



Advanced Matrix Model Training



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Matrix Model®

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Introductions

- Name
- Location and type of facility you work in
- Population you work with
- Time utilizing Matrix
- Implementation Issues



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Check In



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Issues in Treatment

When considering the impact from crime, lost productivity, and healthcare, SUD costs the U.S. over \$740 billion annually.

Obtaining effective and lasting treatment for SUD is a challenge. The reasons for this systematic underperformance in diagnosing and managing SUD are not dissimilar from the challenges in treating broader behavioral health conditions.

Our current system struggles with inadequate screening and assessments, unaffordable and limited access, and poorly tailored treatment.



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Issues In Treatment

- Substance use disorder is a chronic illness. The reality of living with a SUD means avoiding triggers, managing cravings and struggling through a use. Like that of a chronic medical disease, treatment and recovery are often a lifelong journey.
- There exists, however, a mismatch between the current treatment system that operates in acute “episodes of care,” and the long- term support that most people need for lasting recovery.
- Our existing treatment options – like a stint in treatment are almost entirely time limited. There remains significant unmet need for long-term support services.

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Issues in Treatment

- There are many programs providing successful and appropriate treatment. Unfortunately, some are not and have a significant impact of the programs that offer high standards of treatment.
- Many programs over the years have offered more “spa like” services but fail to provide really any skills in obtaining recovery or decreasing use. Often these programs have been incredibly expensive which resulted in the initiative of “managed care”

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Issues in Treatment

- Substance use disorder is a centuries old problem, now reaching epidemic proportions. The current coronavirus pandemic will only increase the existing need and demand for SUD treatment.
- As we address needs for innovation, there is an opportunity for new entrants to disrupt traditional models of care.
- By creating thoughtful, person-centered approaches to recovery, early-stage treatment can reverse epidemic trends and begin to heal our communities.

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Treatment 2021

- Substance Use disorders affect 1 in 3 households in the United States, and because of that more people are beginning to understand that addiction is not a moral failing, but an illness.
- There is an increased empathy among the public, which is leading to changing opinions on how to approach substance use disorders.
- A majority of people support increased funding to understand and combat opioid addiction, for example.



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Treatment 2021

- One of the ways that we can combat the illness more effectively is through advancements in medicine. In addition to existing evidence-based treatments, there are advancements on the horizon in the addiction medicine world.
- One of the more exciting avenues of research underway is around the orexin system, which has been linked to the motivation to use in those who suffer from substance use disorder.
- Targeting the orexin system shows a lot of promise in mitigating the urge to use long-term. Even more exciting, existent medications used to treat insomnia already target the orexin system and have the potential to be modified or used as is to treat addiction. (Matzeu, 2020)

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Treatment 2021

- SUD treatment should be done in an integrated approach. It is seldom that someone presents for treatment with only a substance use issue.
- Planning for, substance use, mental health, trauma, building supports, primary health and life challenges such as employment, housing and the impact of substance use on the family.
- Moving away from the old approach of "28 Day" programs to individualized treatment based on the need with lengths of stay individualized.

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Treatment 2021

Research and science support that substance use changes the brain in fundamental ways. Brain recovery takes time and everyone will have different response to the brain recovery process.

Matrix programming supports that framework.

Insurance companies and funding sources need education regarding evidence-based practices and recovery.

Managed care companies respond positively to ASAM and Matrix language to extend treatment days

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Treatment 2021

- A dimensional, personalized, and dynamic approach to treating substance use disorders could draw from medication use, behavioral approaches, and their combinations as the individual moves toward recovery.
- This process may include reduction and not complete abstinence.
- Reduction of use in a person who uses heroin could decrease his or her risk of overdose, and improvements in sleep, depression, or executive function could also reduce relapse risk.

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Laws Are Changing

- As the public becomes more and more understanding of substance use disorders, the laws follow suit. Public officials and measures are beginning to support those with a substance use disorder to a much greater degree.
- There has been an increase in funding for opioid use disorder research, for example.
- Students applying for aid through FAFSA will no longer have to disclose whether they have ever been guilty of drug-related charges.
- Those who would otherwise be prevented from student aid will be able to pursue secondary education regardless of the crimes of their active addiction.

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Laws Are Changing

- In perhaps the most stunning display of legal changes, Oregon recently decriminalized minor drug possession. Those who formerly would have been prosecuted and imprisoned will now be placed in treatment as appropriate.
- Oregon issues

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We Know More

- More than ever, people are embracing evidence-based treatment. Treatment centers are increasingly embracing cutting-edge medications to aid in the battle against substance use disorders.
- Addiction recovery treatment is constantly changing, and our understanding of what contributes to a successful long-term recovery is growing. Here is some of what we know:
 - -Long-term treatment leads to long-term recovery
 - -Evidence-based treatment has a high rate of success
 - -Addiction recovery is a holistic process
 - -Community has a large influence on a person's continued sobriety

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Medications

- Vivitrol
- Sublocade
- Suboxone
- Methadone
- Naltrexone
- Campral

Potential new Medications

- Baclofen, a skeletal muscle relaxant used to treat muscle spasticity, has been studied for its possible function in opioid dependency maintenance care.
- There is some evidence that the anticonvulsant drug gabapentin can help people going through methadone-assisted detox handle such withdrawal symptoms.
- The anticonvulsant vigabatrin, like gabapentin, can help with alcohol withdrawal symptoms
- When used in the treatment of alcohol dependency, low-dose topiramate may help alleviate alcohol cravings, anxiety, and depression, suggesting that it may help prevent relapse.

