

Shared Decision Making

Sapana R. Patel, PhD
Center for Practice Innovations
New York State Psychiatric Institute

January 25, 2024



Shared decision making

1. What is shared decision making?
2. Why is shared decision making is important?
3. How effective is shared decision making?
4. What are the steps and skills involved in shared decision making?
5. What are some decision support tools or models I can learn from?

What is Shared Decision Making (SDM)?

Collaborative process that allows individuals and their care teams to make treatment decisions together, taking into account the best scientific evidence, as well as individual values and preferences.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

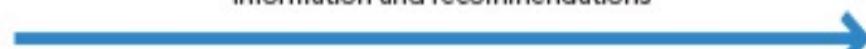
(Deegan et al., 2014)

SDM is a shift



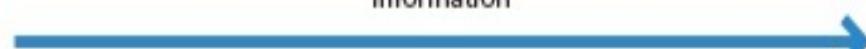
PATERNALISTIC:

Information and recommendations



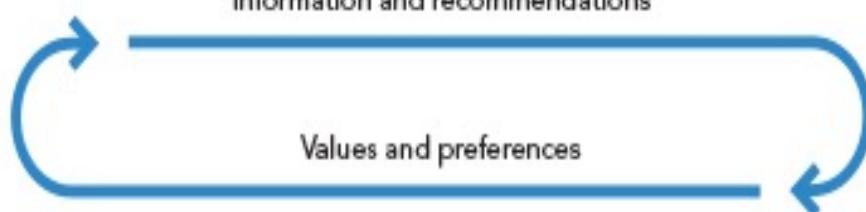
INFORMED MEDICAL DECISION MAKING:

Information



SHARED DECISION MAKING:

Information and recommendations



Values and preferences



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Why SDM is important

- Person-centered care
- Ethical imperative
- Collaborative relationship
- Bring decisions “into the room”

“You want to hear from the doctor, from their mouth the information; you want the risks and benefits.”

“I said, ‘what is my diagnosis and what does it mean?’ She did the print-out and we went over it and everything. You know, even right now, I still don’t remember exactly everything but I had an idea what we were reading at the time, you know. It’s important for me to feel comfortable and be able to talk to them.”



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

When is Shared Decision Making Relevant?

- Clinical Equipoise: Clinical situation has acceptable alternative courses of action
- Competing options exist or approaches need prioritization
- With individuals who express interest in being a part of the decision



Traditional Uses of SDM

Shared decision making can be used in a variety of situations including:

- Tests
- Procedures
- Appointments
- Treatment
- Services

Types of decisions

- One-time decisions
- Continuing care decisions

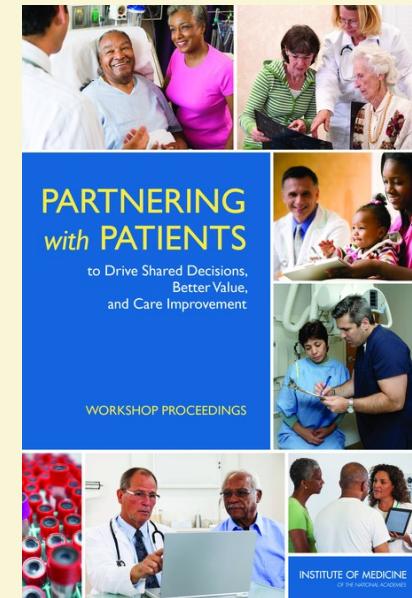
SDM can be applied to other decisions

- Deciding on returning to work or school
- Deciding on a lifestyle change
- Deciding to start a relationship
- Deciding on how to manage finances

Preferences for SDM

Research documents preferences for participation in decision making across a range of behavioral health conditions:

- Anxiety and depression
- Substance use
- Serious Mental Illness



Evidence to support SDM and DAs

- More knowledge
- Less decision regret
- Improved communication and trust
- More involved and engaged in care
- Improved satisfaction for the individual and provider

What is my role as a provider?

