

# **Provider/Consumer Discussion with Pat Deegan, Ph.D., on Implementation of The Personal Medicine™ and Recovery Toolkit in Mental Health Clinics and Peer Organizations**

**Webinar Transcript  
October 29, 2008**

## ***Pam Rainer (Moderator)***

Good afternoon and welcome to our discussion with Pat Deegan and staff and consumers from Turtle Creek Valley regarding their implementation of the Personal Medicine™ and Recovery Toolkit. My name is Pam Rainer and I'm with Advocates for Human Potential. On behalf of Community Care, it is my pleasure to serve as your moderator for today's presentation.

We have approximately a 120 people joining us today from 30 agencies, and 20 counties within Pennsylvania. We have providers and consumers from varying levels within an organization, and several Community Care staff, and we welcome all of you to today's discussion.

The presentation will last approximately thirty-five minutes, followed by a Q & A with the presenters. Any follow-up questions can be posed on the Community Care website ([www.recoverylearning.com](http://www.recoverylearning.com)) for continued dialogue with the presenters. And now, it's my pleasure to turn the presentation over to Virginia Suplee from Community Care, who will introduce the topic and presenters to you.

## ***Virginia Suplee (Welcome and Introductions)***

Thank you very much and good afternoon. We're glad you could all participate today and welcome you to the Webinar. My name is Virginia Suplee and, I'm the Manager of Recovery Initiatives for Community Care.

Community Care has been working with Pat Deegan & Associates and Advocates for Human Potential, to help guide us in our goals to work with recovery supported and recovery oriented programs. In September, we introduced the Personal Medicine™ and Recovery Toolkit, developed by Pat, and today's Webinar is to provide the audience an opportunity to discuss their experiences implementing the toolkit and pose questions. This is the 2<sup>nd</sup> in a series of 4 webinars devoted to this toolkit for Community Care members and providers.

As part of our roll-out efforts we are also providing on-site training sessions with Pat Deegan and other trainers (Melody Riefer, Saya Krebs and Paul Wittman). Provider agencies who attend the on-site sessions receive a copy of toolkit.

This effort represents our goal of working closely with members, providers, families and our internal staff in developing a statewide recovery program. The Toolkit also supports Pat's work with the CommonGround materials. If you have not had an opportunity to view the Introductory Webinar, held on Sept. 24, 2008, we encourage you to view the archived presentation at [www.recoverylearning.com](http://www.recoverylearning.com) or [www.ccbh.com](http://www.ccbh.com) Pat Deegan will begin our presentation today

and provide some background information on the Toolkit and then the staff and consumer from Turtle Creek Valley (TCV MH/MR, Inc.) will talk with us about their direct experiences implementing the Toolkit in their agency.

**Bio: Patricia E. Deegan, Ph.D.** is an activist in the disability rights movement, a writer, lecturer and researcher. Pat is also an independent consultant with Pat Deegan & Associates, LLC and an adjunct professor at Dartmouth Medical School and Sargent College of Health and Rehabilitation Sciences at Boston University. She has many published papers, some of which have been translated into 9 languages. Pat has lectured on the topics of self-directed recovery and empowerment around the world, and has made three films on disability related topics. Pat's current projects include developing software to support shared decision-making in psychiatry, researching a recovery-based approach to using psychiatric medications in collaboration with the University of Kansas, developing recovery-based workforce trainings for mental health practitioners and helping to restore forgotten cemeteries at state hospitals. Pat has lived her own journey of recovery, having first been diagnosed with schizophrenia as a teenager. She received her doctorate in clinical psychology from Duquesne University.

Our presenters from TCV MH/MR, Inc. include: **Susan Preffer, MA, Coordinator, Decision Support Center, [spreffer@tcvmhmr.org](mailto:spreffer@tcvmhmr.org); Robin Lautner, M.Ed., Recovery Facilitator [rlautner@tcvmhmr.org](mailto:rlautner@tcvmhmr.org); Patti Rizzo, Consumer; Rosemary C. Foerster, MA, Mental Health Out-Patient Supervisor, [rfoerster@tcvmhmr.org](mailto:rfoerster@tcvmhmr.org) ; and Gail Kubrin, MD, Medical Director, [gkubrin@tcvmhmr.org](mailto:gkubrin@tcvmhmr.org)** Now I'm happy to turn this over to Pat to begin her presentation. Thank you.