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The Pill To Forget

- A drug which appears to erase painful memories has been developed by scientists.
- The astonishing treatment could help sufferers of post-traumatic stress disorder and those whose lives are plagued by hurtful recurrent memories.
- But some experts said the breakthrough raises disturbing ethical questions about what makes us human.
- They also warned it could have damaging psychological consequences, preventing those who take it from learning from their mistakes

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Medications

- Ketamine is known to impair memory function temporarily and shows promise with PTSD
- Magic Mushrooms
- MDMA



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Medications

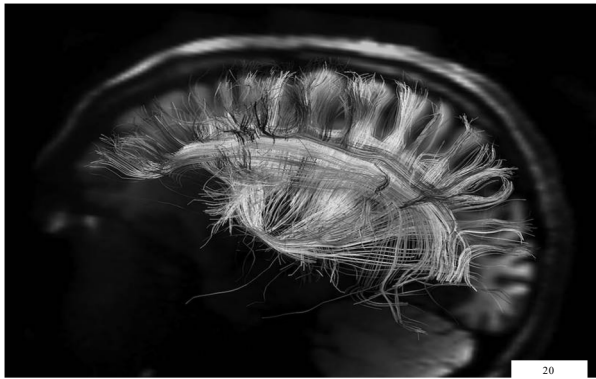
- SPRAVATO is the first prescription nasal spray, taken with an oral antidepressant, for:
- Adults with treatment-resistant depression
- Depressive symptoms in adults with major depressive disorder with suicidal thoughts or actions. SUD and depression are often co-occurring.



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Brain Structure New 3D MRI



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NEUROSCIENCE

- NEUROBIOLOGY WILL BE THE FOREFRONT OF ADDICTION TREATMENT IN THE FUTURE AND WILL PROVIDE INFORMATION UNLIKE ANY WE HAVE SEEN IN THE PAST.



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Beyond Dopamine

- If dopamine is the primary driver of addiction, then anyone who uses drugs should become addicted, and all addictive drugs should be interchangeable.
- But science is showing that neither is the case. In fact, less than 10% of people who use alcohol and other drugs become addicted, and addictive substances are not interchangeable.
- For example, nicotine isn't a substitute for heroin, marijuana doesn't take the place of cocaine, and alcohol is not a replacement for amphetamines. **Thus, pleasure can't be the sole cause of addiction.**

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Beyond Dopamine

- Although drug use begins with the activation of the brain's dopamine pleasure pathway, it also alters other parts of the brain. Together, these often result in addiction.
- Thus, activation of the brain's pleasure center is the primary starting point of addiction.
- But once a person takes drugs habitually, their use affects other brain regions.

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Beyond Dopamine

- For many individuals the psychological dependence is a reason for continued use.
- Addressing the psychological issues are part of the comprehensive interventions

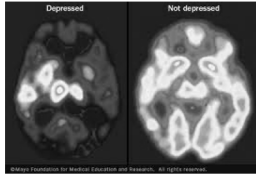


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Brain Based Therapy

- The counseling side and the scientific side must work collaboratively to achieve the best in outcomes.
- Matrix is a Brain Based Therapy



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Digital Pills

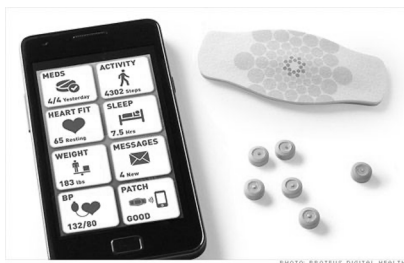
- FDA approved pill attachment that can be used to transmit information as to whether someone has taken their pills timely. Can be used for people that have problems with remembering meds or who have been medication resistant. Bi-polar disorders etc.



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FDA Approved



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Pharmacogenomics & SUD



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Brain Chemistry to Stop Addiction

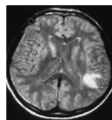
- The discovery of a molecular "addiction switch" in the mammalian brain has the potential to control the addiction process in drug addicts, say University of Toronto researchers.
- A study published in the online edition of Nature Neuroscience finds that a region of the brain called the VTA contains receptors that, when exposed to a certain enzyme, can control the switch from an addicted to non-addicted state and back again. This goes against previous ideas that viewed drug addiction as a permanent change in the brain.

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Brain Chemistry to Stop Addiction

- "Findings suggest that instead of a permanent alteration in the brain, there's actually a switch that goes on between two separate systems (one that mediates the brain's response to drugs while not yet addicted and the other that mediates response once addicted)
- "They also suggest we may be able to manipulate that switch pharmacologically to take drug addicts back to a non-addicted state in a relatively short period of time so they do not crave the drug."



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Brain Chemistry to Stop Addiction

- The switch is a brain receptor known as GABA-A; an enzyme - carbonic anhydrase - produced by the body controls how the receptor behaves.
- In studies with rats, the researchers were able to manipulate the enzyme with a drug to control whether it turned this switch on or off. Without such intervention, the brain can switch back to a non-addicted state following a period of withdrawal from drugs - a process often measured in weeks.
- By manipulating the enzyme pharmacologically, however, that return to a non-addicted state in rats has been reduced to a matter of hours.