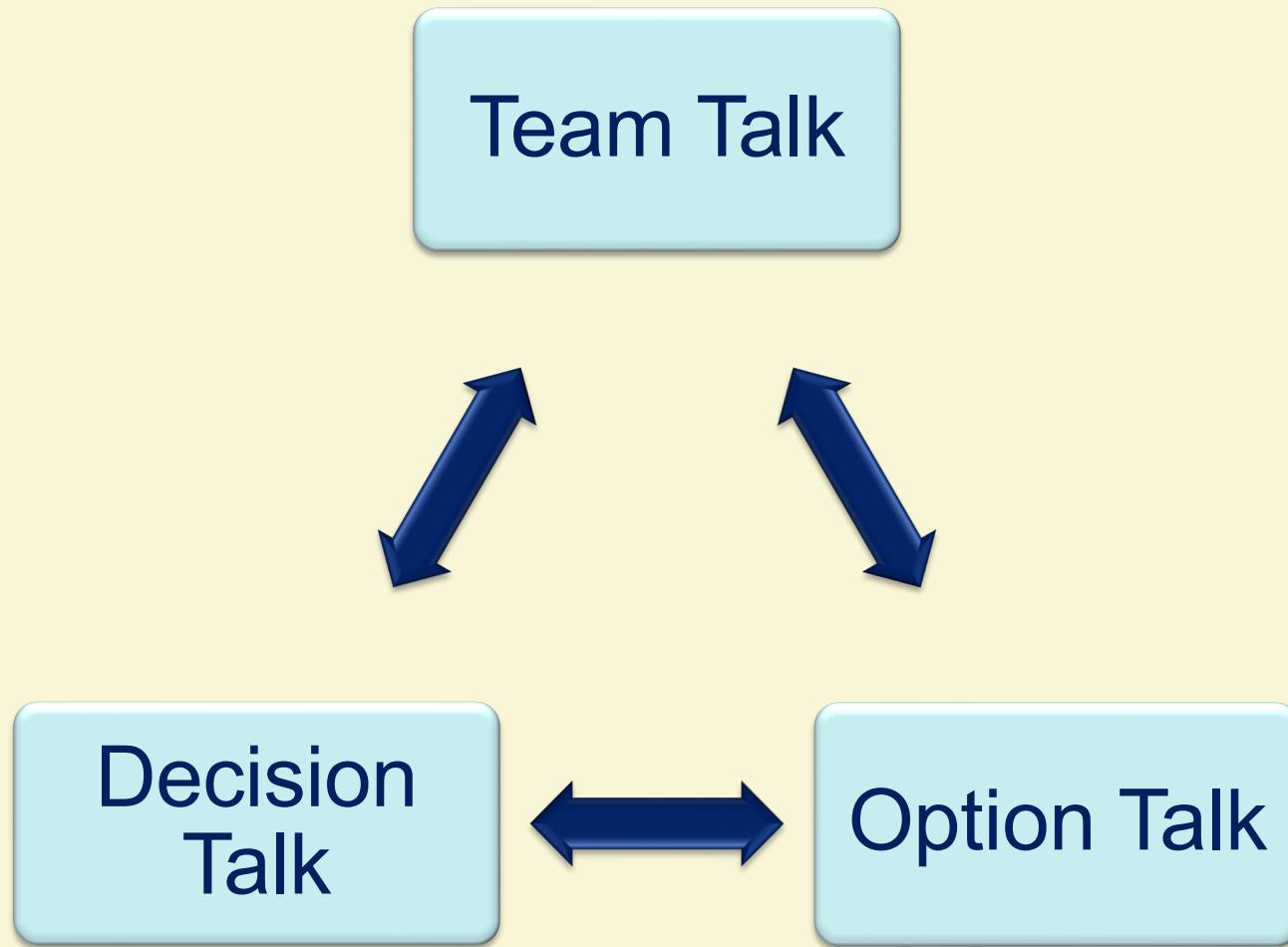
- Help individual become well-informed
- Help individuals express personal preferences for available options
- Provide professional guidance, where appropriate