**Presenter: Pat Deegan**

Hello everybody. I'm really thrilled that you've joined us today for this Webinar. I'd like to give you a brief overview of the Personal Medicine™ and Recovery Toolkit and the component parts. The Toolkit includes: posters for displaying in your organization – (that portray the message of hope and stimulate the culture change we want to help bring about within organizations); all of the materials on a CD Rom; the Personal Medicine™ cards; Screencasts for Rapid E-learning; a viewer's guide with discussion questions; the Personal Medicine™ worksheet, calendar, and affirmations; and presenter notes, Powerpoint, and slide show sorter – all very practical tools that you'll be able to use in your organization.

The toolkit takes the form of a tutorial. It's a complete package that orients you to the concept of Personal Medicine™ and how to help consumers discover their personal medicine – and how doctors, therapists, case managers, and peer specialists can work with people to develop personal medicine - and how to use it within your organization in the psychopharmacology consultations, therapy sessions, and as a compliment to the treatment planning process. The Toolkit is also meant for consumers - so, they can begin to discover personal medicine, which will in fact enhance recovery. There are many practical empowering strategies to help people learn to manage distressing voices, delusions, and much more.

It has relevance to family members who can achieve a new set of skills to encourage recovery in loved ones. Case practitioners will find the Personal Medicine™ cards to be very helpful as they reach out to engage peers in the recovery process.

The Personal Medicine™ Toolkit is also meant to be usable by medical staff including psychiatrists and nurses, because it offers very practical methods for helping to transform psychiatric practice in accordance with the principles of recovery. And then finally, the toolkit includes elements that Trainers can use to continually train and orient new staff in your organization.

The Rapid E-learning screencasts are short videos (5-17 minutes in length) that allow you to break the learning up into smaller segments and fit into busy schedules. You can watch them one at a time, or the full series, which is about an hour altogether. You can also view them with clients as you help them discover their own personal medicine. You will need the latest version of *Windows Media Player* on a computer in order to play the screencasts. You can download *Windows Media Player* off the Internet at no expense to your organization.

(PPT slide of peer run center) – This is a picture of the peer- run decision support center in a psychiatric medication clinic within Turtle Creek Valley MH/MR, Inc., in Pittsburgh. Turtle Creek is one of the first organizations in the country to incorporate personal medicine/recovery orientation throughout the entire organization. I say this to stress the idea that the Personal Medicine™ Toolkit, and the skills that it brings your staff, is meant to be used in the real world. And, it can be used in very powerful ways in the clinic where you're working. At Turtle Creek, peers support peers in identifying personal medicine. Therapists, case managers, doctors and nurses interact with clients around their personal medicine. People learn to work with their doctors to find the right balance between personal medicine and psychiatric medicine. And at Turtle Creek Valley, all the clients (over 700 people) in the organization have identified their personal medicine. We have the opportunity today to hear from folks at Turtle Creek Valley who are going to tell you about how they have used Personal Medicine™ tools to transform their work to a recovery orientation. So now, I'd like to turn the presentation over to Susan Preffer from the Decision Support Center.

**Presenter: Susan Preffer, MA, Coordinator, Decision Support Center, TCV MH/MR, Inc.**

I often introduce Personal Medicine™ to clients through a conversation and try to answer the question “What is personal medicine?” I explain that personal medicines are the things that we do for ourselves that help us stay well - activities that give us a sense of purpose and meaning, make us laugh, make life worth living, or help us feel love or build a sense of self and confidence. These personal activities soothe or challenge us. They are personal options we choose and use to fall back on. They are our tools for recovery. Personal medicine is not pill medicine, but may be used along with pill medication to help with wellness and recovery. We do certain activities that we like or that help us through tough times or moments of being overwhelmed. But these activities sometimes are the first to go when we face very rough times. I ask clients to think about some of the things they like to do to help them feel better. It could be a hobby or a relationship, or a small activity that helps keep things together.

When a client tells me “I don't have any personal medicines,” I often share some personal examples and just talk about why something makes me feel better when I'm stressed or too busy. For example, sometimes playing a certain game on the computer helps me organize my thoughts. Or I talk about how sitting quietly on my porch, reading, or listening to music can calm me down or help me think through things - or help me put things in perspective. Or when I start getting a

little depressed, I walk because a fast walk helps me counter any depressive moods.

These examples depend on the client of course and their responses. I don't always give each example. But by sharing one or two of my own personal examples, clients then start to engage by sharing their examples with me. And, they'll start nodding and smiling. I often hear clients say something like, "no one has ever told me this before". And then, there's a sigh of relief. During this type of introduction, clients are usually nodding by now and smiling. Or, they start to write down their own personal medicine and their thoughts. And, they start getting a little excited. You can see it on their face. After laying down this groundwork, the use of personal medicine then becomes a matter of just coaching clients in identifying their personal medicine.

