

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# **SDM Dialogues: Engaging individuals and families in decision making**

**with**

**Iruma Bello, Ph.D.**

Clinical Training Director, On Track New York,  
Center for Practice Innovations

**and**

**Melody Riefer, MSW**

Senior Program Manager  
Advocates for Human Potential, Inc.



# Resources and Continuing Education

**“Download Materials Here” available now**

- Speaker bios
- PDF of presentation slides

**Available at end of webinar**

- Certificate of Participation
- Link to NAADAC Continuing Education
- Participant feedback opportunity



The background features a series of colorful gears in shades of pink, light blue, green, orange, and yellow. Two dark grey hands are shown holding two of the gears, one green and one orange, which are interlocking with each other and with the adjacent gears. The title 'Recovery to Practice' is centered over the top half of the image.

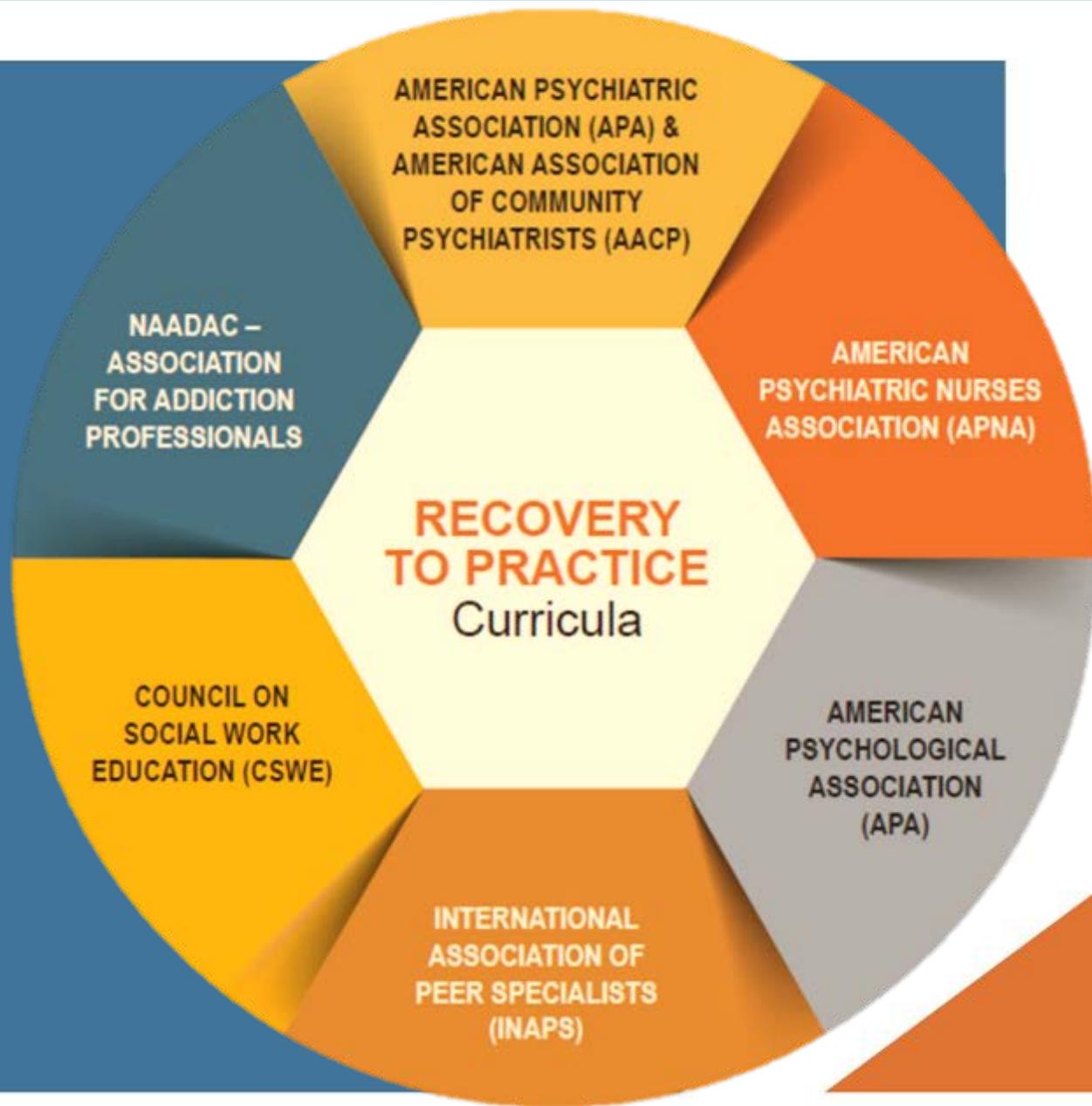
# Recovery to Practice

**Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.**



SAMHSA's  
10 Principles  
and  
4 Dimensions  
of Recovery in  
Behavioral Health

RTP  
discipline-  
based  
curricula



**FREE WEBINARS**  
on Recovery-  
Oriented  
Practices

# Recovery to Practice Training and Technical Assistance

**INFORMATIVE**  
Quarterly  
Newsletter!

Sign Up At:  
[www.samhsa.gov/  
recovery-to-practice](http://www.samhsa.gov/recovery-to-practice)



# SDM Dialogues: Engaging individuals and families in decision making



*Iruma Bello, Ph.D.  