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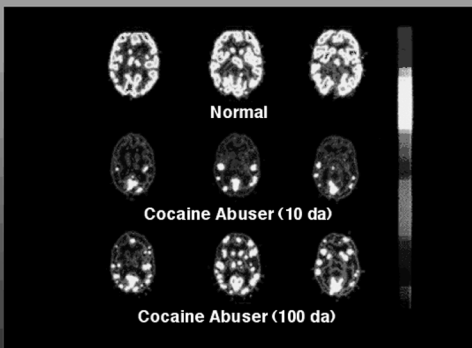
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Neurotransmitters

- Norepinephrine – Stimulant, Anger, Fear, Anxiety, Fight, Flight - Cocaine, Meth, Ritalin, Adderall
- Serotonin – Depressant, Sleep, Calm, Pleasure – THC, ETOH, SSRIs
- GABA – Relaxant, Stress Reduction, Seizure Threshold – Benzos, ETOH, Barbiturates, Ativan, Valium
- Endorphins – Pain Relief, Pleasure – Opioids, ETOH, Hydrocodone
- Acetylcholine – Involuntary Actions, Memory Motivation – Nicotine, Meth, THC
- Anandamide – Memory, New Learning, Calmness – THC, ETOH, Benzos
- Glutamate – Organization Of Brain Signaling, Memory, Pain – ETOH, Opiates,
- Dopamine – Perception, Movement, Pleasure – Meth, Cocaine, ETOH, All Drugs, Eating, Gambling

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Your Brain After Drugs

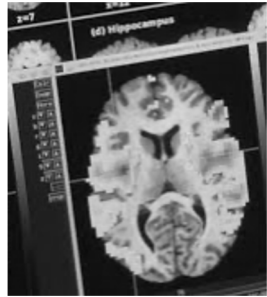


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Matrix and Brain Model

- Discussion on how Matrix has been used with explaining Brain Model and how programs have used medications in conjunction with Matrix.



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DENIAL



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This is How I Got Sober



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Labeling



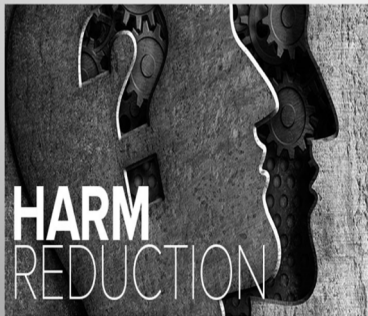
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Relapse & Recovery



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No Tolerance for Harm Reduction



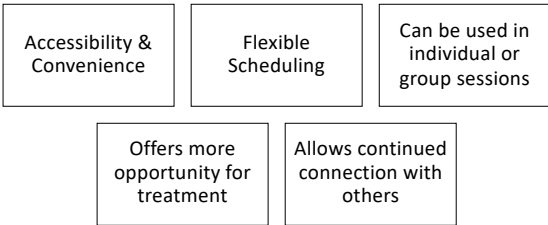
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Delivery of Matrix in Virtual Modality



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Benefits of Virtual Treatment



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Virtual Treatment



Treatment of substance use disorders has always been about connections. Group treatment encourages sharing challenges and solutions and having support from the group members.



Support systems are encouraged in addition to treatment so individuals have others for support.



Everyone has a desire to connect, especially those with SUD.

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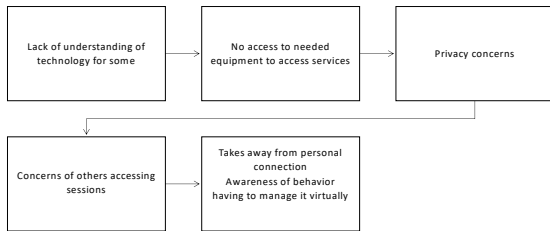
Virtual Treatment

- The pandemic caused everyone to change how we provided services
- Not only was that a challenge for providers but certainly individuals in treatment felt the challenges as well



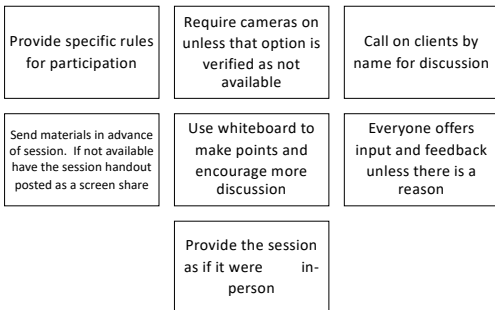
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Challenges



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Matrix Virtually



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Matrix Virtually

Everyone learns in a different way. Matrix offers handouts, internal reading of content and reading the topic out loud. This addresses all areas of how people learn and retain information.	Start session with asking what they remember from the last session	Introduce the topic and why it is important. Stress the benefits of why they need to know the information
Call on clients by name for responses and feedback Always look for solutions	Teach the information for who you have in front of you at that time	Have them state 2 things they learned from the session
Wrap up with something positive.		

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Matrix Virtually

You can also divide clients into pairs or smaller groups and bring them back to big group for discussion

Mix it up to keep them engaged

Share successes

Use contingency management (rewards)

If an issue comes up that may not be appropriate for group ask for a time to discuss individually

Have some activities that relate to the topic and handout

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Matrix Virtually

When COVID issues caused providers to pivot to virtual options it took some time to adjust.	Providers had to adjust to working in virtual format	Clients had to figure out technology
Everyone has dressed certainly more casually, (hopefully dressed)	Adapting to distractions for both clients and providers	Trying to still have the connections that individuals in recovery need.
Provider challenges trying to manage behaviors set boundaries virtually		

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Matrix Virtually Shifting again

With COVID issues allowing some in-person work providers are moving back toward more in-person treatment again.