So now, I'm going to turn the presentation over to Patti Rizzo, who is going to talk with you from a personal level about how personal medicine affects her directly.

**Presenter: Patti Rizzo, Consumer**

Thank you. I'm Patti Rizzo and I'd like to start by saying I'm very honored to be a part of this program and the presentation response to the Personal Medicine™ and Recovery Toolkit. When I first came to the program, I was very mean. I was angry. I was many emotions. I was a person that felt I had no control of my life. And, I actually didn't have any control. I went along with the treatment team.

Then I learned the importance of psychiatric and personal medicine, and how they work in conjunction - realizing that I can use my personal medicines daily to be a positive person and enjoy life. I started off slowly, doing small things, attending workshops. I attended a psych social rehab program. I began to grow. I started volunteering, and then I trained other volunteers. I stayed active every day and took on projects. I started making friends. As I continued to grow, my anger level dissipated. I now have personal medicine.

When I came to this program and they asked me what my personal medicine was. I had none. I didn't believe in anything or anybody. I now have built relationships with my family and friends. I have a calm environment and I go places. I spend time with people. I take on new projects and new challenges. This is the personal medicine that I use daily in my life. Now I try to help others - I try to teach people that we all have our own personal medicine, even though we don't always realize it. I like to do arts and crafts. I continue to take on new projects, help with planning, and do relaxation techniques. I also do anything else I can to help others, because that's a big personal medicine for me. Last, I was a person who originally said I had no personal medicine and that it didn't matter to me. Now, when I wake up and look in the mirror I see the difference. I have so much encouragement, so much energy to go out and do everything I can and to help other people. So, I hope my personal experience with personal medicine can help others who are considering it for themselves, or considering including this in your agency's services. And now I'd like to turn the presentation over to Robin Lautner.

**Presenter: Robin Lautner, M.Ed., Recovery Facilitator**

Thank you Patti and hello everyone. When I agreed to do a peer to peer workshop, I couldn't wait to share what I had learned about personal medicine with everyone. In the first meeting, I noticed that a few people could identify their personal medicine but that most people said they

didn't do anything that helped them feel better. I spoke about personal medicine as being as simple as taking a drive to clear your head, or pampering yourself with a manicure. If an activity lifts your mood and makes you feel better about yourself, then its part of your own personal medicine.

The more personal medicine you have the more resources you have to rely on that day. The more examples we talked about the more I started to see heads lift and nod in recognition. It was as if they had experienced an "aha" moment. But, there was one individual who insisted she did nothing that made her feel better. So, we brought out our self soothing basket filled with all sorts of fun activities and squishy toys to help individuals identify personal medicine. I encouraged everyone to pick one. When this woman picked up a toy from the basket and started to play with it, she began to laugh. And that laugh changed her mood. She realized what she had in her hand *was* personal medicine. She wanted to take it home. To me, this was the perfect example of personal medicine. With a little coaching, everyone in the room began coming with a personal medicine to share with others in the group. I later found out that they were sharing their personal medicine with peers outside the workshop. It was exciting for me to see people realize they did in fact have personal medicine and that it is really just activities we can do every day.

As peer supporters we engage individuals on a daily basis, iterating conversations based on personal medicine. How does it make you feel better about yourself? I usually share my personal medicine with others. It helps others to know that someone else shares the same personal medicines that they do. One of my personal medicines is brushing my dog's fur. Why is it my personal medicine? Because it distracts me from racing thoughts and anxiety. Asking questions like do you like to take a walk, a hot bath, a shower, listen to music? It makes people stop and think. Well, yes, I do that. So how does it make you feel? It relaxes me. Guess what? That's personal medicine. And now I'll turn the presentation over to Rose Foerster.

**Presenter: Rosemary C. Foerster, MA, Mental Health Out-Patient Supervisor**

Hello, my name is Rosemarie Forrester and, I'm the Supervisor of the Mental Health Out-Patient program. I'm going to speak briefly on the use of personal medicine in the Outpatient Department. First of all, I want to stress that it's very important that your staff be trained in recovery principles. They need to be able to recognize the strengths and abilities that people who are seeking treatment have. And, I think it important to start identifying those during the assessment. Many people come in for treatment and say they have no strengths or abilities, but when you start talking with them about their coping skills and how they've worked through many difficult or challenging situations, they begin to view themselves differently and realize they do have strengths and abilities. And so identifying strengths empowers them from the very beginning. This can be helpful in working through helping someone identify their personal medicine.