Clinical Training Director  
On Track New York  
Center for Practice Innovations*



*Melody Riefer, MSW  
Senior Program Manager  
Advocates for Human Potential*



# Using SDM within OnTrackNY

Iruma Bello, PhD

Clinical Training Director, OnTrackNY

**Disclosure:** Dr. Bello is an employee of Research Foundation for Mental Health at the New York Psychiatric Institute. She provides training in a model of FEP care, OnTrackNY, as part of her job. She does not receive any personal financial benefit from this training.

# Objectives

1. Provide an overview of OnTrackNY
2. Discuss introduction of SDM to young clients and families
  - a. Discuss challenges
  - b. Share tools and resources
3. Describe SDM examples from OnTrackNY

# On Track NY

My health. My choices. My future.

A program funded by the  
NY State Office of Mental Health  
designed to provide early intervention services  
for young people who have recently started  
experiencing first episode psychosis (FEP)

# OnTrackNY: What is it?



- Coordinated Specialty Care (CSC) program
- Informed by research studies funded by the federal government which demonstrated good outcomes for people with First Episode Psychosis (FEP)

Seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.

# OnTrack NY

*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

Outreach/  
Engagement

Evidence-based Pharmacological  
Treatment and Health

Supported  
Employment/Education

Recovery Skills  
(SUD, Social Skills, FPE)