SDM model for clinical practice

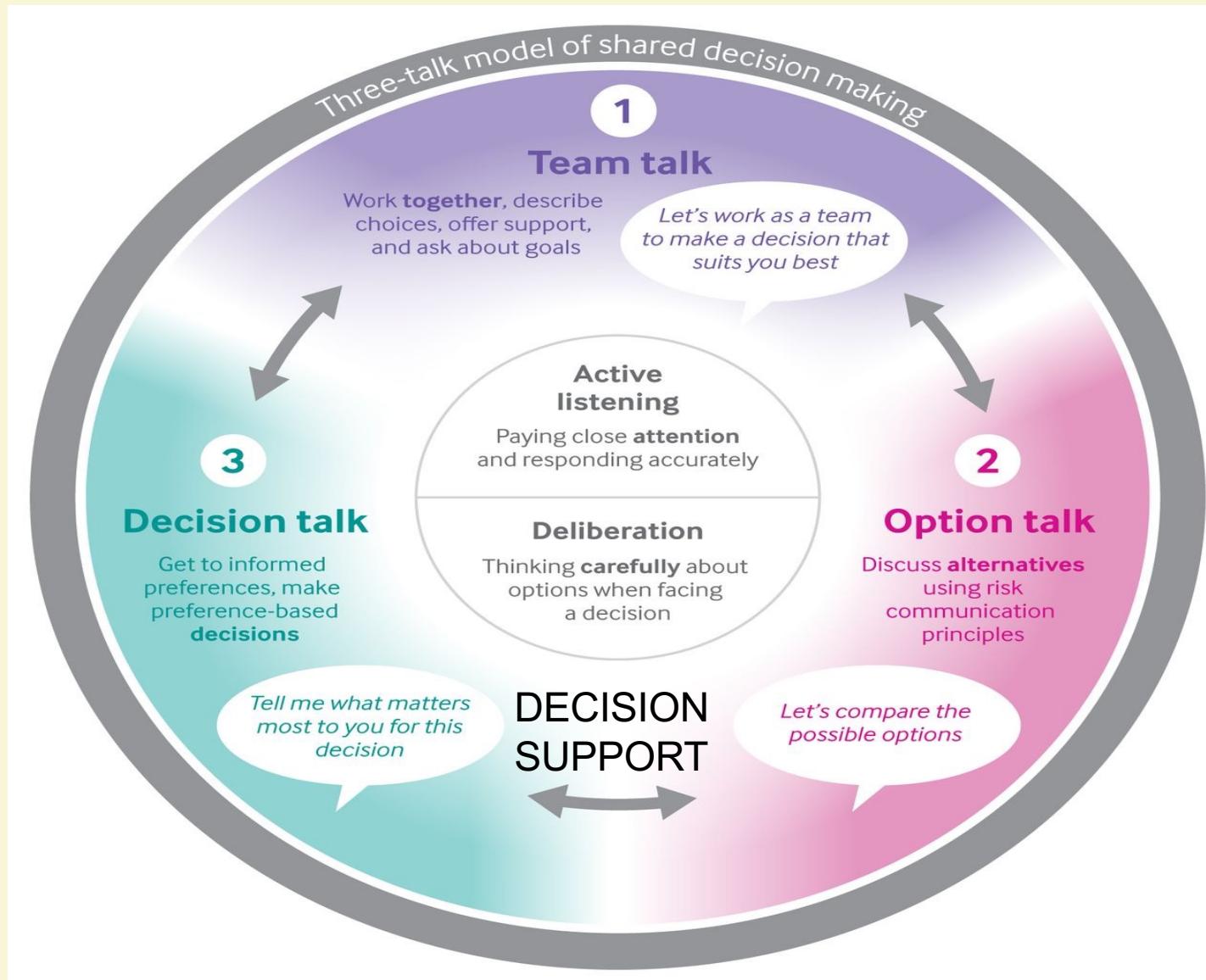


Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Stages of the SDM Process



Three-talk model



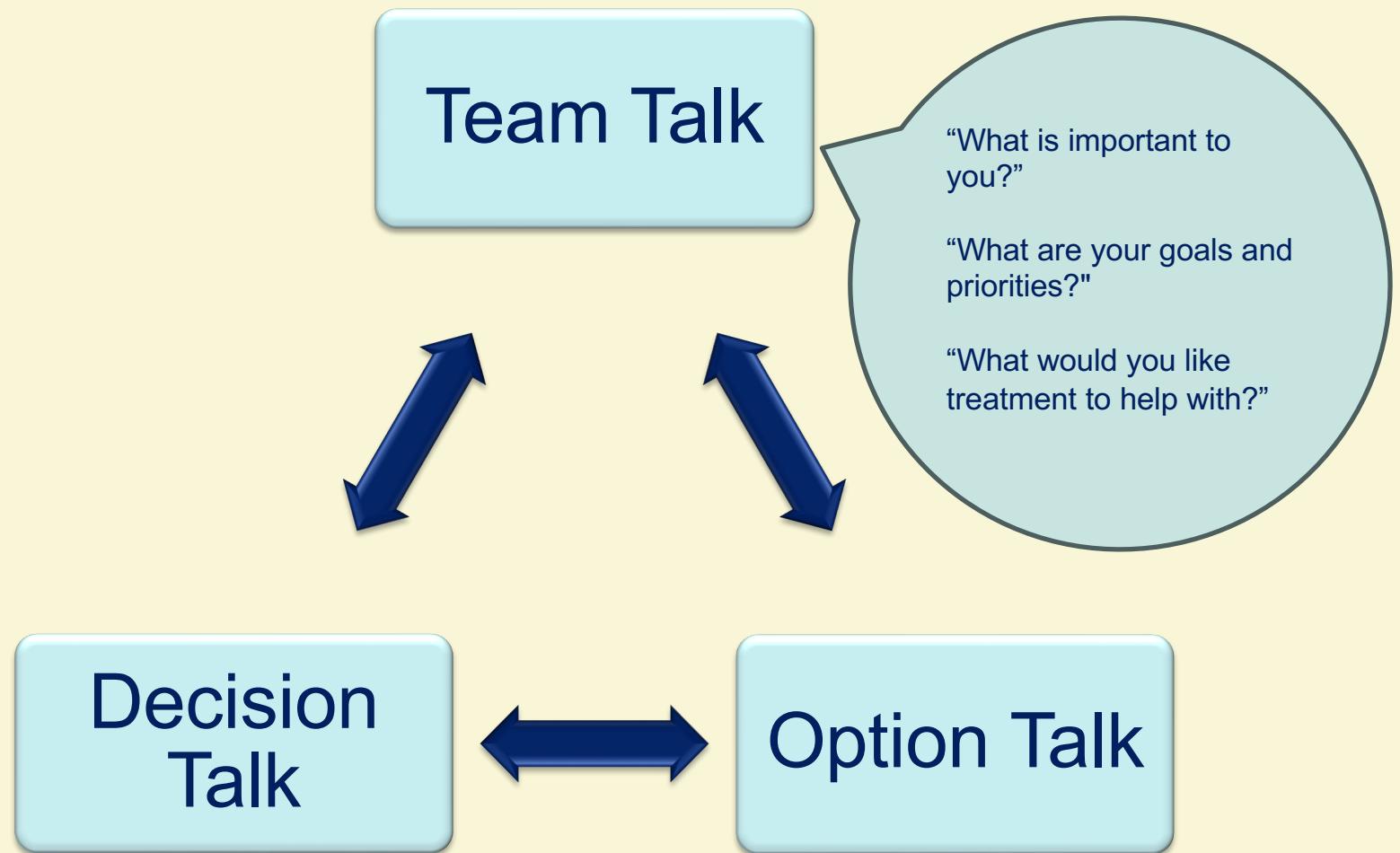
Elwyn, 2016