When we first introduced the concept to staff they became very overwhelmed and thought this was one more thing they had to address. As they came to understand the value of the process and the positive outcomes, they embraced the concept of personal medicine and understood its value to the consumer, and to the therapeutic process. We also shifted the responsibility among staff for helping each person create their personal medicine. Because consumers come to Outpatient for a variety of services (i.e. case management, psych rehab, outpatient treatment), we had each

department work with consumers to develop personal medicine plans so the Outpatient staff weren't completely overwhelmed. For example, service coordinators helped people who were just coming in for service coordination, and then shared the plan with the whole team. Then the team works together to support the person and their personal medicine plan.

We have found that using personal medicine also shifts the responsibility from the provider to the consumer managing their own plan. An example of this is – when someone calls in and says they need more medication because their depression has become severe - we'll ask them if they've been using their personal medicine and what needs to happen differently. Another thing we did with the staff is we really looked at the fact that we're all really starting to identify people's strengths and their abilities and their coping styles during assessment. So, in reality, they're not doing much more extra work. You're rather changing the language. And, you're beginning to develop a framework for the person to start working their treatment from. So it's basically a different language that you start using in treatment. And, it becomes a philosophy of the entire department.

Some of the other important points of personal medicine, at least for the staff, is that there are less crisis calls coming in; and of the calls that do come in, less time is spent on the calls. When somebody calls in crisis, instead of having them spend a lot of time problem solving, what you can simply say is “what are your personal medicines” and “Have you been using them”? And if they haven't, you identify the barriers that are getting in their way of using personal medicine. And then, you can coach them around their self-identified personal medicines and you become their cheerleader in terms of their efforts. This has become very handy, especially since we handle crises for other clinicians. When covering for another clinician, you can focus directly on the caller's personal medicine and coach them through it. The final point I'd like to make is that focusing on personal medicine is very valuable when people call in saying they need more medication – or that their anxiety is overwhelming and that they just want more medication. Well, what we can say is “have you been using your personal medicine”? And encourage them to use that first, before increasing medication or scheduling an emergency doctor visit. So, it's been cutting down on the amount of the emergency crisis doctor visits. And now I'll turn the presentation over to Dr. Gail Kubrin, our Medical Director.

**Presenter: Gail Kubrin, MD, Medical Director**

Thanks Rose. I want to talk a little about personal medicine from the prescriber's perspective. There are a lot of valuable parts to this. First it enhances the therapeutic alliance by providing a framework for collaboration - the client becomes a participant in treatment rather than just a recipient of treatment. It opens up the conversation to coping strategies and what both the client and prescriber can offer to the process. But, it's in a more specific way than we might have done in the past. Where we might have said, “well are you taking care of yourself”? Now, we can be more specific. It lets the clinician learn more about the client as a person. What's important? What are their talents, strengths and interests? I've learned so many things. You know that people are singers or artists, or that they have a wonderful fish pond in the back yard, many things that I didn't know about individuals, even people that I had been seeing for a long time. And that connection enhances the effectiveness of the treatment.

It also takes the pressure off the prescriber to find the perfect medication or dose. How many

times do we have clients come in - and say Doc, these meds just aren't helping me. That's such a difficult issue, because maybe we've already tried every antidepressant there is, and they're just not working. This is something that we can start right away, that there are things that can help an individual in addition to medication. And certainly, we all know that medication is not the only answer. With the personal medicine piece, it really makes it more of a collaboration. Where, yes I offer my wisdom about medication and biochemistry. But, the client offers up what they know is helpful to them. For example, people who use headphones or listen to music to help when they hear voices – that's the kind of direct communication when you ask what people do to make themselves feel better. I often will ask people "what works for you"? So, it really empowers the client to take charge of the recovery process.

The other thing is it helps us as prescribers move from generic recommendations for coping to specific strategies for each client, which enhances their feeling of being listened to. If I just say to everybody - gee; you should walk, or, - gee; you should make sure you get enough sleep, then it wouldn't be specific to each individual person. They may be helpful, decent suggestions, but not right for everybody. For example, a client I work with told me that one of her most important personal medicines is to have coffee with her sister who lives nearby. What she does is she gets her son off to school on the bus in the morning, and then takes a short walk down the block. And they have coffee together. Her sister is a real big support for her. And then, she's able to go home and – and face her day and – and feel much less depressed. If she skips that and just goes back to sleep after her son gets on the bus, her day is a whole different kind of a day. If she comes to see me and says she's feeling depressed, I can ask if she's been having coffee with her sister? And chances are she'll say well no – and I'll say well you know you have to get back there. And that whole interaction is so effective with her because she knows that's exactly what she needs to do.