Time to move back out of our caves and ditch the sweatpants and shorts!

Many have been socially disconnected for 15 months. A survey indicated that 36% of adults and 61 % of young adults felt serious loneliness.

Given that nearly half of Americans reported feeling uneasy about returning to in-person interaction.

How can people be so lonely but nervous about social interaction again?

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Matrix Virtually Shifting Again

- People are evolutionarily hardwired to socialize but social homeostasis (the right balance of social connection) is needed. This involved many areas of the brain particularly around the reward center.
- The same area that activates you to eat chocolate. A recent study found that reducing social interactions causes societal cravings.
- What happens to the brain when you starve it socially?

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"It's great that things are back to normal, except that there are people everywhere."

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Matrix Virtually Shifting Again



Just like a lot of other things, if you don't use it, you loose it.



Clients and even providers may feel uncomfortable returning back to in-person activities in the beginning



It certainly may take clients some adjustments to going back to in-person treatment.



Important to give them some time to adjust, acknowledge the change for them and attempt to move the process slowly.

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Shifting Again

- As we have started shifting back to in-person services it may feel awkward again
- Seeing someone again, do you shake hands, hug or just stand with arms folded
- Everyone is learning how to engage again
- Some people maybe hyperv verbal upon return to services
- Some may not engage much in the beginning
- Others may develop more severe issues such as social anxiety, anxiety or depression
- It is important to recognize where the client is in their return back to in-person services.

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Matrix Virtually Shifting Again

Have the clients discuss their concerns, fears.

Engage in some fun social exercises maybe some ice breakers for group.

Make the sessions enjoyable

Matrix lends itself well to both virtual and of course in-person treatment.

The structure in either capacity the clients will find it safe and comfortable

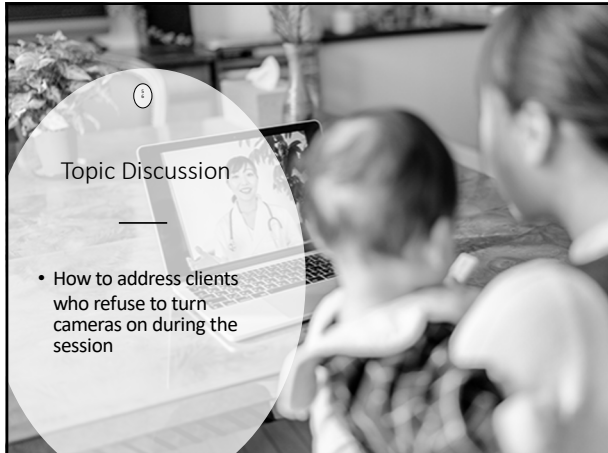
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Matrix to Accommodate Cognitive Functions Virtual & In-Person

Ask	Ask the clients what they remember from the last session
↓	
Introduce	Introduce the topic and why it is important for them to learn it.
↓	
Get	Get them to see the benefit of why it is important
↓	
Have	Have the read and complete the handout
↓	
Read	Read the topic out loud
↓	
Discuss	Discuss the topics and have everyone participate
↓	
Make	Make sure you also focus on solutions. It is one thing to point out issues but solutions must be discussed
↓	
Have	Have them provide 2 skills they learned from the session
↓	
Wrap up	Wrap up the group in a positive fun way

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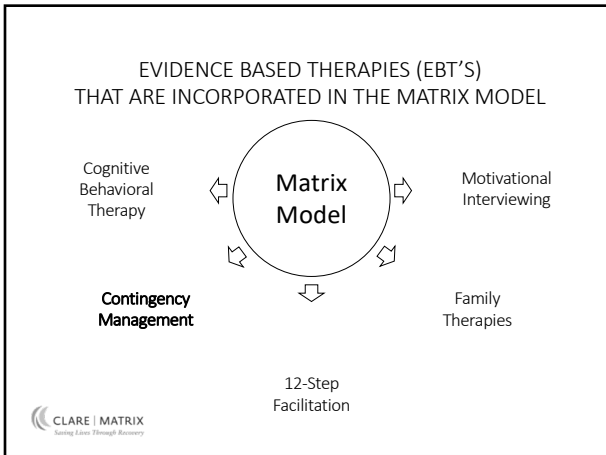
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Case Study

- John has been in your Matrix Program for 14 weeks and is no longer using opiates which he described as the reason he needed treatment. John also reported that he is still drinking on occasion. John is working, involved with his kids activities and meeting the goals of his treatment except his reported use of alcohol.
- You are determining if John should complete when he has his last session in 2 weeks.
- What happens with John?

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Program Schedule
A sample schedule for the Matrix IOP program:

INTENSIVE OUTPATIENT PROGRAM SCHEDULE						
Week	Monday	Tues.	Wed.	Thurs.	Friday	Saturday & Sunday
Weeks 1 Through 4	6-7 PM Early Recovery Skills 7-8:30 PM Relapse Prevention	12-step Meeting	7-8:30 PM Family Education Group	12-step Meeting	6-7 PM Early Recovery Skills 7-8:30 PM Relapse Prevention	12-Step/Spiritual Meetings and Other Recovery Activities
Weeks 5 Through 16	7-8:30 PM Relapse Prevention Group		7-8:30 PM Family Education Group or Social Support		7-8:30 PM Relapse Prevention Group	
Weeks 17 Through 52			7-8:30 PM Social Support			

Urine testing and breath-alcohol testing conducted weekly
Ten individual sessions during the first 16 weeks

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Topic Discussion

- Mary Jane is currently in your program and has been using cannabis since her teens. She is now 28. Mary Jane lives in California where cannabis is legal. She also has been using methamphetamine and is engaged in her treatment for meth. She just refuses to discuss discontinuing her use of cannabis

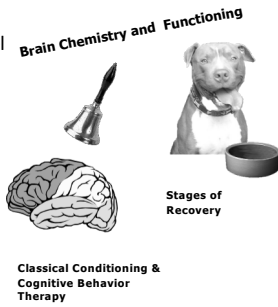
- What is the best strategy for Mary Jane?

