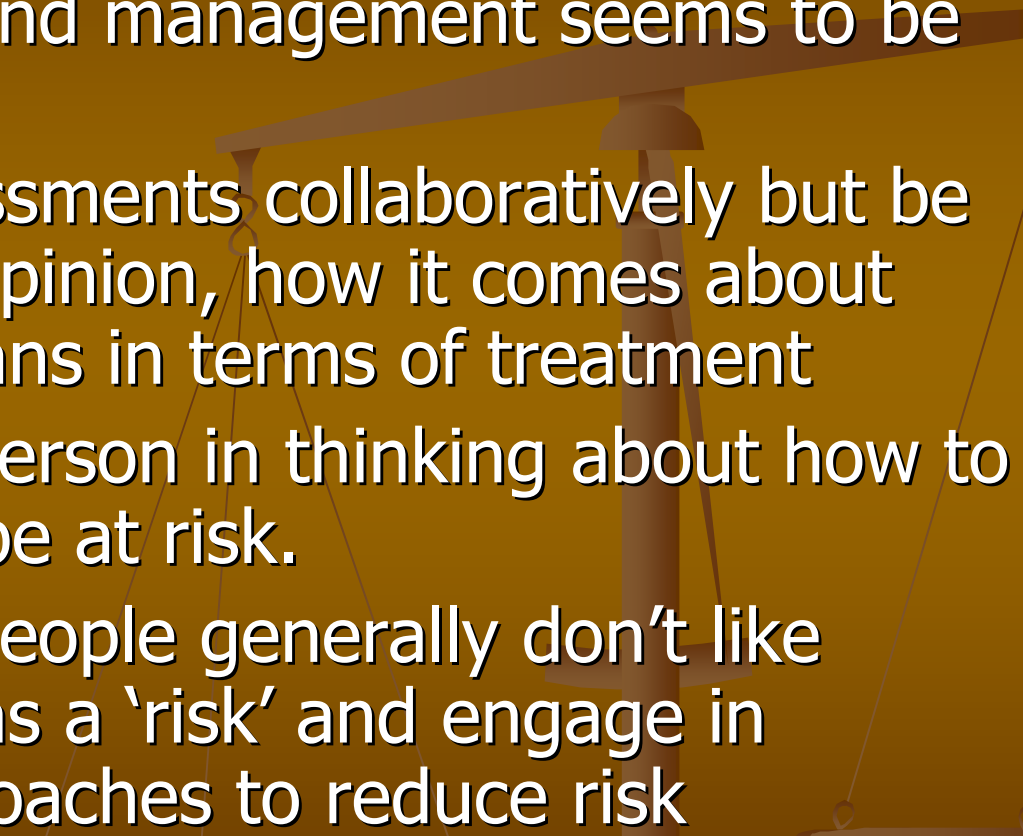
- Collaborative discussion re what to do in crisis interventions/Compulsory or involuntary treatment. Make it clear if choice can't be honoured and why.
- Open and honest discussion re what would trigger this advance directive and when the advance directive might be deviated from
- Involve an advocate from the beginning and COMMUNICATE
- CAUTION – Choice can only be limited to what the person does not want – not what they will only accept though can record preferences.

After the Event

- Debriefing
- Learning form experience



What about the 'Compulsory Treatment' situation?

- Risk assessment and management seems to be the driver.
 - Conduct risk assessments collaboratively but be clear about your opinion, how it comes about and what this means in terms of treatment
 - Engage with the person in thinking about how to help them not to be at risk.
 - My experience – people generally don't like being thought of as a 'risk' and engage in collaborative approaches to reduce risk
- 

cont.

- Explain its not a choice of 'yes' or 'no' to medication but rather type, how, when and where - its choice from more limited options.
- Can still take time to listen, build trust, take concerns seriously, give people time to think, supply information and come to a shared decision respecting people's decisions (but be clear about when you won't be able to)
- Another positive experience is the idea of collaborative experiments
- Discuss outcomes and what the future might hold

HOPE



What enables HCP's to take this approach?