People have identified so many strategies like going to church, playing with children, going to psych and soc rehab, cooking that work for them. As prescribers, we need to ask about these things, and then it's just much more powerful than saying you should take care of yourself. It also gives more responsibility to the client rather than the old model of the doctor is in charge. The client's actions are valued and important.

Just recently, a person I treat who has a significant illness said that she is about to move and that she needs to have a cat. She told a story about how years ago when she'd gotten out of the hospital she didn't know what she was going to do with herself. Then she adopted a stray kitten in the neighborhood and it helped her get well. So, it was very easy for me to validate her and support her idea. She was moving into a new place, she knew there was going to be stress, and she knew that having a cat had made a big difference in her life before. This allows the person to shine – and to have the emphasis be on what they can do and what they know will help them.

My last point is - how do we convince prescribers to adopt personal medicine as part of their methods because we all know that medication is not the whole answer. We know that what the individual does, the choices that they make, or how they approach their treatment and their recovery make a huge difference. That if we just prescribe medicine and there's no buy-in on the part of the client, then it's really not very successful. Also, our medication is far from perfect as you all know. And many times it involves a balance of a lower dose of medicine with a few more

symptoms, but less side effects. So, the personal medicines become very important in achieving this kind of balance. I would also make the point that *we should use it because it works*, not just because its recovery-oriented, or because we're supposed to, but because it really works. The more committed and involved the person is in their own recovery the more likely we will see progress in that individual.

### Question and Answer Session

**Q** – “If someone says to you that their personal medicine is smoking or something that you think is not a healthy approach, how do you handle that”? How do you remain non-judgmental in your process?

**A** – (Gail Kubrin) One of the things I do is try to explore things that are healthy that the person does. If it's something particularly unhealthy - like drinking or drugs - then I think we have to be more direct about approaching it. I think people usually realize that unhealthy activities aren't the greatest idea, and may put it out there as something to explore. So, I would openly ask about other possibilities that might be more positive.

**A** – (Pat Deegan) I have sort of two views on this. One is that personal medicine is what you do, it's not what you take. And in as much as a cigarette is a way of taking nicotine into your blood stream and to experience it's calming and albeit unwanted addictive effects, you know it really doesn't qualify as personal medicine on a technical level. However an equally important principle is we've got to meet people where they're at. Our philosophy is that everybody's got personal medicine – they just don't know that that's what it is. But if a person really believes that smoking is their personal medicine - and, I think I can relate to that - there was a time in my own recovery where it was that cigarette that got me out of bed in the morning or through the day – and if you've tried to stimulate their thinking and they still feel it's the smoking that helps them, then we'll join with that. From there, I'd engage in a conversation about smoking – ask if they smoke outside – and if they do, do they notice the wind blowing? Do you look at the stars at night if you're smoking outside? Do you enjoy having a cup of coffee after your cigarette or before it? Or, do you smoke with friends? And to begin to weave that into the personal medicine, so maybe it's having a cigarette with friends that helps prevent feeling alone, and to continue the conversation from there. I think both answers are correct and that it depends on the individual. One is that technically it's not personal medicine and we should try to stimulate other ideas in the individual. But we also need to meet people where they're at.

**Q** – Gail Kubrin sounds like an exceptional doctor and very on board with this concept. It may not be so easy to convince others - how would you advise other organizations to get their psychiatrists to accept this approach and integrate it into their practice?

**A** – (Gail Kubrin) I appreciate your comment and I'd like to point out that it's not always easy. In our agency (Turtle Creek), we have different levels of acceptance of this. And, I think

you have to keep trying. You may have to address it directly or point out the similarities between personal medicine and other methods. One of our doctors uses a lot of DBT, and, we've tried to encourage him to look at personal medicine as some of the DBT skills can be personal medicine. So maybe trying to bring it to each particular person so that they can work with people, but still maintain their own style.

