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## Medication Optimization in the Service of Recovery

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### **Mission**

*It is not known if conditions treated with psychiatric medications are permanent and will always require use of these medications.*

*We agree that everyone taking medication should have an ongoing opportunity to taper medication (which, in the context of this paper, may include discontinuation).*

*The goal is to find the minimally effective dose as defined by the consumer and provider. This may include the use of no medication in the treatment approach.*

### **Principles**

1. Well-being is facilitated by an internal and external environment that are supportive, non-judgmental, non-critical and encourage problem solving. This enhances the tapering process.
2. Ongoing communication / informed choice is essential to a collaborative understanding of the individualized risks and benefits of medication use.
3. Medication tapering (including discontinuation) is a collaborative process, and should be considered on an ongoing basis, starting at the initiation of medication use. Due to the risks inherent in medication use, tapering attempts should occur sooner rather than later.
4. A strong therapeutic alliance increases the odds of successfully optimizing medications. This includes giving equal consideration to all sides of conversations, respecting differences, suspending any dogmatic beliefs, and encouraging both parties to voice their true opinions about treatment, including medication.
5. Using the recovery and well-being paradigm, as contrasted to a disease paradigm, is fundamental to the tapering process.
6. Medication tapering requires ongoing assessment with a provider well-known to the consumer to ensure the process is promoting the consumer's defined recovery goals beyond decreasing symptoms.

7. A mutually constructed record of medication use and responses is helpful to the tapering process. A third party, such as a wellness coach, may be helpful in this process.

8. Use of medications to interfere with the processing of major life events may be detrimental to development

### **When to taper or discontinue meds:**

1. When the arc of the future turns towards hope for recovery for the consumer
2. During periods of minimal stress and other negative life circumstances (consider using Holmes Scale)
  - a. When the consumer requests or is uncomfortable with their current medication regimen
  - b. When prescriber requests
3. When the consumer is coping adequately with distressing feelings and thoughts
4. When there is polypharmacy, such as more than one medication in a category or multiple medications that confound presumed efficacy
5. When major adverse/side effects outweigh progress towards the consumer's defined recovery goals

### **How to taper or come off meds:**

1. Consider engaging a wellness coach / peer support (a peer or a person designated by the person)
2. All medication reduction/discontinuation plans are individualized
3. Taper medications very gradually
4. A crisis plan which incorporates these goals of medication optimization will be distributed to mutually agreed upon service providers
5. Be aware that every psychotropic medication is associated with withdrawal/discontinuation reactions which should not be assumed to be relapse
6. Agree that mental distress is best approached holistically, such that attention is paid to the bio-psycho-socio-spiritual dimensions of living and recovery
7. Attend to social well-being by developing a network of supportive people who understand what you are doing and will stick by you
8. Attend to psychological well-being by learning and practicing self-soothing and stress reduction skills such as meditation and affirmations
9. Attend to physical well-being by having a healthy diet, engaging in regular exercise, and get sufficient sleep, consider consulting with experts in nutritional aids and herbs
10. Spiritual dimensions, involving finding meaning and purpose in life are addressed

11. Be trauma-informed by maximizing connections and empowerment while minimizing loss and trauma
12. Develop a positive working relationship with a nearby hospital and/or respite so they can continue the medication regime and the direction of medication optimization
13. Take into account the influence of the client's social network; prepare the person's network before making medication changes with the client's consent
14. Assess the role of substance use in the tapering process
15. Solicit the client's opinion of their medication regimen, relevant questions might include "What is your opinion about your medication regimen? Do you think we need to change anything?" (for every visit) including the meaning of the medication.

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