

## **CONSENT FORM FOR PSYCHIATRIC DRUG TREATMENT**

*This form has been adapted from:*

*“A Model Consent Form for Psychiatric Drug Treatment”*

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*David Cohen and David Jacobs*

*It has been adapted in an attempt to address the inadequacy of the current policy of informed consent, which in the opinion of many of the people served by our clinic, was thought to be inconsistent with the spirit of the law and with our own philosophy as painstakingly developed and rendered in *The Advocates Way*:*

***“It is a core value of Advocates that we treat people exactly as we would want a beloved member of our family, a friend – or ourselves – to be treated.***

*We strive to foster relationships in which the person feels heard and understood, is respected as an expert about his or her own life, and takes a leading role in **all** decision-making and planning that could affect that person’s life. We see the person we serve as a sort of “player-coach” whose experience and perspective are unique and vital to our mutual success. When a person’s expertise about his or her own life is combined with our knowledge and capabilities in an atmosphere of hope, collaboration and mutual respect, truly marvelous things can happen. **We honor people who take charge of their own lives, even if doing so involves an element of risk and decisions with which we might not wholeheartedly agree. We believe that challenges and crises – no matter how serious or complex – can be a great source of growth, learning and change.”***

*We acknowledge that this document is not all-encompassing and it is imperfect, but it is our concerted and passionate effort at a document which we hope will be just the start of a rich, respectful and honest partnership; the first steps towards a lifelong recovery process.*

*The Behavioral Health Client Advisory Council*

I, the undersigned, understand that I am about to be prescribed one or more drugs by Dr. \_\_\_\_\_.

The drug(s) I am to be prescribed is (are) the following:

\_\_\_\_\_.

I understand that a *DSM-IV* diagnosis has been assigned to me, based on my prescriber's professional, if subjective, assessment of my speech, manner, and behavior during our meeting. I am aware that this diagnosis allows for my treatment and the billing for my treatment, and that I am not currently able to remove this diagnosis, or any other that will be added in the future, from my medical record.

I understand that although my prescriber has determined that I have a treatable illness or disease, there is no current scientific or medical procedure to verify that I, in fact, "have" the "illness" implied by the diagnostic label. Indeed, I am aware that although medical opinion may now hold that a "chemical imbalance," a "brain abnormality," or some physical problem underlies or produces my experience, no objective information (through lab tests, scans, etc.) concerning the state of my body has been obtained to arrive at a *DSM-IV* diagnosis.

I have been informed that the drug or drugs that my prescriber is prescribing cannot cure whatever "illness" or "chemical imbalance" medical opinion believes I have, but can only affect symptoms of my experience.

I understand that it is exceedingly difficult to determine what is brought about (both desired and unwanted) by a psychoactive drug, which has wide and diverse effects on the brain and other organ systems.

I realize that FDA (Food and Drug Administration) approval of the drug I am being prescribed is based on very short-term studies (usually 6 to 8 weeks) that are designed, paid for, and supervised by the drug's manufacturer. I further realize that the FDA

does not require or expect that all of a drug's adverse effects will be known prior to marketing and prior to lengthy exposure of ordinary patients to that drug.

I am also aware that the FDA's knowledge about the drug's adverse effects after marketing comes mostly from spontaneous physician reports. I know that wording in the medication's package insert, and in the *Physician's Desk Reference*, is the outcome of a complex negotiation between the manufacturer and the FDA. I also realize that it sometimes occurs that the FDA belatedly learns that the manufacturer did not fully disclose what it actually knows about a drug's adverse effects. Finally, I understand that despite FDA approval for psychiatric drugs being granted on the basis of short-term studies, the long-term effects of continuing drug use are not systematically studied by any responsible organization or government agency.

I understand that the drug may have a wide range of effects on my brain, body, consciousness, emotions, and actions. My sleep, my memory, my judgment, my coordination, my stamina, and my sexuality are likely to be affected.

I understand, in particular, that the effects of a psychoactive drug may compromise my ability to monitor and report on just how the drug has affected me.

My prescriber has specifically advised me that the following toxic or adverse reactions may occur and has provided these estimates of the frequency of their occurrence in patients like me: \_\_\_\_\_

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I understand that I may experience an adverse effect that might abate after a few days or weeks. This will usually mean that my body has developed a tolerance to the drug's presence, not that the effect will never bother me again in the future.