**A** — (Pat Deegan) I also think that there's a place in recovery transformation for leadership.

And I think Gail, Rose, Susan and Darlene - and Community Care are providing some firm leadership and direction for recovery transformation - and providing the tools to accomplish it. Those of you in the audience today who are recovery champions and who are going to get behind the toolkit and its adoption, I think can play a really important role in setting the expectations. I think another thing that I found in my work with medical staff's adoption of personal medicine is that it really helps take some of the burden off the prescriber. Our docs and nurses are very skilled professionals. But, they don't have any magic up their sleeves. And as Gail said all clinicians would admit that not all responses to a medication are optimal. In fact, most people have fairly sub-optimal responses and then have to learn other disease management approaches

There are other examples within the broader field of mainstream medicine. For example, people with diabetes have to make lifestyle changes – no single pill cures the disease – it requires lifestyle changes. And, the same is true for those of us with a psychiatric disability. We can faithfully take our medication, but that alone won't help us recovery. *Recovery is something you have to do* - it's not just a pill. Personal medicine is an active, intentional approach to our own recovery. I have found that many medical staff at the other sites that are using Commonground buy into it, because it makes their job more effective. When people are using a combination of personal medicine and psychiatric medicine in recovery, finding that right balance, recovery is enhanced. And people start getting well. As Gail noted – you don't need to pitch the philosophy of it so much as just explain to everyone, including medical staff, that we should use it because it works. It helps people get better. That's what we're all here for.

The last point I'd like to make goes back to something Rose said earlier – that the notion of personal medicine becomes sort of a vocabulary of wellness, a vocabulary of recovery that does begin to permeate the agency. And so, it's like getting caught up in a tide, eventually even no matter what resists, the current eventually begins to bring it around.

**Q**– Are we saying it's better to use personal medicine rather than pill medicine?

**A** – (Patti Rizzo) I think it helps to use personal medicine in conjunction with medications. Not everyone needs medications and some people need it to benefit from the lifestyle changes that come about with the personal medicine. For me, it was the personal medicine, along with the meds that gave me energy, physical well-being, and helped me improve my outlook on life.

**A** – (Pat Deegan) Most of us find that our recovery is about finding the right balance between personal medicine and psychiatric medicine. And for most of us, it's not an either/or option -

psychiatric medicine can compliment personal medicine, and personal medicine can compliment psychiatric medicine. The toolkit is aimed at helping people find the right balance for themselves and doesn't suggest replacing one type of medicine for another, but finding the balance unique to each individual.

**Q** – Personal medicine seems like a revolutionary tool and that it could be very transformational. Have you found this to be true in other areas where it has been implemented – and can this be used with WRAP (wellness action recovery plan) plans?

**A** – (Pat Deegan) Yes, we have decision support centers in other locations and worked with peer centers all across the state of Kansas teaching people to use personal medicine in their recovery. It's a very basic foundational idea that is easy to grasp. I think Susan and the other presenters from Turtle Creek Valley really impressed us today with their implementation of personal medicine throughout their agency.

I learned about personal medicine through some research I was conducting. I was talking to a person that reminded me that psychiatric medicine - whether it be Haldol, or Abilify, - will change our biochemistry. But guess what else changes our biochemistry? Laughter, love, exercise, chocolate – all change our biochemistry. I love the words chosen by the questioner - transformational and revolutionary. There is something a bit revolutionary in this, because it is such a foundational concept. I think the work we do in our WRAP plans connect very nicely to this notion of personal medicine – and brings that recovery orientation to the agency.

**Q** – How do you integrate personal medicine into the treatment planning process?

**A** - (Rosemary Foerster) On our ISP's (Individual Service Plan), we have a section dedicated to a client's strengths, abilities, and supports. We enter the personal medicine in that section and then help create goals around it. It has taken some adjustment on the part of staff writing up the plans but we're making strides and expect that we will be doing this across the board soon.

### ***Closing Comments (Pam Rainer)***

On behalf of Community Care, I'd like to thank everyone in our audience for your time and efforts in promoting recovery throughout your communities, and to all of our presenters for sharing their experiences with and knowledge about the Personal Medicine™ and Recovery Toolkit. You may listen to an archive of today's presentation, continue a dialogue with the presenters on the discussion board, or download materials at [www.recoverylearning.com](http://www.recoverylearning.com) Previous Webinars from this Recovery Series are also archived on the Web site along with training materials and a Training Certificate for each session. We will host two additional Webinars with Pat Deegan and providers who are implementing the toolkit – one in November and one in December – please check the “What's New” section of [www.recoverylearning.com](http://www.recoverylearning.com) for up to date information on those Webinars. Archived presentations can also be found on the Community Care Web site at [www.ccbh.com](http://www.ccbh.com)