Setting the Stage for SDM

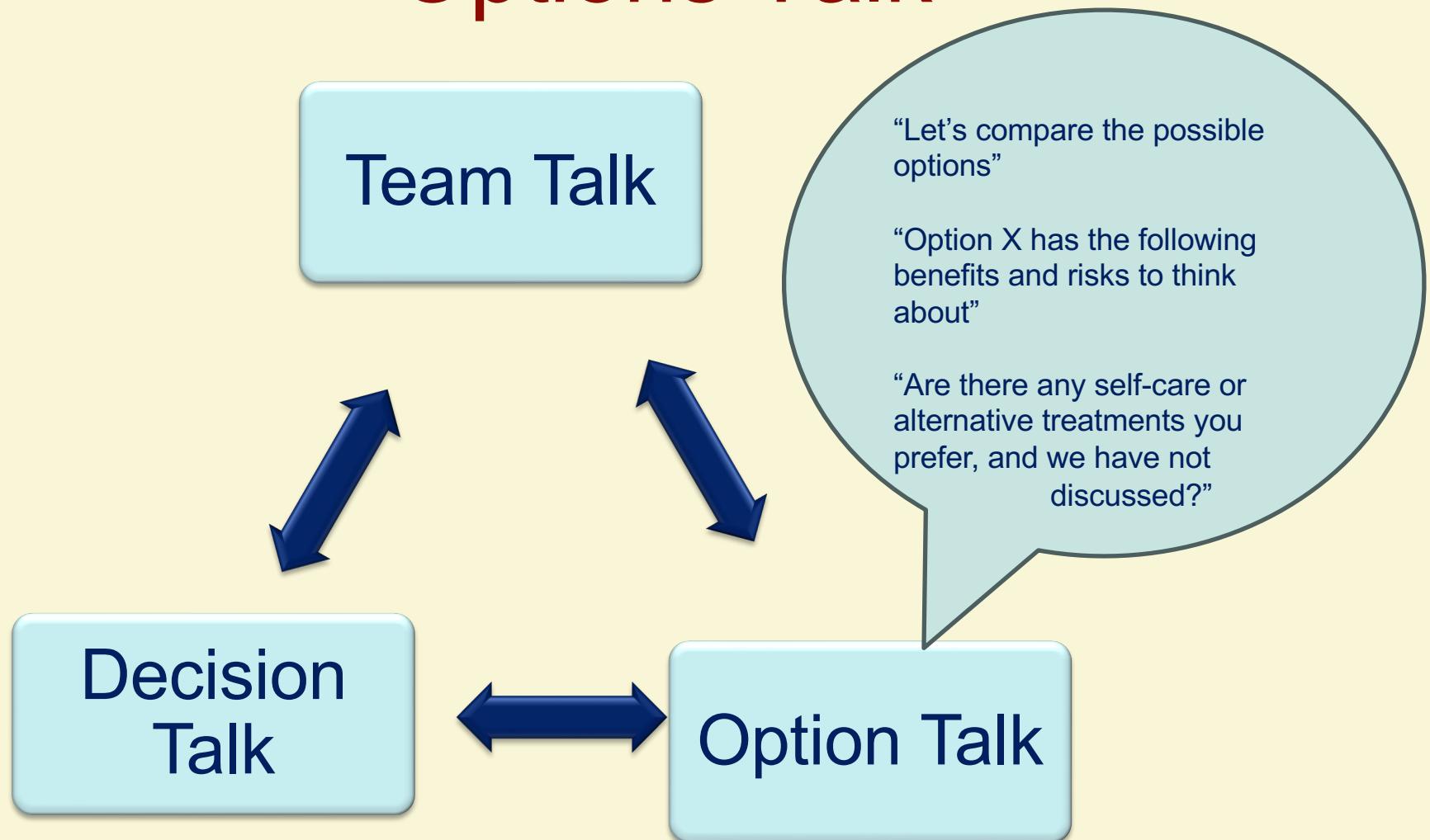
- Invite collaboration, acknowledge the two experts in the room
- Address any concerns or hesitancy to participate on the part of the individual
- Offer autonomy and choice in concrete ways

