Central East (HHS Region 3)



Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

Using Shared Decision Making with Individuals who are Difficult to Engage

March 19, 2020

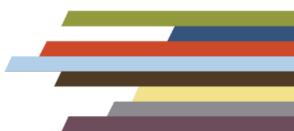
Iruma Bello, Ph.D. Amanda Saake, M.S.W.

with

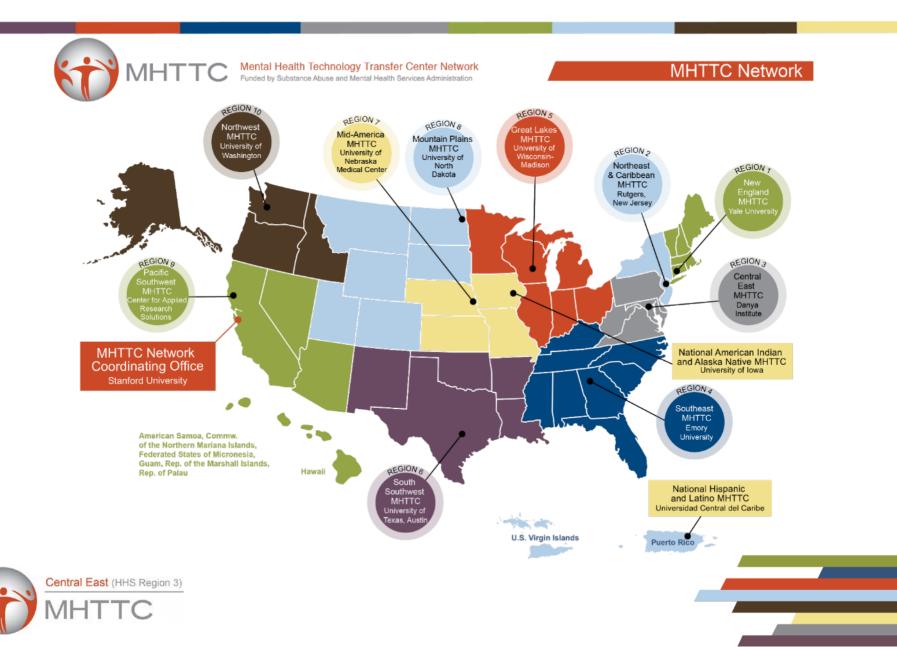
Laurie Curtis, M.A., C.P.R.P.







MHTTC Network

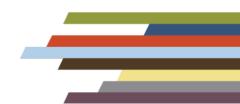


Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance



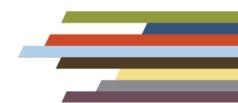


Central East Region

HHS REGION 3 Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia







The series . . .

MHTTC Webinar Series:

Person-centered Tools for Effective Engagement February 26 1:00 to 2:00 PM

March 19 1:00 to 2:00 PM

April 15 11:00 AM to 12:00 Noon

May 13 1:00 to 2:00 PM

All times stated in Eastern Standard Time



Success is predicated on engagement Shared decision making is a tool for effective engagement



Iruma Bello, PhD

Co-Associate Director and Clinical Training Director of OnTrackNY

Assistant Professor of Psychology in Psychiatry

New York State Psychiatric Institute

Columbia University Vagelos College of Physicians and Surgeons

Using Shared Decision Making in OnTrackNY

Iruma Bello, Ph.D.

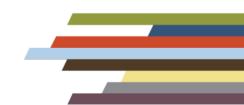
New York State Psychiatric Institute

Columbia University Vagelos College of Physicians and Surgeons

Learning Objectives

- Understand OnTrackNY intervention
- Identify key elements of SDM
- Discuss steps for doing SDM within OnTrackNY using an example
- Examine data depicting SDM usage in program



