

Shared Decision Making: Practical Skills to Promote Mental Health Recovery

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Objectives

- Identify reasons why making decisions can be difficult
- Define Shared-Decision Making (SDM) and what sets it apart from traditional decision-making in mental health treatment
- Identify the benefits and drawbacks associated with moving to a SDM orientation and implementing it in clinical practice
- Describe one tool to facilitate the process of Shared Decision Making

What's Behind Making Decisions?

- Importance of the decision/outcome
- Amount of information
- Feelings/emotions
- Levels of internal motivation and self-efficacy
- Extent of personal investment
- Amount of external motivation
- Predicted outcome
- Degree of past experience with similar decisions

What Makes Decisions so Hard?

- Lack of information
- Lack of resources
- Lack of investment or interest in outcome (or too much investment/interest)
- Lack of support from others
- Conflicting perspectives and opinions/social pressure
- Fear of failure or regret
- Concern about accountability/lack of confidence
- Lack of experience
- Too many or too few options

= AVOIDANCE

Take a minute...

- Think of three goals or values that are important to you and decisions you have made or want to make about them

What do people want?

Commonly identified goals of persons served:

- | | |
|----------------------------|----------------------------|
| • Manage my own life | • Quality of life |
| • Social opportunities | • Education |
| • Activity | • Work |
| • Accomplishments | • Housing |
| • Transportation | • Health and well-being |
| • Spiritual fulfillment | • Be part of the community |
| • Satisfying relationships | |

Not just...

- Maintain psychiatric stability
- Take medications as prescribed
- Attend psychiatric appointments
- Quit smoking
- Lose weight
- Don't use alcohol or drugs
- Live in a residential facility
- Have a payee for your money

Many Mental Health Decisions are not Shared

- Research shows that people in mental health recovery want to share decisions; but often do not, due to:
 - Lack of skills
 - Presence of symptoms that impede the process
 - Work with providers who are not inclined to share power
- Open communication between clients and providers can be complicated by the differences that they bring to the table
 - Life experiences
 - Culture
 - Background
 - World view
 - Level of education
 - Age
 - Gender
 - Marital status
 - Health status
 - Communication style

Loss of Voice

- “Life is hard with a diagnosis of Schizophrenia. I can talk, but may not be heard. I can make suggestions, but they may not be taken seriously. I can report my thoughts, but they may be seen as delusions. I can recite experiences, but they may be interpreted as fantasies. To be a patient or even ex-client is to be discounted.”
 - Leet, 1989

Other Barriers to Shared Decision Making

- Providers are usually educated to view themselves as experts who impart information
- Concerns (often due to stigma) about competence of the individual to make a decision that is in their best interest
- Concerns about provider's legal responsibility
- Lack of experience among clients and providers to deal with decisional conflict
- Difficulty accepting another person's decision when we do not agree with it
- Perception that SDM is an "add-on" service

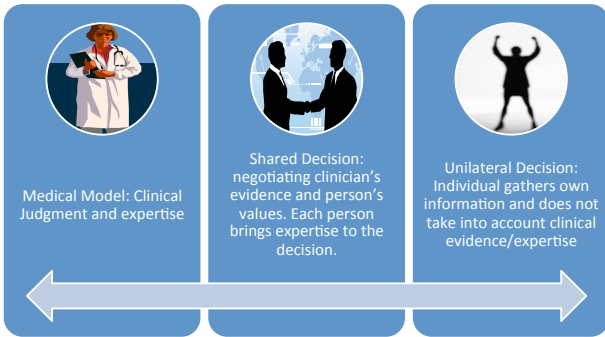
What is Shared Decision Making?

- A decision made **jointly** between the individual and the provider
- SDM refers to a process or style of communication
- Consistent with a Recovery Orientation: promotes individual potential and meaning, hopeful
- May involve skill development, information in multiple modalities, time

How Can We Share Decisions?

- Two or more people involved in a treatment or service decision **voluntarily** act as **full partners**
- Partners **share** information about the issue and the options for moving forward from their **own perspectives**
- Value-sensitive decisions are openly identified and clarified **without judgment**
- Partners work **together** to choose the preferred treatment, service option or life decision; this may change depending on the individual's stage of change and results of the decision

Shared Decision-Making: Where does it fit?



Sharing Decisions

- Especially useful when:
 - More than one viable option exists
 - When there is conflict about which option is “best”
 - When outcomes are dependent on acceptance and follow-through by the person using the services or treatment
- Each partner presents their respective views
- Negotiate a plan that they **agree** is:
 - Ethical
 - Consistent with the evidence
 - Congruent with individual preferences
 - Practical

Shared Decision Making

- Believe
 - That the provider and the client **both** have important and different expertise to share about treatment and life decisions
- Recognize
 - That there are multiple solutions (options) for any given situation (problem) and that these can be identified and discussed together
- Accept
 - That many treatment and life decisions are values-sensitive and aren't “clear cut,” but can be managed

Benefits of Shared Decision Making

- More likely to sustain long term health changes
- Better chance to manage symptoms and life stressors
- Reduced use of crisis/emergency services
- Reduced conflict between clinician and client
- Improved relationship between client and clinician
- Improved communication between clinician and client
- Increased client satisfaction with treatment services
- Increased likelihood of adhering to treatment recommendations

Skills that Support Shared Decision Making

- Active Listening
- Open-ended questions
- Motivational Interviewing
- Empathy
- Values assessment
- Self-awareness of biases

SDM Resources

- CommonGround: Pat Deegan
 - <http://www.patdeegan.com/commonground/about>
- Dartmouth Decision Support Software
 - http://patients.dartmouth-hitchcock.org/shared_decision_making.html
- “Raising Difficult Issues with Your Provider”
 - UIC National Research and Training Center on Psychiatric Disability
 - Free downloadable booklet of “Conversation Door Openers”
 - <http://www.psych.uic.edu/uicnrtc.raisingissues.pdf>

Ottawa Personal Decision Guide

- Developed by Annette O’Conner and colleagues at Ottawa Hospital Research Institute in Canada
 - Evidence-based
 - Used world-wide
- Based on premise that people often make poor health decisions for many reasons:
 - They don’t understand the benefits and risks of a treatment or service
 - They haven’t carefully considered how the treatment or service will affect them
 - They don’t have enough information
 - They don’t have enough support in the decision-making process

Using the OPDG

- Helps people assess their decision-making needs, plan for next steps and track progress
 - Identify options
 - List benefits and risks for each option
 - Rate the importance of each benefit and risk
 - Choose the option with the most important benefits and fewest risks
 - Pending stage of change, plan for next steps:
 - What is supporting or impeding the decision?
 - What is the person willing to try?
 - Specifically, how can providers help?

Using the OPDG (con’d)

- Blank copy of OPDG
http://decisionaid.ohri.ca/docs/das/OPDG_2pg.pdf
(copy provided in handouts)
- Example of a completed OPDG
(copy provided in handouts)

Shared Decision Making in Action

- Do you think you will use the OPDG or another shared decision making tool as a provider?
- What are the pros and cons?
- What information do you have and what additional information do you need?
- What support do you have to use this tool?
- What barriers do you face?

Thank you!

- “Again and again, the impossible problem is solved when we see that the problem is only a tough decision waiting to be made.”