Team Talk

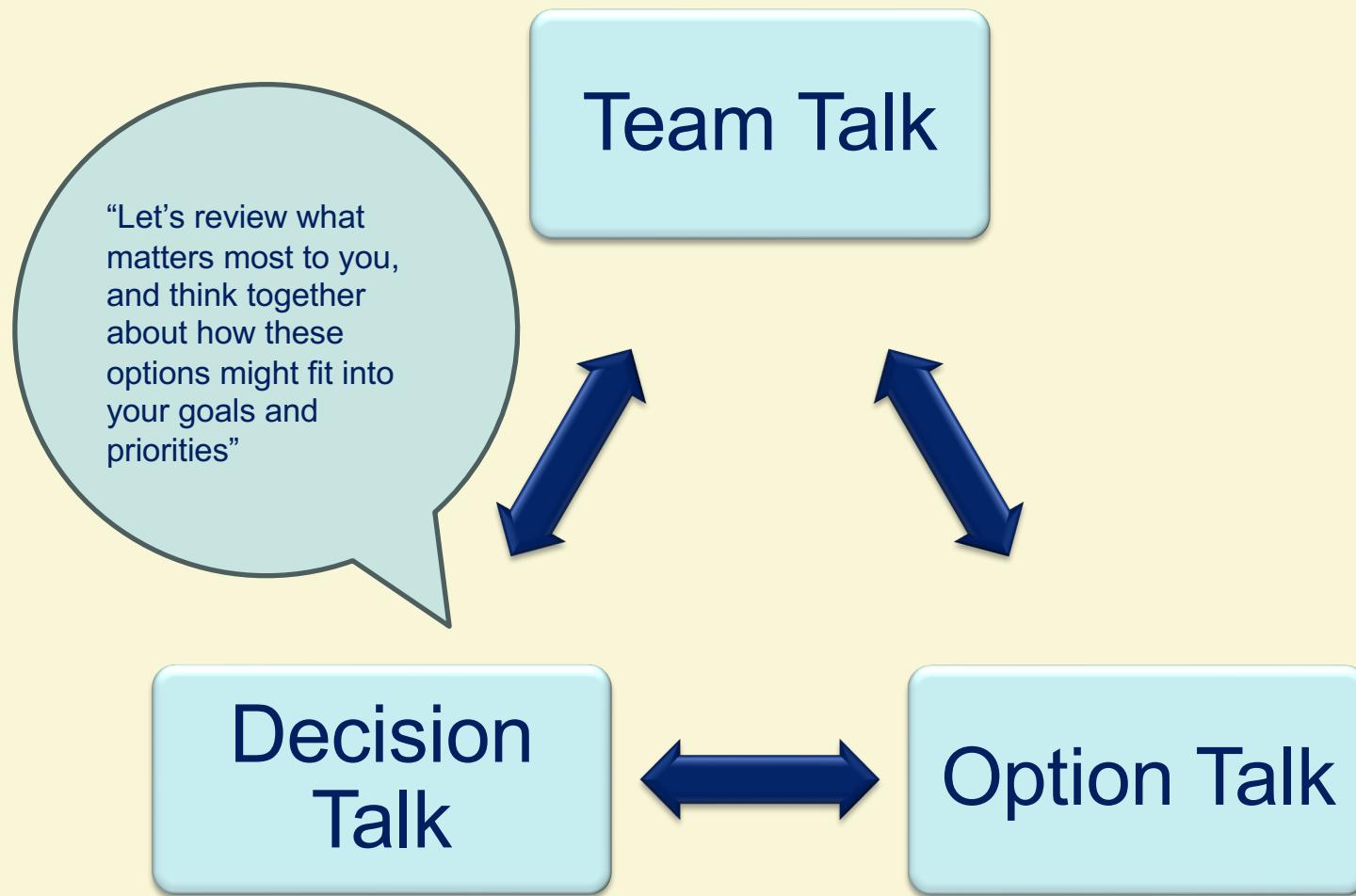
Starting the Conversation



Options Talk



Decision Talk



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Elwyn, 2016

Decision Talk

- “Let’s review what matters most to you and think together about how these options might fit into your goals and priorities for treatment.”
- “Is there anyone else you’d like to involve in the decision about medication- a family member or anyone else?”
- “I will share my recommendation with you, but I will support you whatever decision you make.”