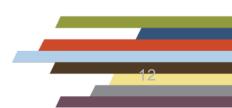




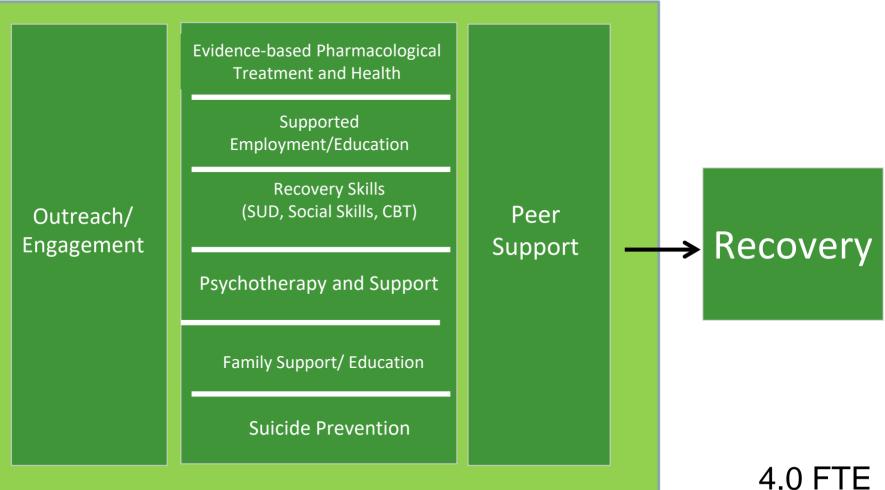
My health. My choices. My future.

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.





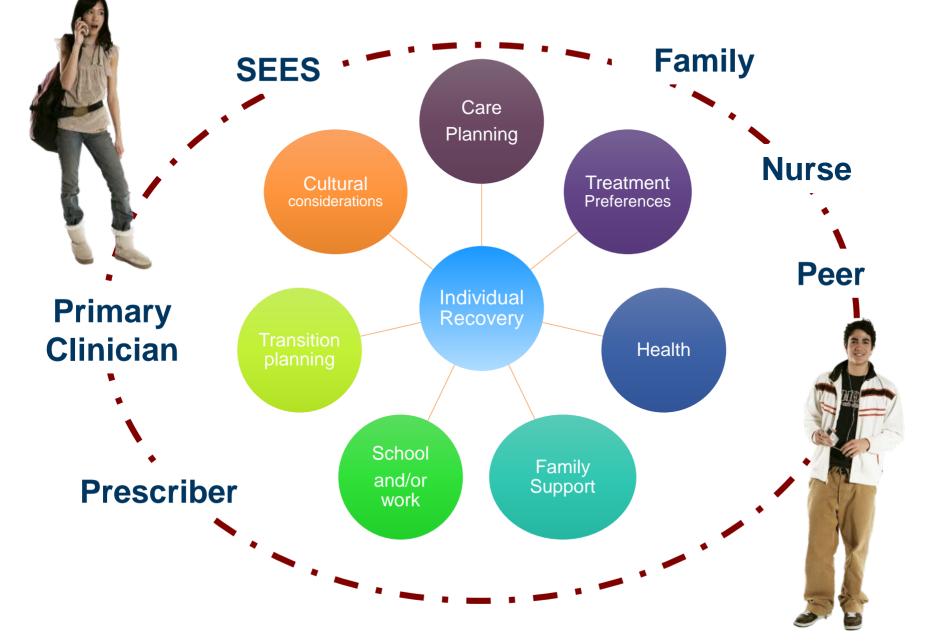
OnTrackNY Team Intervention



Shared Decision Making

JEIE

A Collaborative Approach



Shared Decision-making Model

Three-talk model of shared decision making

Team talk

Work **together**, describe choices, offer support, and ask about goals

Let's work as a team to make a decision that suits you best

Active listening

Paying close **attention** and responding accurately

Deliberation

Thinking **carefully** about options when facing a decision

Tell me what matters most to you for this decision

3

Decision talk

Get to informed

preferences, make

preference-based

decisions

Option talk

2

Discuss **alternatives** using risk communication principles

Let's compare the possible options

Elwyn Glyn, Durand Marie Anne, Song Julia, Aarts Johanna, Barr Paul J, Berger Zackary et al. A three-talk model for shared decision making: multistage consultation process *BMJ* 2017; 359 :j4891

Setting Expectations

Providers should set the expectation with clients and families that they will be involved in SDM:

- Communicate they are part of the team.
- Hope for recovery.
- Expectations that individuals will speak up because they are experts on their needs and preferences.





Mike's Story

- Strained relationship with girlfriend.
- Constantly 'arguing with girlfriend'.
- Became more isolated.
- Visited the GP, who referred him to the early intervention team.
- GP: 'I think you have psychosis'.
- Mike: 'There is nothing wrong with me".





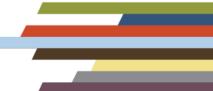
SDM and Mike

Mike is prescribed an antipsychotic, 4mg/day which he does not want to take.

Instead of, "You're very ill and you need help. You'll need to take an antipsychotic medication..."