Psychotherapy and Support

Family Support/ Education

Suicide Prevention

Peer Support

Recovery

4.0 FTE

Shared Decision Making

# Guiding Principles and Clinical Concepts

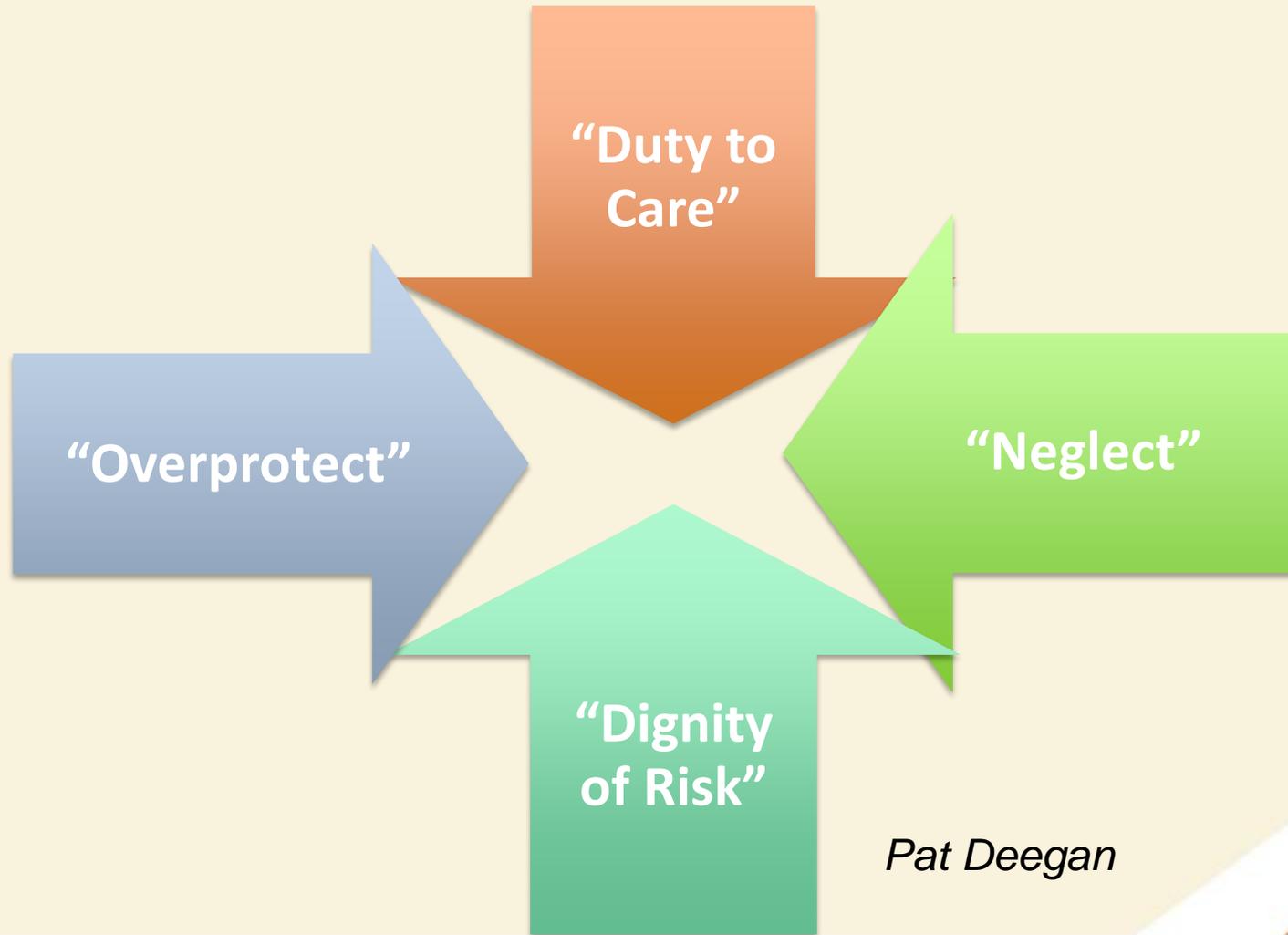
Recovery

Person-Centeredness

Shared Decision Making

Cultural Consciousness

# Operationalizing a Recovery-oriented Model and Shared Decision Making



# Primary Clinician Core Sessions

1. Early Intervention and Recovery
2. My Cultural Background, My Choices, and My Recovery
- 3. Shared Decision Making**
4. Identifying and Using My Personal Strengths and Supports
5. Introduction to the Team



# PC Core Sessions (Cont.)

1. Enhancing my Social Skills\*
2. Understanding How Drugs and Alcohol Affects My Recovery\*
3. Learning to Manage Difficult Feelings\*
4. Increasing Engagement Through Behavioral Activation\*
5. Transition from the Team: What's Next (Phase 3)

\*Optional Sessions



# Setting Expectations

## Step 1

- Your team **will be very clear** with you when a decision needs to be made.
- You should also tell your team about decisions, you may be facing that they don't not know about.