Decisional balance worksheet

	Option A	Option B
Pros		
Cons		

Considerations when engaging SDM

- Health literacy
 - Use plain language when communicating information about options
- Numeracy skills
 - Present risks and benefits using simple odds (1 out of 100) or percent (80% of individuals benefit from this option) or visual aids (100 faces)

Considerations when engaging SDM

- Cultural background
 - May impact interest in participation in the decision
 - Inquire about preferences for alternative sources of care (home remedies, healing practices) which may impact treatment
- Preferences for family involvement
 - Understand and honor preferences for involving family, friends and other supports in the decision making process

Challenges in SDM

- Respecting autonomy and choice
- Preferences for involvement in care
- Acute or high-risk situations
- Watchful waiting

Respecting autonomy or choice

Sometimes a provider's recommendation does not align with the individual's decision.

Make a plan:

- Be supportive yet open and clear about your recommendation
- Use a time period to revisit progress

Preferences for involvement in care

- Start by asking the individual to what degree they wish to be involved in the decision making process
- Consider individuals' involvement in all aspects of a decision (e.g. where to receive care, who can be involved)
- Empower individuals with information
- Listen to their preferences and address barriers

Acute or high risk situations

In an emergency, safety issues trump shared decision making → but there may still be ways to make decisions together:

- Voluntary hospitalization
- Choice of which ER/ inpatient unit
- Medication choice
- Who to inform

Watchful waiting

In circumstances of clinical equipoise, sometimes individuals will choose to go off medications despite recommendations → period of “watchful waiting”

- Increase clinical support (frequency of contact can be telephonic support)
- Symptom tracking
- Designated observer or group
- Safety planning

Decision support tools

Tools for individuals

- Conversation starters (SAMHSA)
- Write down questions and bring notes to meetings
- Involve or bring family, friends or other supports as desired
- Ask to record treatment planning or take home materials to help consider between meetings

Tools for providers and individuals receiving care

Decision aids

Antipsychotic medication: continue, adjust, or stop?

Use this decision aid to help you, your caregiver, and your doctor (prescriber) decide how to best manage your medication. This decision aid is most appropriate for people who take medication for psychosis and for those who have had psychosis for the first time.

option grid 

Frequently Asked Questions	Continue antipsychotic medications	Adjust antipsychotic medications	Stop antipsychotic medications
What does this involve?	Making no changes to your medications. Please ask your doctor about the effects of continuing to use antipsychotic medications. It is important to work closely with your doctor.	Taking more or less medication, adding or changing if needed. It is best to take the fewest number of medications at the lowest dose that works. Adjusting medication is best done with help from your doctor.	Slowly stopping your medications. This is best done with help from your doctor and may involve learning other ways to manage your symptoms.
What are the benefits?	You can expect things to stay the same. Medications can help you focus less on symptoms and more on the things that are important to you, like work or school.	You may have fewer medication side effects, such as sleepiness, uncontrollable movements and weight gain.	You can avoid medication side effects such as sleepiness, uncontrollable movements and weight gain.
What are the risks?	Common side effects are sleepiness, uncontrollable movements, weight gain, and other effects such as sexual problems. You might not be on the dose or combination of medications that's best for you.	Symptoms may come back on a lower dose, and you may find it hard to work or concentrate. You may need more check-ups with your doctor to make sure that symptoms don't come back.	Your symptoms may get worse if you stop taking medication. Roughly 80 in every 100 people (80%) will have symptoms again in the year after stopping medications. These symptoms may cause you to go back to a hospital or psychiatric community clinic.
How can I lower the risks?	You can try to find ways to limit side effects, such as by eating healthy food, joining patient groups and staying physically active. Avoid alcohol and street drugs.	Keep track of how you feel and talk with your doctor. You can try support groups, mobile apps, or writing in a journal so that you know if your medications are helping or not. You can ask someone to give you feedback about how you are doing. Avoid alcohol and street drugs.	Talk regularly with your doctor, a mental health counselor, family members or a friend. Follow the schedule as you lower the medication dose. Don't downplay your symptoms if they come back. Avoid alcohol and street drugs.
How might this affect my usual activities?	If the medication is helpful, you could get back to your usual activities.	Taking the lowest dose that works will cause fewer side effects. This may help you get back to your usual activities.	Once your symptoms improve, you will be able to go back to your usual activities. However, your symptoms will likely come back at some point. Stay in touch with your doctor.