SDM and Mike

How might you use SDM with Mike?





Choice Talk

How well do you understand why Mike doesn't want to take medications?

Step 1: Information and Choice Talk

How can I help? What's bothering you? There are several possibilities to deal with this...





SDM and Mike

- "Pills won't help me with my problems".
- "I know I'll get side effects, and when I do, I won't be able to do anything about it".
- "I don't like to be told what to do".
- "I don't want to feel wiped out sexually, and my girlfriend will think I'm not interested in her anymore".





Option Talk

Step 2: Option Talk

- Exchange and share information about different options
- Listen to Mike's perspective
- Provide factual information, like side effects

Table 1: Comparison of side effects of antipsychotic medications

8 - 17 A - AI - AF - B AI			e 1	tit. i		
Antipsychotic Medication	5de Effect					
	Weight Gain	Metabolic Risk	Estra-pyramidal Sida Effects and Tandroe Dyskinesia	Hyper-prolactinentia	Anticholinengi: Effects	Sedation
First-generation Antipsychotic (P	GA) Medications					
tigh Potency		<u></u>				
Haloperidol (cral)	•	+	.+++	+++	+	+
Haloperidol (LAI)			***	***	*	* *
Ruphenazine (oral)	*	•	+++	***	+	**
Topherazire (LAI)	•	•	***	***	+	
imozide	-/+	•	+++	***	÷	**
hioltione	**	**	+++	**	•	**
nfluopenazire	++	++	+++	++	+	+



Center for Practice Innovations²⁴ of Columbia Psychiatry New Tork State Psychiatric Institute Building best practices with you.

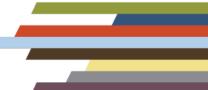


My health. My choices. My future

SDM and Mike

- Use decision aids.
- Discuss alternative to medications.
- Psychotherapy, individual or group.
- Focus on work or school.
- Social skills, problem-solving skills, conflict resolution.
- Problem-solve and discuss pros and cons.







Decision Talk

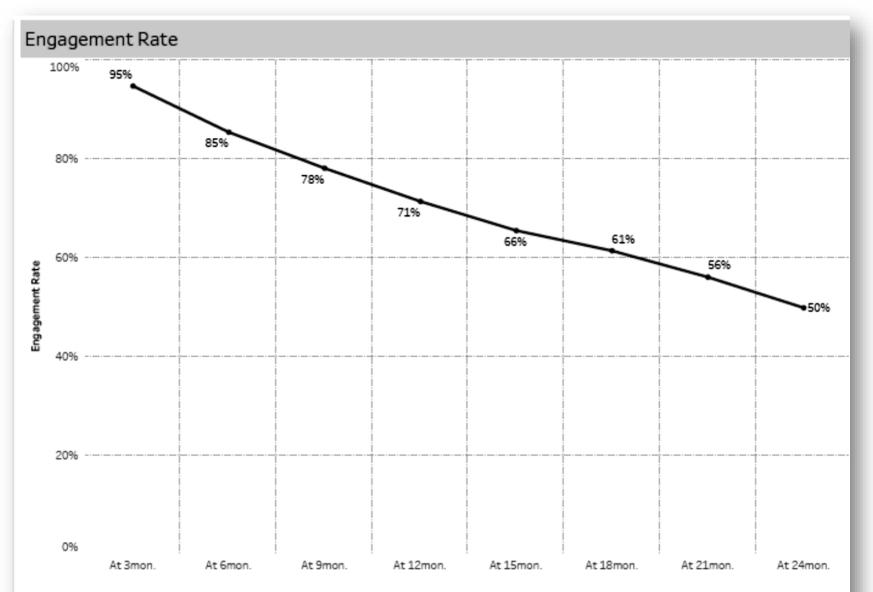
Step 3: Decision Talk and Implementation

- "Ok, I'll give this a go".
- "Let's check back in 3 weeks and see how you feel".
- Use a symptoms monitor sheet or designated observer sheet.
- "If this doesn't work, we'll try option 2 next."