## Step 2

- Your team **will help you understand** your the options you have available.

## Step 3:

- Once you have learned about your options your team will help you make a decision.

# What is Shared Decision-Making?

The best kind of informed consent process

Moving from an initial preference to informed preferences through a process of supported deliberation

It acknowledges the **2 experts** in the room:  
The person receiving services and the person providing services

It can help to clarify an individual's values and preferences for decision-making

# How To:

## Choices talk

- Making sure that people know that reasonable options exist

## Options talk

- Providing more detailed information on options

## Decision talk

- Considering preferences and deciding what's best

**Encourage participants to involve family members in the decision-making process**

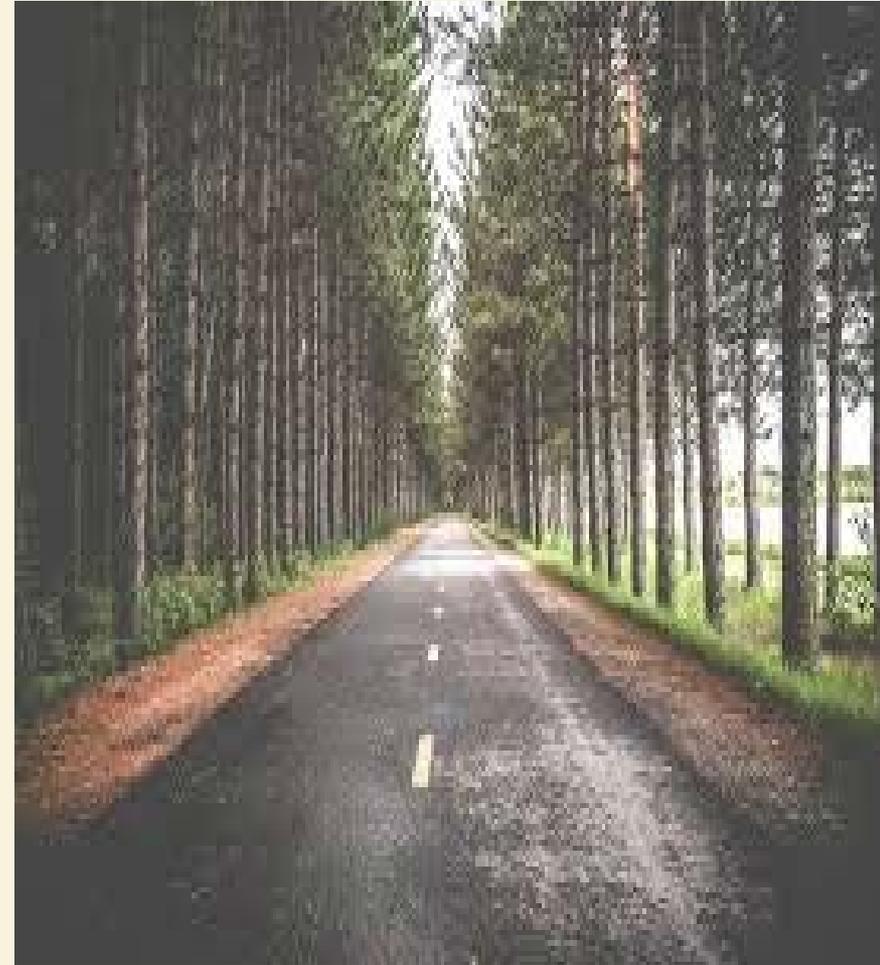
# POLL



# Challenges in Implementation

Navigating required inclusion of parents with teens, especially for youth who are **not as engaged/more assertive**

Sense of invincibility that young people sometimes have (you can provide info about risks of relapse but young people often think it won't happen to them)



# More Challenges in Implementation



- Clinicians tolerating risk
- Tension between motivational interviewing and SDM approaches
- Limits of our medications
- Limits of our data

# OnTrackNY SDM Tools

# SDM Video Series

Created by Patricia Deegan, PhD for the  
Center for Practice Innovations

Consists of 6 videos

Chapter 1 – What is Shared Decision Making?