What is a decision aid?

Decision aids are tools that help individuals make a decision by defining the decision, clarifying options, weighing the options, and considering personal values.

Decision aids are meant to support the work an individual is doing with a health provider, so that decisions can be made together

(O'Connor et al, 2010)

Example of Decision Aids

- One commonly used decision aid is the Ottawa Personal Decision Guide
- The Ottawa Personal Decision Guide is flexible and can be used for a variety of types of decisions.
- It is available in many different languages, and can be used for an individual or for two people making a decision together.

What is Depression?

Depression is common

It can affect anyone. Depression is not a weakness. It does not mean that you are “crazy”. Depression is more than just temporary feelings of sadness. It is a medical illness that can be treated just like diabetes or high blood pressure.

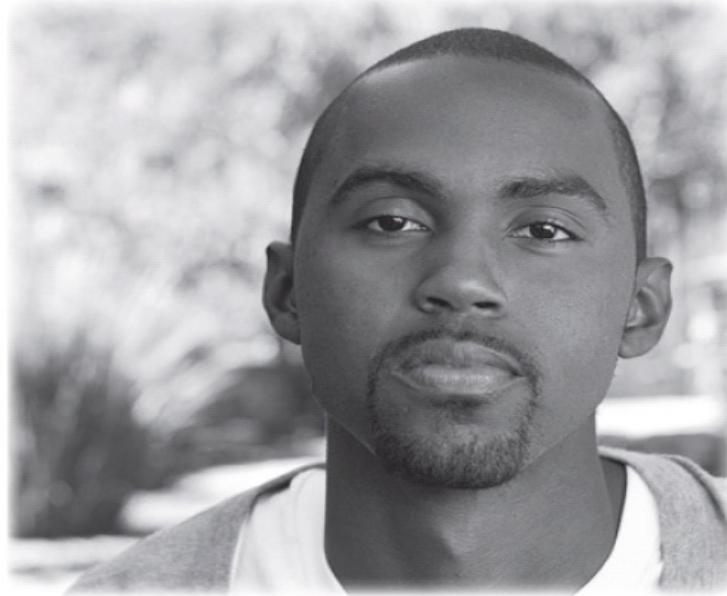
If you are feeling depressed you may have trouble doing normal day-to-day activities. If you do not get treatment for depression, your feelings of sadness may get worse to the point where you may feel that life is not worth living.

Symptoms of Depression:

People who experience depression may have several of the following symptoms nearly every day for two weeks:

- Feeling sad, blue or “down”
- Having trouble sleeping or sleeping too much
- Experiencing changes in appetite
- Losing interest in activities you usually enjoy
- Having problems concentrating, making decisions, or remembering
- Feeling tired all the time or like you have no energy
- Feeling guilty or hopeless
- Feeling restless

If you are thinking about death or suicide, tell your provider or a social worker immediately.



Jorge's Story

Jorge has been separated from his family in the Dominican Republic for two years now. He is unable to visit them and only speaks to them once a week. Jorge does not know many people in this country and has been feeling alone and sad almost every day. He has also had trouble concentrating and making decisions at work. He decided to get help because he may lose his job.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

People can become depressed for other reasons; some other causes of depression include:

- Loneliness
- Financial problems
- Lack of social support
- Alcohol or drug abuse
- Stressful life experiences
- Unemployment
- Family history of depression
- Health problems
- Relationship problems

Getting Help for Depression

At the Institute for Family Health you will have a depression care team available to you including your nurse, primary care doctor and a psychosocial staff person (for example, a social worker, care manager or community health worker). Together with them, you have the opportunity to actively participate in your decision about treatment for depression. Treatment for depression at the Institute for Family Health includes depression care management, counseling, antidepressant medication, and watchful waiting. Getting help for your depression is important. The sooner you begin treatment, the better the results. Don't be afraid to ask questions and take an active role in deciding what type of treatment you think will work best for you.



Miguel's Story

Miguel is 52 years old and has started seeing a psychosocial staff person at the clinic for depression care management. He became disabled after an accident, is unable to return to work, and his wife started working to support the family. Recently, Miguel's family noticed he has lost interest in things he used to enjoy and gets into arguments with them. Miguel's doctor referred him to a psychosocial staff person who helped him apply for disability benefits and find a men's support group.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Antidepressant Medication

Antidepressant medications help to balance chemicals in the brain to reduce symptoms of depression. A medical doctor can prescribe the medication. At the beginning of treatment, you will see your doctor every week or two to check the medication dose, watch for any side effects, and talk about how the treatment is working. Antidepressant medication is taken once or twice a day for at least 6 weeks.