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TRIGGERS AND CRAVINGS & ROADMAP TO RECOVERY

- Back bone of the Matrix Model
- Represent 2 of the FAM ED topics
- Material needs to be learned by the counselor so they can teach it to the clients.
- Information is woven through all the topics
- Clients will begin speaking the model and integrating it into their recovery



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MATRIX BASICS DISCUSSIONS



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EARLY RECOVERY SKILLS GROUP



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Family Education Group

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Social Support Group
(Continuing Care/ Alumni)

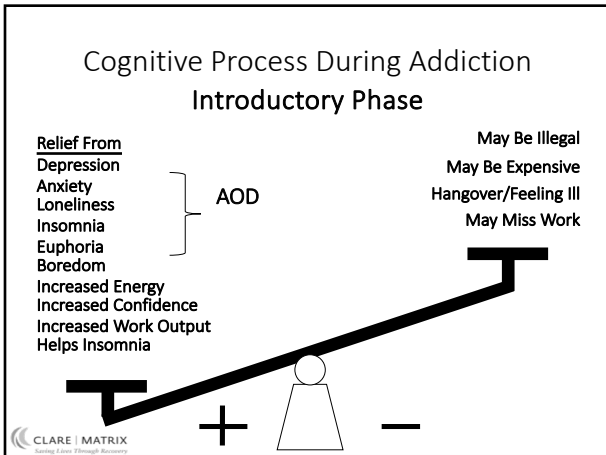
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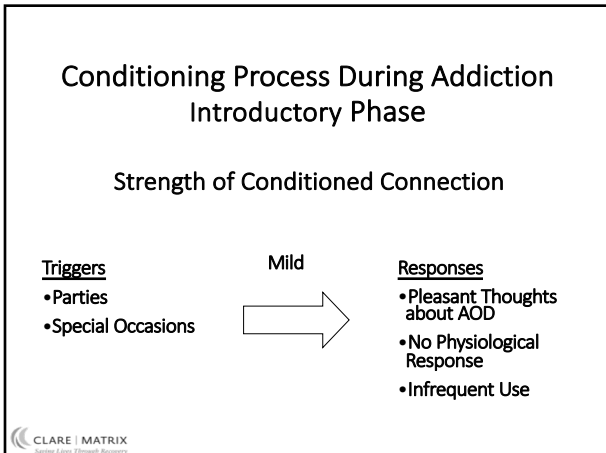
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SCHEDULING

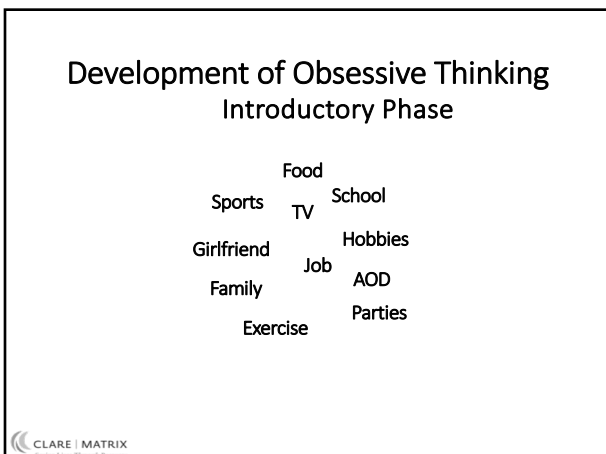
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Development of Craving Response

Introductory Phase

Entering Using Site



Use of AODs



AOD Effects

- Heart/Pulse Rate
- Respiration
- Adrenaline
- Energy
- Taste



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Family Response to Increasing Addiction

INTRODUCTORY PHASE

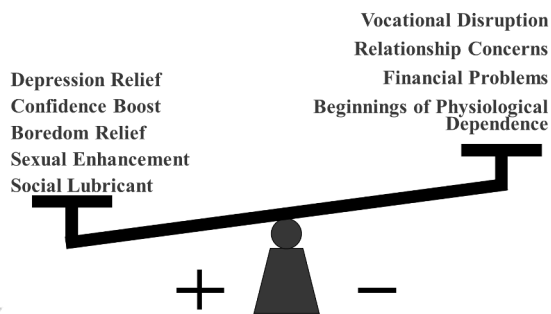


- Non-recognition
- Confusion regarding occasional atypical behaviors
- Admiration for abnormal accomplishments achieved through drug/alcohol use



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Cognitive Process During Addiction Abuse Phase

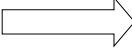


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Conditioning Process During Addiction

Abuse Phase

Strength of Conditioned Connection

<p><u>Triggers</u></p> <ul style="list-style-type: none"> •Parties •Friday Nights •Friends •Concerts •Alcohol •“Good Times” •Sexual Situations 	<p>Moderate</p> 	<p><u>Responses</u></p> <ul style="list-style-type: none"> •Thoughts of AOD •Eager Anticipation of AOD Use •Mild Physiological Arousal •Cravings Occur as Use Approaches •Occasional Use
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Development of Obsessive Thinking