Chapter 2 – Shared Decision Making in Behavioral Health

Chapter 3 – Why Shared Decision Making with Young People?

Chapter 4 – Decision Aids

Chapter 5 – Doing Shared Decision Making

Chapter 6 – You Are Part of the Team

Decision Aid:  
Preparing to  
talk about  
concerns

### Preparing to Talk about Symptoms

We can't always get all the time we want with our doctor, therapist or other team members. Use this form to help prepare for the things you want to discuss with your team.

*What is a symptom? Symptoms are things like extreme worries or fears, or intrusive thoughts. Most often symptoms are indicators that something in our life needs tending to. Symptoms are like a red flag that grab our attention and call us to action. Perhaps we need to avoid certain situations. Perhaps we need to improve our self-care. Perhaps we need to have a good cry, deal with some anger or get extra help from our team.*

**STEP 1:** Describe the experience or symptom that is bothering you or feels the most important to talk about with team members. \_\_\_\_\_

**STEP 2:** Fill in the chart below:

Does the issue/symptom you wrote above, affect:	Yes	No	Not Sure	Not Applicable
My relationships or friendships? How?				
My ability to work? How?				
My ability to live where I want to live? How?				
My ability to take care of myself? How?				
My ability to do the things I enjoy in life? How?				
My ability to fulfill my responsibilities to my family? How?				
My ability to be the person I want to be in life? How?				
My self-esteem? How?				
My health? How?				
My safety or the safety of others? How?				
Other things not listed above? How?				

## PSYCHIATRIC MEDICINES AND ME

Psychiatric medicines can be helpful to our recovery. However, sometimes psychiatric medications can alter our sense of who we are. For instance, you might be a naturally talkative person, but some medications may make you feel more quiet and withdrawn. This worksheet will help you and your team understand what's unique about you. Together, you'll be able to determine if the medications you may take would be truly helpful in supporting YOU in your recovery. Here are some exercises to get you started:

### PART A: HOW I SEE MYSELF

In the list below, circle the words you honestly think describe you **when you are feeling well**. Add your own words in the spaces provided. Then answer the questions that follow:

EASY GOING	LIKE TO PARTY	ENERGETIC	LIKE TO SLEEP IN LATE
TALKATIVE	OUTGOING	THOUGHTFUL	PROCRASTINATOR
ANGRY	CONFIDENT	LAZY	NOT VERY EMOTIONAL
GET PUSHED AROUND	NEEDY	CREATIVE	EASILY BORED
LIKE HOW I LOOK	INDEPENDENT	ACTIVE	SHY
CRY EASILY	RESERVED	TRUST PEOPLE	LONER
EXTROVERTED	LIKE TO STAY UP LATE	INTROVERTED	LIKE IT QUIET
SENSITIVE, BUT DON'T SHOW IT	STUBBORN	NIGHT OWL	DON'T LIKE CROWDS
GET IN PEOPLE'S FACE	SENSITIVE AND SHOW MY FEELINGS	DON'T LIKE HOW I LOOK	DON'T CARE WHAT OTHERS SAY
BASICALLY THINK LIFE IS HARD	WANT TO BE LIKED	LIKE PHYSICAL ACTIVITY	BASICALLY THINK LIFE IS GOOD
EARLY BIRD	BAD TEMPERED	SLOPPY	GOOD APPETITE
DON'T TRUST PEOPLE	QUIET TYPE	BOOKWORM	LIKE IT LOUD
OTHER WORDS THAT DESCRIBE YOU?	_____	_____	_____

