

Sarina still struggles with managing hallucinations. She has learned techniques for focusing her attention on reality, but still finds it difficult to distinguish hallucination from reality when she is alone. Sarina utilizes the service's automated personal assistant, Dana, to help when she thinks she might be hallucinating. Dana, a natural language user interface, walks Sarina through a program of steps and activities to affirm her reality. The service also records when she interacts with Dana in combination with other collected data to establish patterns and identify potential symptom triggers that she can discuss in person with her clinician. If the service detects that Sarina has reached a dangerous level of psychosis or other symptoms, then her caregiver and clinician are immediately notified.

The service detects that Sarina's hallucinations are troubling on a particular day, and she has locked herself in her room. Her sister is notified of Sarina's symptoms, and that physical intervention is recommended. Her sister wants to help but doesn't know what she can do. She knows that when Sarina's hallucinations are out of her control, it is very difficult to calm her down. She uses the service to get in immediate contact with a nurse for help. The nurse coaches her through ways to talk to Sarina, and gives her instructions on what to do if Sarina feels she can no longer handle the situation.

Sarina tends to withdraw in social isolation when her symptoms worsen. It is hard for her to recognize when she is doing this, and to motivate herself to leave the house and interact with people. Her care plan service tracks her gps location and any interaction with people on her phone to identify when she is withdrawing. It then delivers an interactive program that provides her with the outlet, tools and motivation she needs to reemerge herself in her community again. The service also notifies her caregiver and clinician when troubling levels of social isolation are reached so that physical intervention can occur if necessary.

While Sarina has made great strides in managing her schizophrenia and maintaining her independence, she still has not yet felt ready to secure competitive employment. Before she was diagnosed, she was a school teacher. Though she knows she will never be able to teach students again, she wants to eventually be able to work at her middle school again. The service delivers interactive educational programs through her phone that teach her coping and problem solving techniques she will be able to use in the work setting. Assessments from these digital programs are then sent to her clinician, who can track her progress and identify when she will be able to try supportive employment.

Sarina's biggest challenge with managing her schizophrenia has been remembering to take her medication on time. Her clinician has inputted her medication regimen into the care plan service, where it sends Sarina alerts when its time to take her medication. This can occur in many ways, such as simple phone notifications, phone calls, or even through the device on Sarina's arm. In addition to monitoring her blood sugar and physical activity levels, the device can also vibrate or glow to direct her to take the appropriate medication.

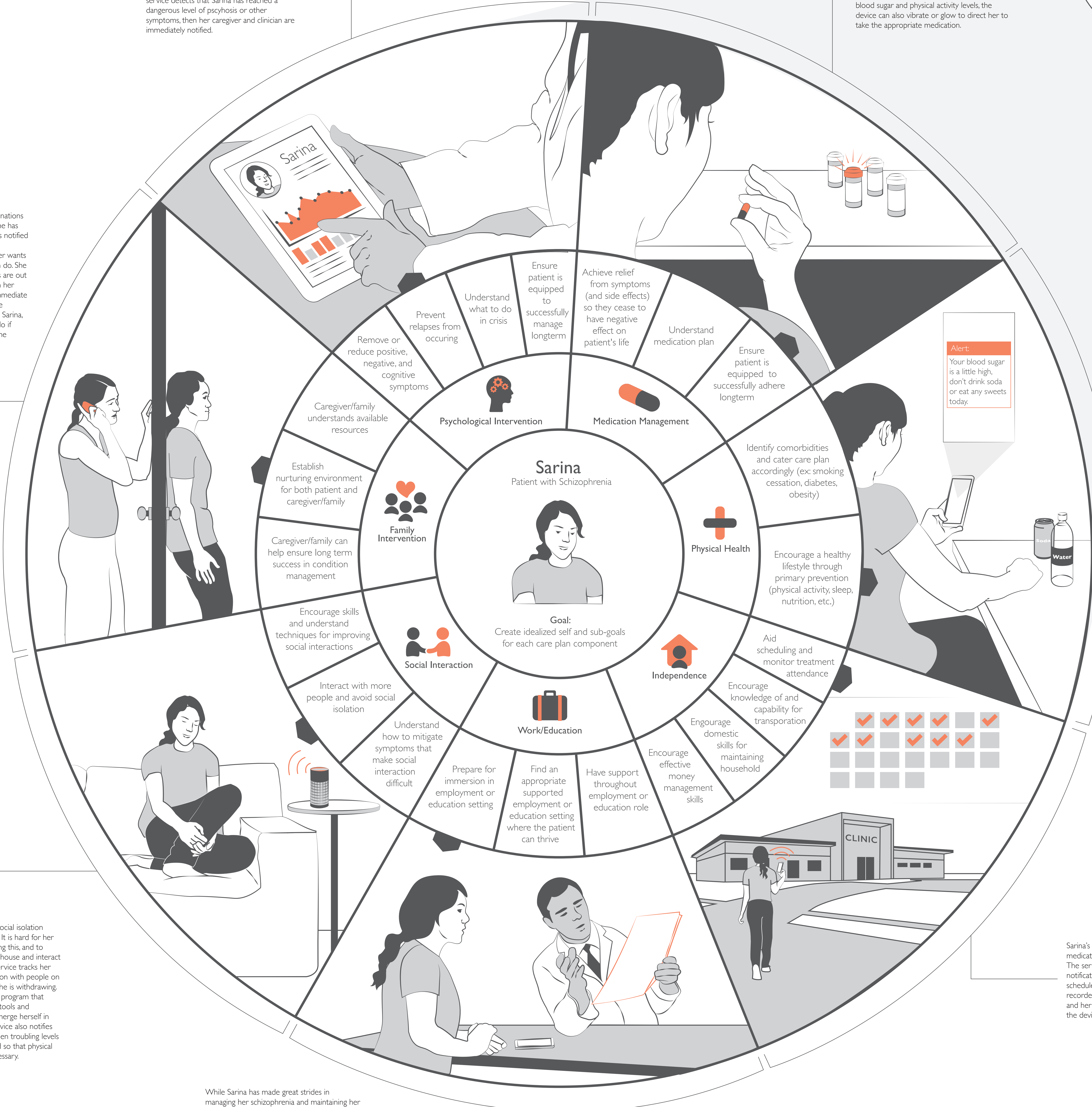
potential service features

goals

care plan

patient

Although Sarina does fairly well with basic self-care activities, she has a hard time understanding and remembering how to maintain a healthy diet. This in combination with weight gain from her medication puts her at risk for diabetes. As part of her care plan service, she wears a device on her arm that measures her physical activity and blood sugar levels. In addition to sending reports to her sister (her primary caregiver) and her clinician, the device also connects via bluetooth to her phone. An app delivers easy feedback and instructions for exercising and eating better. Sarina's sister feels better knowing she will receive an alert if Sarina starts to lose track of self-care activities.



J&J NEEDS MAP V01

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