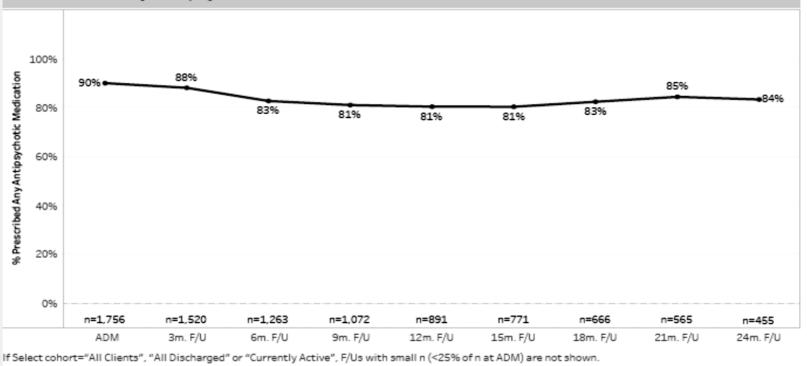


Engagement Rate (as of 1/29/20)

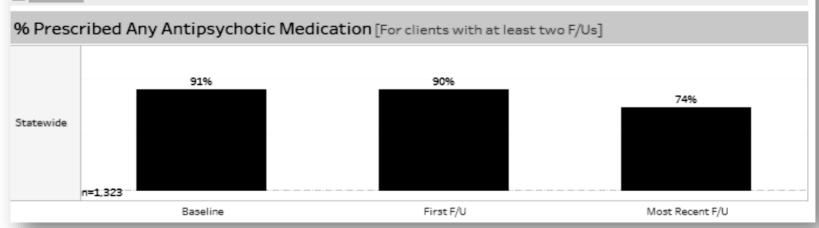


Antipsychotic Medication Use

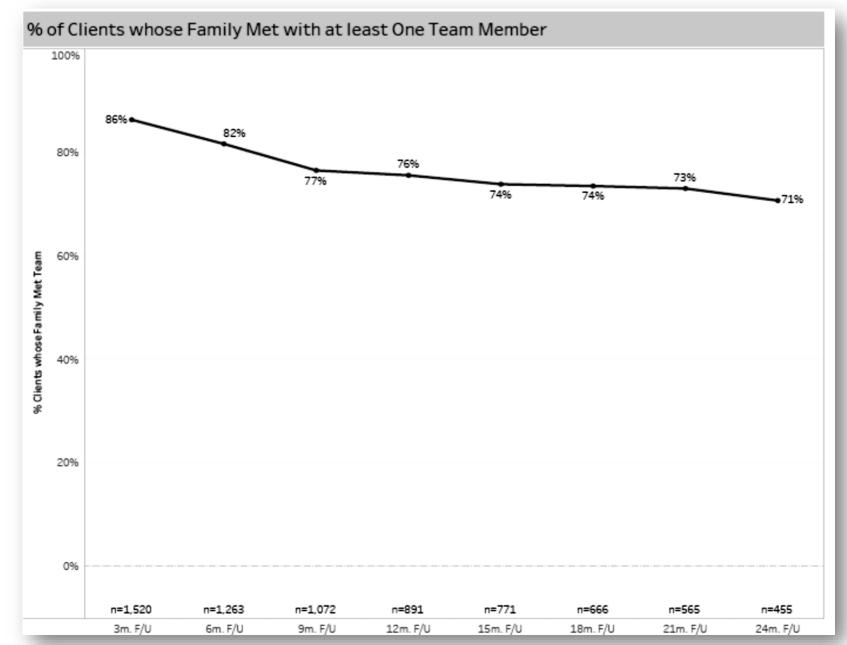
% Prescribed Any Antipsychotic Medication