## Decision Aid: Psychiatric Medicines and Me

# RAISE

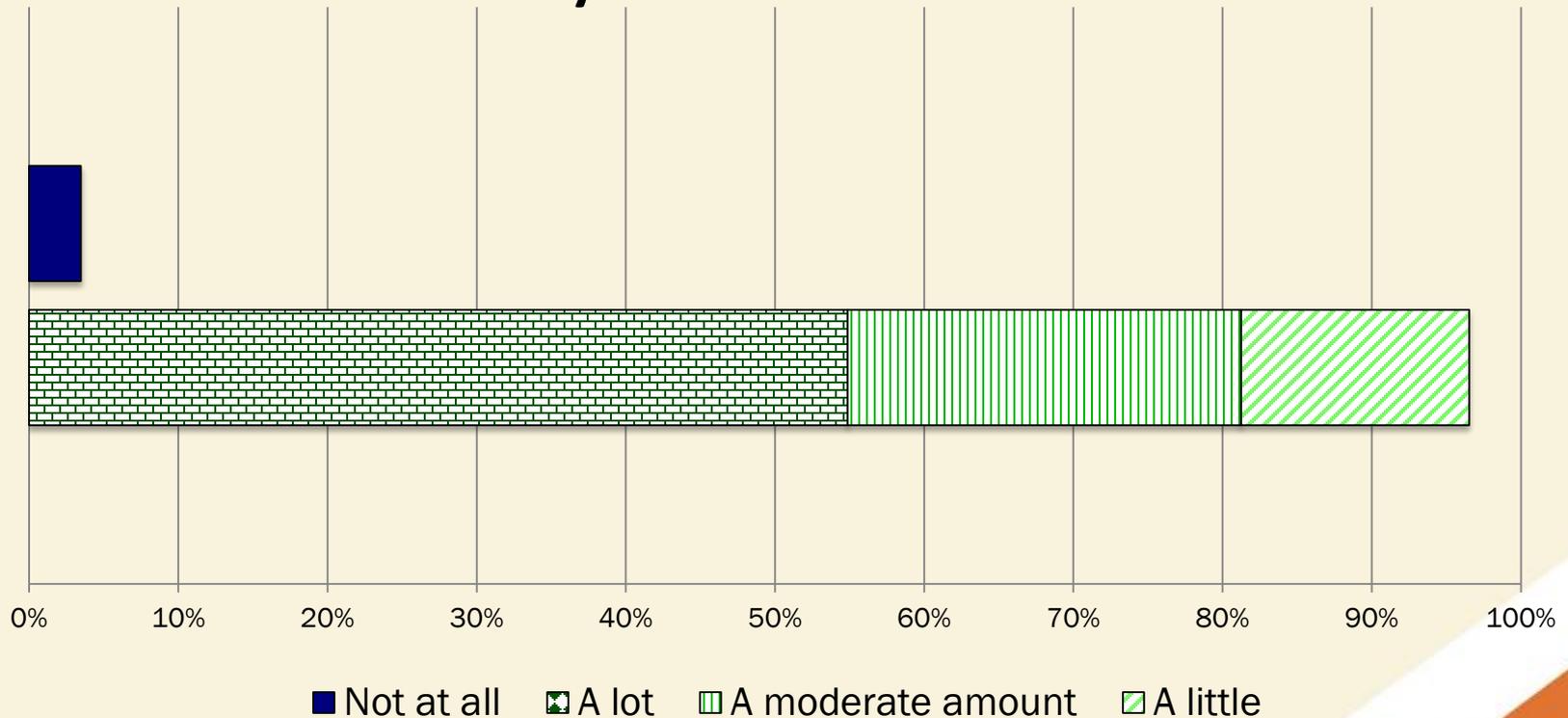
Recovery After an Initial  
Schizophrenia Episode