I understand that if I inform my prescriber of the occurrence of adverse effects, he or she will have five basic options: (a) cease the drug, (b) decrease the dose, (c) increase the dose, (d) switch to another drug, or (e) add another drug. I understand that no rules exist to determine which option is best to follow in individual cases, and it is possible that several options will be followed simultaneously.

I have been informed that if I am prescribed a neuroleptic drug such as Haldol or Risperdal and I take it regularly for a few years, I have at least a 30% chance over the next 5 years of developing tardive dyskinesia, a possibly irreversible disorder characterized by abnormal involuntary movements of my face or other body parts. I have been informed that I may also suffer from other acute or chronic movement problems, such as parkinsonism, akathisia, and dystonia, and their associated unpleasant mental states.

I have been informed that if I am prescribed a tranquilizer like Xanax or Klonopin and I take it regularly for more than 3 or 4 weeks, I run the risk of becoming physically dependent on it. I will then have a good chance of experiencing "rebound" insomnia, anxiety, and many other unpleasant sensations when I try stopping the drug or even while I continue to take it.

I understand that these drugs are not effective anti-anxiety or sleep-inducing agents after a few weeks of use. I realize that some people are unable to withdraw and must therefore permanently endure the consequences of daily use.

I have been informed that if I am prescribed lithium, I will undergo routine blood tests.

I understand that the blood tests that I will undergo regularly will be for the sole purpose of determining just how much lithium has been introduced into my bloodstream and whether this could produce toxic symptoms because, as a result of the mental dullness that lithium is expected to produce, I may be in no position to recognize some of these toxic symptoms myself.

I understand that the drug is likely to provoke various unpleasant effects when I stop taking it, especially if I stop too suddenly. I understand that withdrawal reactions might represent the most challenging and dangerous part of my whole drug-taking experience. I understand further that these reactions will often closely resemble the original symptoms for which the drug was prescribed to me and may be taken for a return of these symptoms (a "relapse") rather than for withdrawal effects. I realize that my prescriber is aware of these effects and will not interpret these reactions as a sign that my "illness" is chronic and that the drug is "effective."

I also understand that once I have been taking drugs for months or years, I may have difficulty finding a health professional to assist me in withdrawing prudently and safely from the drugs, if I so wish.

Having understood the above, I realize that the drug treatment may alleviate problematic symptoms and/or provide relief from the severe emotional distress I may be experiencing, but it might also cause severe physical pain or discomfort, worsen or compound my existing problem significantly, or even damage me permanently.

I understand that no body of research clearly shows that the problems indicated by my diagnosis or diagnoses require or respond more favorably to drug treatment than to one or more forms of non-drug treatment. It has been explained to me that non-drug treatment might enable me to completely avoid whatever dangers or risks are associated with taking the drug or drugs I am agreeing to take at the expense of any potential benefit the drug or drugs might provide.

My prescriber has made it clear to me that existing evidence does not indicate that drug treatment, as a sole recourse, offers me the best chance of recovery.

My prescriber has briefly discussed with me adjunct and alternative treatments that may be effective in concert with medication, but also in place of medication in an overall strategy for achieving and maintaining wellness. My prescriber has briefly discussed with me the possibility of the following alternative approaches: psychotherapy; acupuncture; aromatherapy; ayurvedic medicine; homeopathy; osteopathy; herbal and vitamin therapies; meditation; music therapy; qi gong therapy; reflexology; relaxation therapy; reiki; rolfing; structural integration; tai chi; TENS; therapeutic massage; psychiatric rehabilitation; CBT (Cognitive

Behavior Therapy); DBT (Dialectical Behavior Therapy); dance and movement therapy; green therapy; and Wellness Recovery Action Planning, among others. My prescriber has informed me that additional information on each of these alternatives is available to me, should I desire it, in the waiting area (Decision Support Center) as well as information about peer support services available to me in the community that I might connect with other individuals who are living with, and recovering from, similar mental health experiences.

Given all of the information provided to me by my prescriber, and with the full knowledge that this is my decision to make, I am choosing to be treated with \_\_\_\_\_  
\_\_\_\_\_

for the following reasons [provide ample space; this section must be filled  
in by the patient or subject]: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_