Abuse Phase

Food
 AOD TV School
 Girlfriend Job Hobbies
 Family AOD
 Exercise Parties


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Development of Craving Response

Abuse Phase

Entering Using Site → Physiological Response → Use of AODs → AOD Effects



↑ Heart Rate
 ↑ Breathing Effects
 ↑ Adrenaline Effects
 ↑ Energy
 ↑ Taste



↑ Heart
 ↑ Blood Pressure
 ↑ Energy

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Family Response to Increasing Addiction

ABUSE PHASE



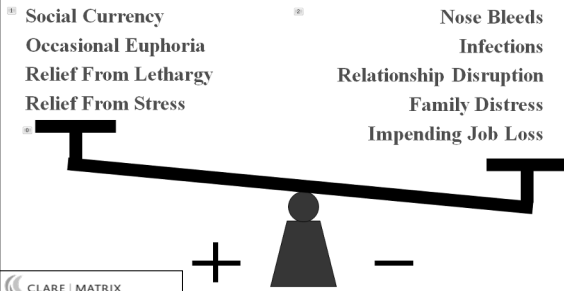
- Experimentation with solutions
- Extreme responses
- “Enabling”

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Cognitive Process During Addiction

Dependence Phase



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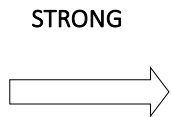
Conditioning Process During Addiction

Dependence Phase

Strength of Conditioned Connection

Triggers

- Weekends
- All Friends
- Stress
- Boredom
- Anxiety
- After Work
- Loneliness



Responses

- Continual Thoughts of AOD
- Strong Physiological Arousal
- Psychological Dependency
- Strong Cravings
- Frequent Use

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Development of Obsessive Thinking Dependence Phase

Food
 AOD TV AOD
 Girlfriend Job AOD
 Family AOD
 AOD Parties



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Development of Craving Response Dependence Phase

Thinking of Using



Mild Physiological Response

↑ Heart Rate
 ↑ Breathing Rate
 ↑ Energy
 ↑ Adrenaline Effects

Entering Using Site



Powerful Physiological Response

↑ Heart Rate
 ↑ Breathing Rate
 ↑ Energy
 ↑ Adrenaline Effects

Use of AODs



AOD Effects

Heart
 Blood Pressure
 Energy



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Family Response to Increasing Addiction

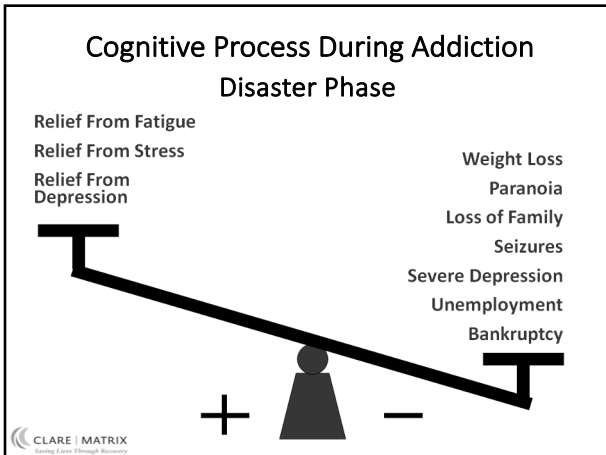
Dependence Phase



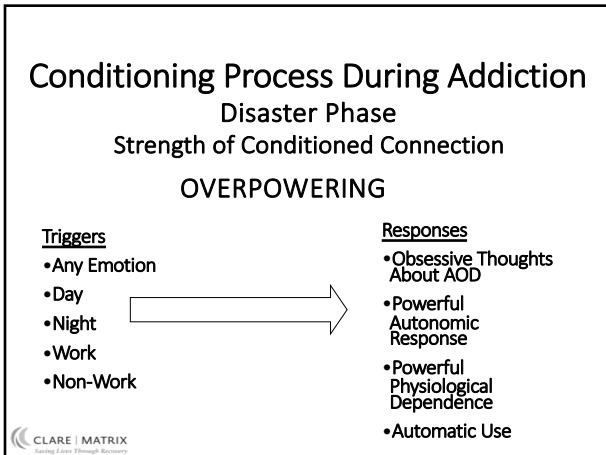
- Avoidance of problem
- Blaming the addicted
- Blaming selves
- Guilt and shame



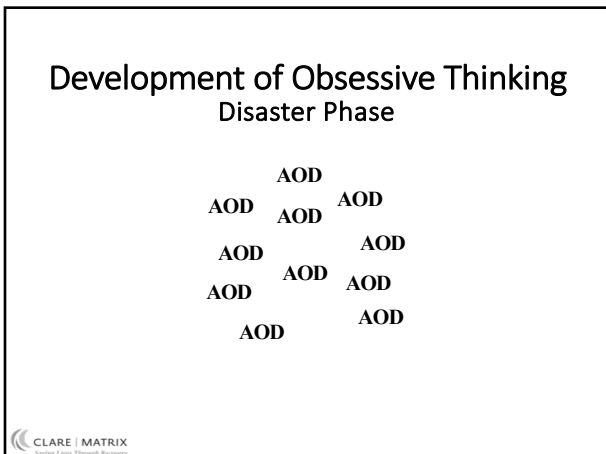
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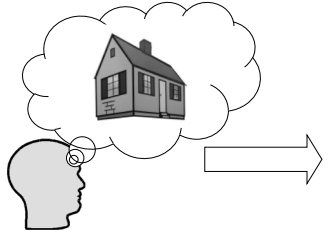
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Development of Craving Response Disaster Phase

**Thoughts of AOD
Using Place**




**Powerful Physiological
Response**

↑ Heart Rate
↑ Breathing Rate
↑ Energy
↑ Adrenaline
Effects

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Family Response to Increasing Addiction Disaster Phase




- Separation
- Internalization of bad feelings
- Resignation and hopelessness
- Establishment of unhealthy family rules

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Case Discussion

- Sex topics when there are more males clients than females.