- Shared decisions – 2 way support
- Therapeutic relationship - trust
- MDT involvement, supervision

SUPPORT

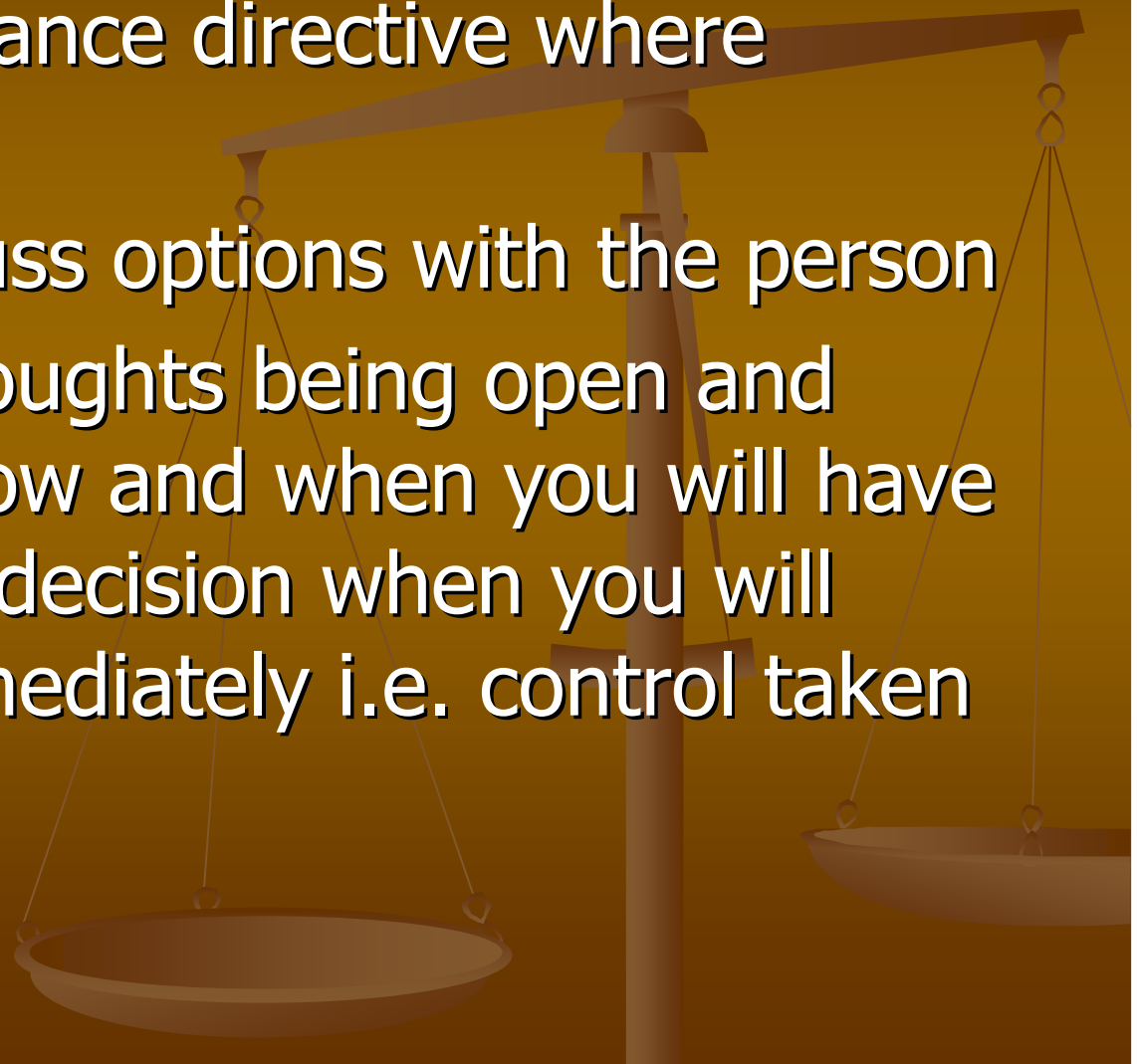
- Organisational culture and practice

POSITIVE RISK TAKING



What about the 'Crisis' situation

- Honour the advance directive where possible
- Listen and discuss options with the person
- Explain your thoughts being open and honest about how and when you will have to make a final decision when you will need to act immediately i.e. control taken away



Finally

- Just as people who use services need to be listened to, respected, given choice and engaged in collaborative working so HCP's need to be listened to, respected, given choice and supported by peers and the organisation.