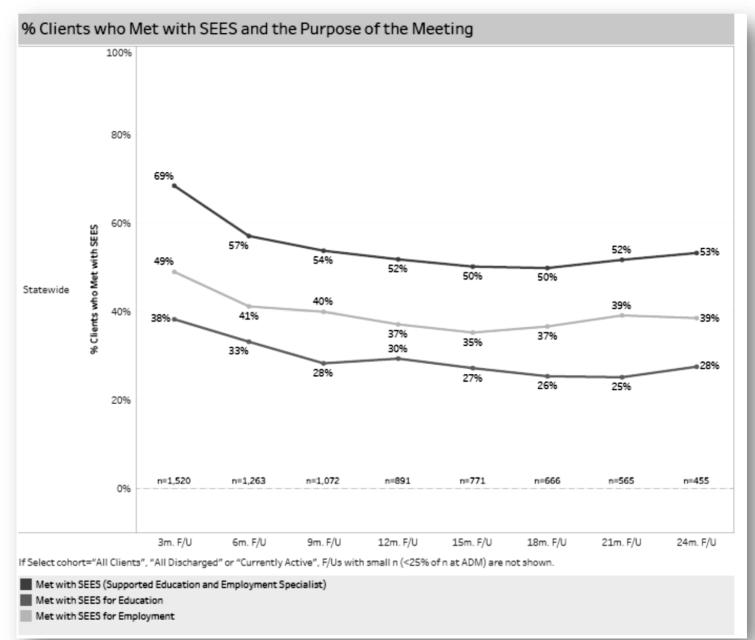
Statewide



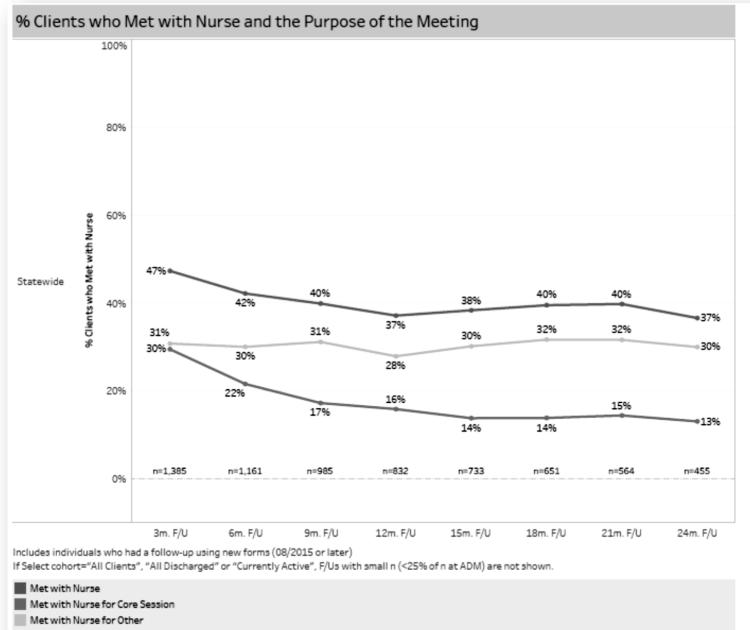
Family Involvement



SEES Services



Meeting with Nurse



Amanda Saake, LMSW, CPRP, NYCPS-P

Special Assistant to the Commissioner Director of Office of Consumer Affairs Office of Mental Health State of New York <u>Amanda.Saake@omh.ny.gov</u>





"You have a serious disease that compromises your functioning.

It can be hard living with it and it's ok to have help...you may not go to college right away...you might need to live with your parents so they can take care of you, that's normal...and you're going to have to accept the fact that you need to take medication for the rest of your life.

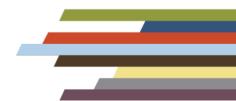
You need to get some insight into your illness."



What helped







... I did it!

Columbia School of Social Work Commencement Ceremony May 17, 2006



I don't treat highrisk patients.

I stopped talking about my history with suicidal thoughts and behaviors.

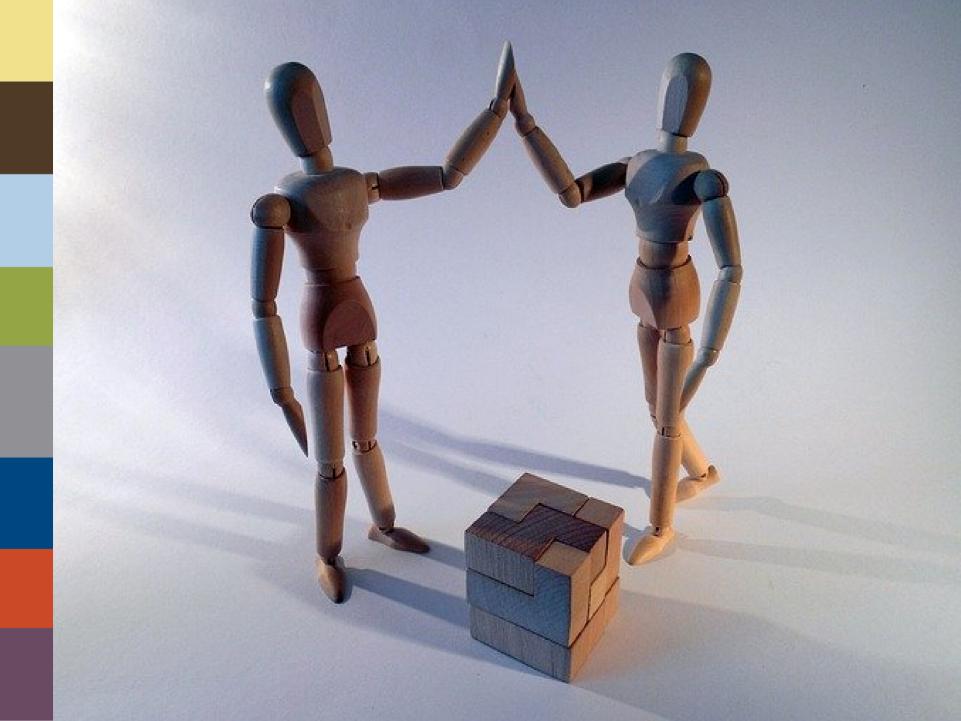
I don't prescribe benzos.