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Triggers and Cravings *Stimulant Users*

- Alcohol Use
- Drug Using Friends
- Internet
- Environmental Cues
 - Money
 - ATM
 - Freeway Exits
 - Neighborhoods
- Stimulant - Sex Connection
- Boredom



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Triggers and Cravings *Opiate and Heroin Users*

- Stress
- Secondary Drug/Alcohol Use
- Analgesic Use
- Anhedonia, Anxiety, Depression
- Environmental Cues
- Discontinuation of Treatment, Self-Help Groups, Naltrexone



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Specialty Care | Primary Care | Behavioral Health

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Triggers and Cravings *Prescription Drugs*

- Extended Withdrawal Symptoms
 - Insomnia
 - Anxiety
 - Panic
 - Alcohol Use
 - Pain
- MD Offices/Pharmacies/Medicine Cabinets




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Triggers and Cravings *Alcohol Users*

- Negative Affective States - Especially Anger and Depression
- Legal
- Discontinuation of AA Involvement
- Social Availability of Alcohol
- Relationship Disruptions
- Situational Issues
 - Happy Hour
 - Airplane Trips
 - Holidays




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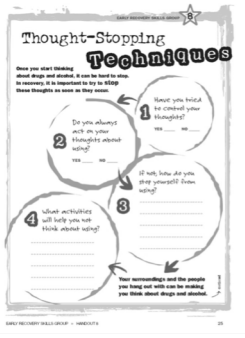
Triggers and Cravings *Marijuana Users*

- Anxiety/Irritability, Insomnia
- Using Friends
- Social Situations
- Marijuana Cards/ Legal in Many States
- Paraphernalia
- Liquor Stores/Headshops
- Concerts



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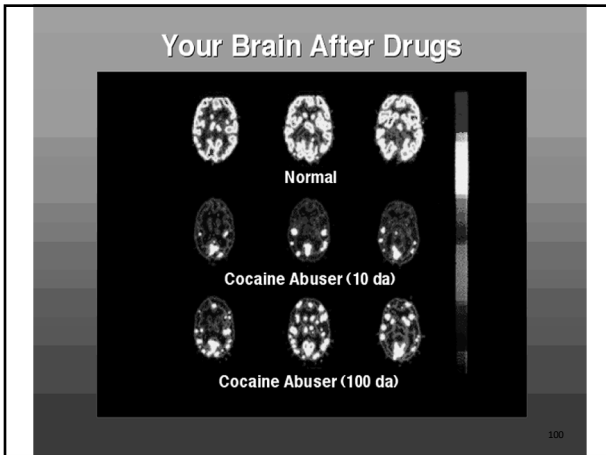
Thought-Stopping Techniques

Does your mind wander about drugs and alcohol? It can be hard to stop. In recovery, it's important to try to stop these thoughts as soon as they occur.

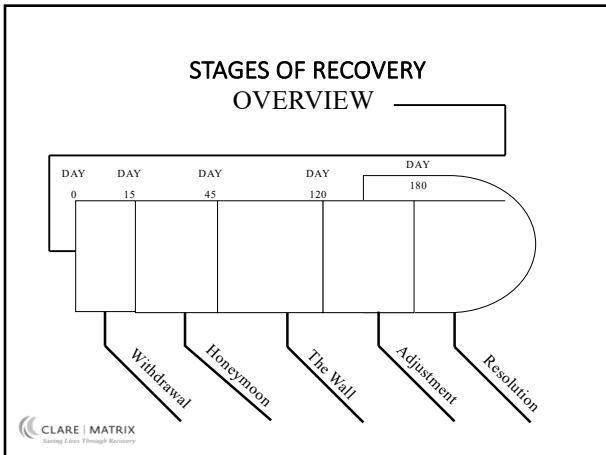
1. When you think the central thought, say: "No." ...
2. Do you allow yourself to think about what you're thinking about? ...
3. If not, how do you stop yourself from doing so? ...
4. What activities will help you not think about what you're thinking about? ...
5. Your surroundings and the people you hang out with can be making you think about drugs and alcohol. ...