Antidepressant medications have risks and benefits:

Risks/Side effects: The most common side effects include sexual side effects, changes in weight, or dizziness. Many side effects go away after a few weeks, talk to your doctor about any unpleasant side effects.

Benefits: Relief from feelings of sadness and symptoms of depression.

Note: If you have any questions about your medication or are thinking about stopping your medication, call your doctor first.

More treatment options on the next page.



Brianna's Story

Brianna is a 35-year-old, mother of three. She has 5-year-old twins and just gave birth to her third child 2 months ago. Her husband works long hours and is not able to help her with childcare. She was staying in bed longer and was paying less attention to her children. Brianna decided to talk to her primary care physician, who explained that after having a baby, some women may feel depressed. Brianna felt better to hear this and learned about her treatment options, which included antidepressant medications. Brianna decided to take antidepressant medications because she felt they were the best option for her.



Center for Practice InnovationsSM

at Columbia Psychiatry
New York State Psychiatric Institute

Building best practices with you.

Depression Care Management

Depression care management involves working with a psychosocial staff person who will connect you to community resources such as support groups and services for your basic needs, such as insurance, public assistance, referrals, food pantry, and SSI.

Treatments:

Counseling

In counseling, you will talk over what is on your mind with an objective person who will help you learn new skills and ways of looking at situations. With these new skills, you will become more capable of solving problems on your own. Counseling includes meeting with your counselor for 6 to 10 sessions lasting 30-45 minutes each, with occasional assignments between sessions.

Counseling has risks and benefits:

Risks: Since counseling will involve talking about your depression and other related personal issues you may become upset, anxious, or tired when talking about these topics.

Benefits: Ability to solve your problems with more confidence and feeling in control.

More treatment options on the next page.



Jasmine's Story

Jasmine is 42 years old and recently started counseling with her counselor. Jasmine was having problems with her new husband and her 16-year-old son from a previous relationship. Her son was getting into legal trouble and her husband tried to help but only made matters worse. She was having difficulty "keeping the peace" at home. In counseling, Jasmine learned to make a list of her problems, set goals for each problem, and use skills to solve them.



Center for Practice InnovationsSM

at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Watchful Waiting

Sometimes, people who experience a mild depression prefer to wait and see if their symptoms of depression go away on their own. This is called watchful waiting and should be discussed with your provider. In watchful waiting, your provider will check your depression every week or two over a period of 30 days, and if it doesn't get better with time, treatment will have to be considered.

In the meantime, there are a number of things you can do to help yourself such as making time for enjoyable activities, practicing relaxation, and spending time with people who can support you.

Watchful waiting has risks and benefits:

Risks: Delaying treatment for depression which may increase feelings of sadness and symptoms.

Benefits: Avoiding the possible risks or side effects of treatment.

Making Choices for Depression

Date: _____ Provider: _____

I. How would you like to participate in this treatment decision with your provider?

(please check one):

- I prefer to make the decision about which treatment I will receive
- I prefer to make the final decision about my treatment after seriously considering my provider's opinion.
- I prefer that my provider and I share responsibility for deciding which treatment is best for me.
- I prefer that my provider make the final decision about which treatment will be used, but seriously considers my opinion.
- I prefer to leave all decisions regarding treatment to my provider.

II. Options for treatment of depression include:

- Depression Care Management
- Counseling
- Medication
- Watchful Waiting

Or any combination of these treatments



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

List the top two treatment options you are leaning towards. Write the pros and cons of each given what you know so far.

	Pros (+)	Cons (-)
Option 1 _____		
Option 2 _____		

Do you feel sure about the best choice for you? No Yes

Do you know which options are available to you? No Yes

List your questions if you feel you do not know enough about the decision.

Do you know both the benefits and risks of each option?

No Yes

Do you know which benefits and risks are most important to you? No Yes

If you are not sure what matters most to you then talk to others who have made the decision.

Do you have enough support/advice from family and friends to make a choice? No Yes

Are you choosing without pressure from others? No Yes

If you feel you do not have enough support then discuss your options with a trusted person or bring family/friend to your next appointment.

Questions for your provider:

1. _____

2. _____

3. _____

This tool was developed and tested with the support of the National Institute of Mental Health (K23 MH MH082118-01A1).



Resources/links/tools at CPI

- CPI website >Resources >Shared Decision Making videos
- CPI LMS
 - Shared Decision Making (SDM)- core competency
 - Shared Decision Making
 - Shared Decision Making from the Perspectives of Young People of Color in OTNY
 - Using Shared Decision Making with Young People & Families of Color in OnTrackNY
 - OnTrackNY Shared Decision Making for All Team Members
 - Shared Decision Making for Prescribers
 - Variety of decisional balance worksheets and other SDM tools

Questions?

Please enter in the chat or
email:

**Sapana.Patel@nyspi.columbia.
edu**



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Thank you!



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.