I stopped talking about the issues I experienced with benzodiazepines.

The meds you're on work for you, why stop?

I stopped asking prescribers about alternatives.

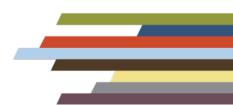
You're not as high-functioning as you think. I stopped talking about personal issues in treatment sessions.



Resources

- <u>SAMHSA Shared Decision-making Tools: Antipsychotic Medications. Medication Assisted</u>
 <u>Treatment for Opioid Use Disorder</u>
- SAMHSA Shared Decision-making
- <u>SAMHSA. Shared Decision-making in Mental Health Care Practice, Research, and Future</u> <u>Directions</u>
- <u>AHRQ: The SHARE Approach—Achieving Patient-Centered Care with Shared Decision-</u> making
- AHRQ: Shared Decision-Making Toolkits
- Pat Deegan's Common Ground
- Mental Health America. You're on the Team
- Schauer, C., Everett, A., del Vecchio, P., & Anderson, L. (2007). Promoting the value and practice of shared decision-making in mental health care. Psychiatric Rehabilitation Journal, 31(1), 54–61.
- <u>Columbia University, Center for Psychiatric Innovations</u>. Shared Decision Making

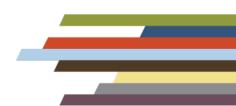




Citations

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- Barbui, Bianchini, Esposito et al., 2012. Adverse Effects of Neuroleoptics Drugs: Patient vs. Provider Perspectives. *Social Psychiatry and Psychiatric Epidemiology*, 47, 157-164.
- <u>Columbia University, Center for Psychiatric Innovations. Shared Decision Making</u>
- Dixon, Lisa & Holoshitz, Yael & Nossel, Ilana. (2016). Treatment engagement of individuals experiencing mental illness: Review and update. *World Psychiatry*. 15. 13-20. 10.1002/wps.20306.
- Elwyn, G., Durand M.A., Song, J., Aarts, J., Barr, P.J., Berger, Z. et al. (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ*; 359 :j4891
- Health Affairs, Health Policy Brief, 14 Feb 2013
- Learning the lessons from SDM
- <u>Schneider, R.F., Changing Your Corporate Culture To Hear The Concerns Of Patients. Clinical Leader, 2 Jan 2020</u>
- Shay, L. A., & Lafata, J. E. (2015). Where is the evidence? A systematic review of shared decision making and patient outcomes. *Medical decision making : an international journal of the Society for Medical Decision Making*, 35(1), 114–131. doi:10.1177/0272989X14551638





Contact Us...



Iruma Bello, PhD

Co-Associate Director and Clinical Training Director of OnTrackNY Assistant Professor of Psychology in Psychiatry New York State Psychiatric Institute Columbia University Vagelos College of Physicians and Surgeons Iruma.Bello@nyspi.columbia.edu

Amanda Saake, LMSW, CPRP, NYCPS-P Special Assistant to the Commissioner Director of Office of Consumer Affairs Office of Mental Health State of New York

Amanda.Saake@omh.ny.gov





Laurie Curtis, MA, CPRP Senior Program Manager Advocates for Human Potential, Inc. Icurtis@ahpnet.com

Coming next:

Approaches for Person-led Crisis Response Planning

April 15, 2020 11:00 – 12:00 Eastern Time

Laurie Curtis, MA, CPRP Philip H. Rainer, LICSW

Evaluation

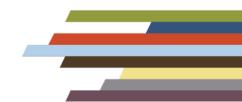
Evaluation Link

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

Appreciation







Contact Us



<u>Central East MHTTC website</u> <u>Oscar Morgan</u>, Project Director Danya Institute website Email 240-645-1145

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