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Stages of Recovery

Primary Manifestation of Withdrawal Stage

Behavioral Behavioral Inconsistency	Cognitive Confusion Inability to Concentrate
Emotional Depression/Anxiety Self-Doubt	Relationship Mutual Hostility- Fear

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Stages of Recovery

WITHDRAWAL STAGE

PROBLEMS ENCOUNTERED

- Medical Problems
- Alcohol Withdrawal
- Depression
- Difficulty Concentrating
- Severe Cravings
- Contact with Stimuli
- Excessive Sleep

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Stages of Recovery

Primary Manifestation of Honeymoon Stage

Behavioral High Energy- Unfocused Behavior	Cognitive Inability to Prioritize
Emotional Overconfidence/ Feeling Cured	Relationship Denial of Addiction Disorder

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Stages of Recovery

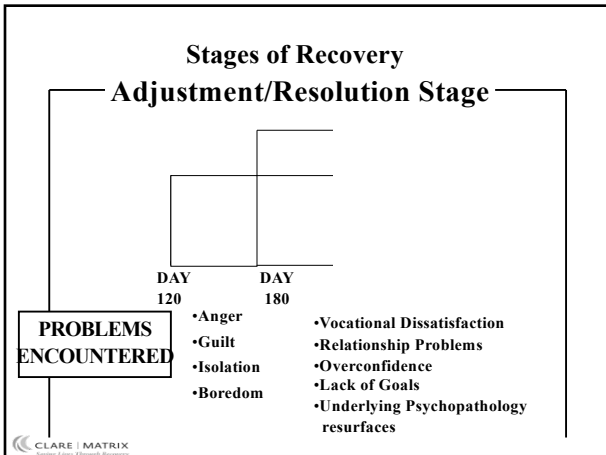
HONEYMOON STAGE

PROBLEMS ENCOUNTERED

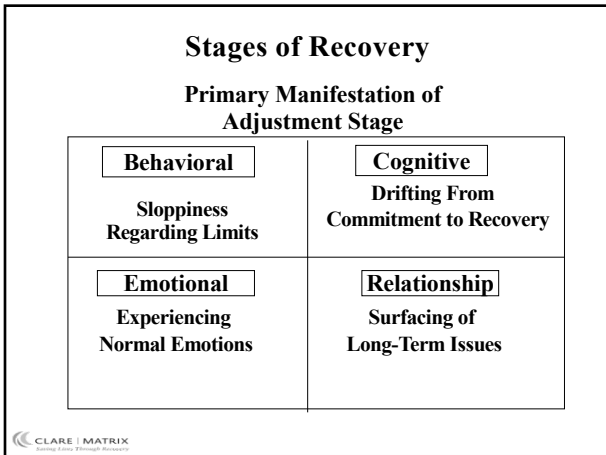
- Over-involvement With Work
- Overconfidence
- Inability to Initiate Change
- Inability to Prioritize
- Alcohol Use
- Episodic Cravings
- Treatment Termination

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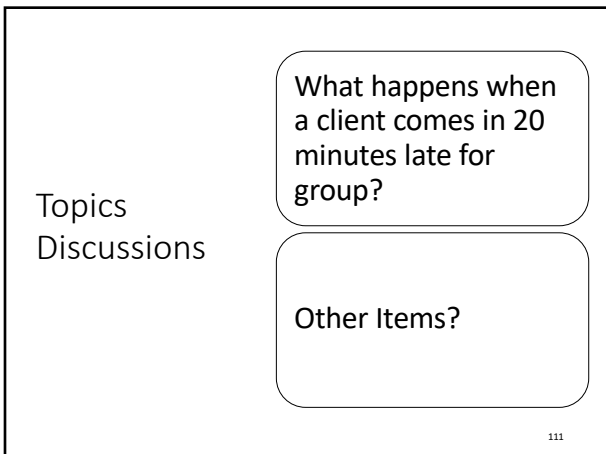
105



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Medication Assisted Treatment



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Medication-Assisted Treatment

Matrix is primarily know for the Matrix Model IOP, but has extensive medication experience:

- Participated in 20 medication trials for methamphetamine, cocaine opioid and alcohol, dependencies.
- OTP established in 1992.
- Authored TAP 7, "Treatment of Opioid Addiction with Methadone: a Counselor Manual," (McCann et al, 1994) for SAMHSA
- Authored "Buprenorphine Treatment of Opioid Addiction: a Counselor's Guide" (McCann et al., 2004) for SAMHSA & the Danya Learning Center.

Substance use disorders have come to be viewed as multi-faceted, affecting emotions, behavior, thinking, and the brain.


Medications have been developed for opioid and alcohol use disorders to supplement treatments like the Matrix Model®.



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New Medication-Assisted Treatment Section
Matrix Model revised & Matrix Model for Criminal Justice Settings
Hazelden Editions

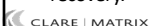
- Addresses counseling issues related to taking addiction medications.
- Includes sessions for patients who are taking addiction medications. Sessions can be done in face to face, conjoint or family sessions
- Includes sessions to introduce medications to all patients. You can use some of the topics in your RP groups if appropriate



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Why Do Counselors Need To Know About MAT?

- Some patients will enter treatment already taking an addiction medicine.
- Some patients may start medication along with behavioral treatment.
- In patient's best interest to be made aware of the availability of medications in order to provide more choices in treatment options
- Patient's, families, and providers can have ambivalence regarding medication.
- Beliefs that "real recovery" is only achieved when off all medications.
- Patient's who take medications often face criticism from others in recovery.



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Purpose of MAT Sessions

- Increase awareness and clarify some misunderstandings about addiction medications
- Encourage compliance with the physician's instructions
- Allow patients and families an opportunity to express their feelings regarding medication use
- Discuss with patients and families the feelings and reactions of others in recovery toward medication and how that could affect them.
- Provide support and possible referrals



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Family Session Helping Checklist

- Provide choices for family involvement if mutually agreed upon.
 - Family may remind patient to take meds
 - Family may express fears or concerns about meds
 - Patient may agree to accept input regarding perceived med effects to discuss with physician.



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Questions?



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