A Research Project of the NIMH

Data from  
**RAISE** which  
informs  
**OnTrackNY**

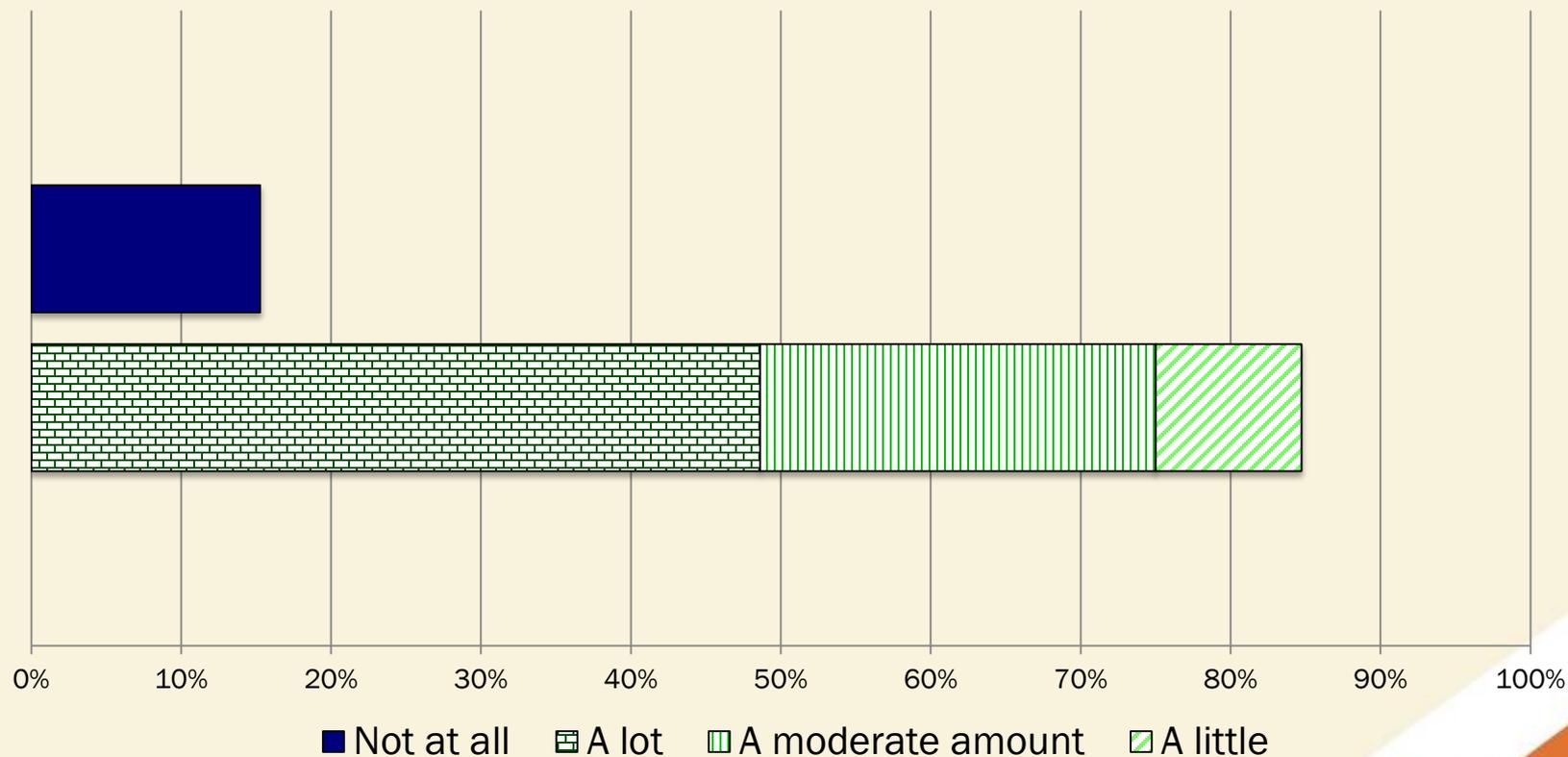
# When you and your Connection Team have talked about your treatment...

...how much did you feel that decisions about your treatment were joint decisions between you and your Connection Team?



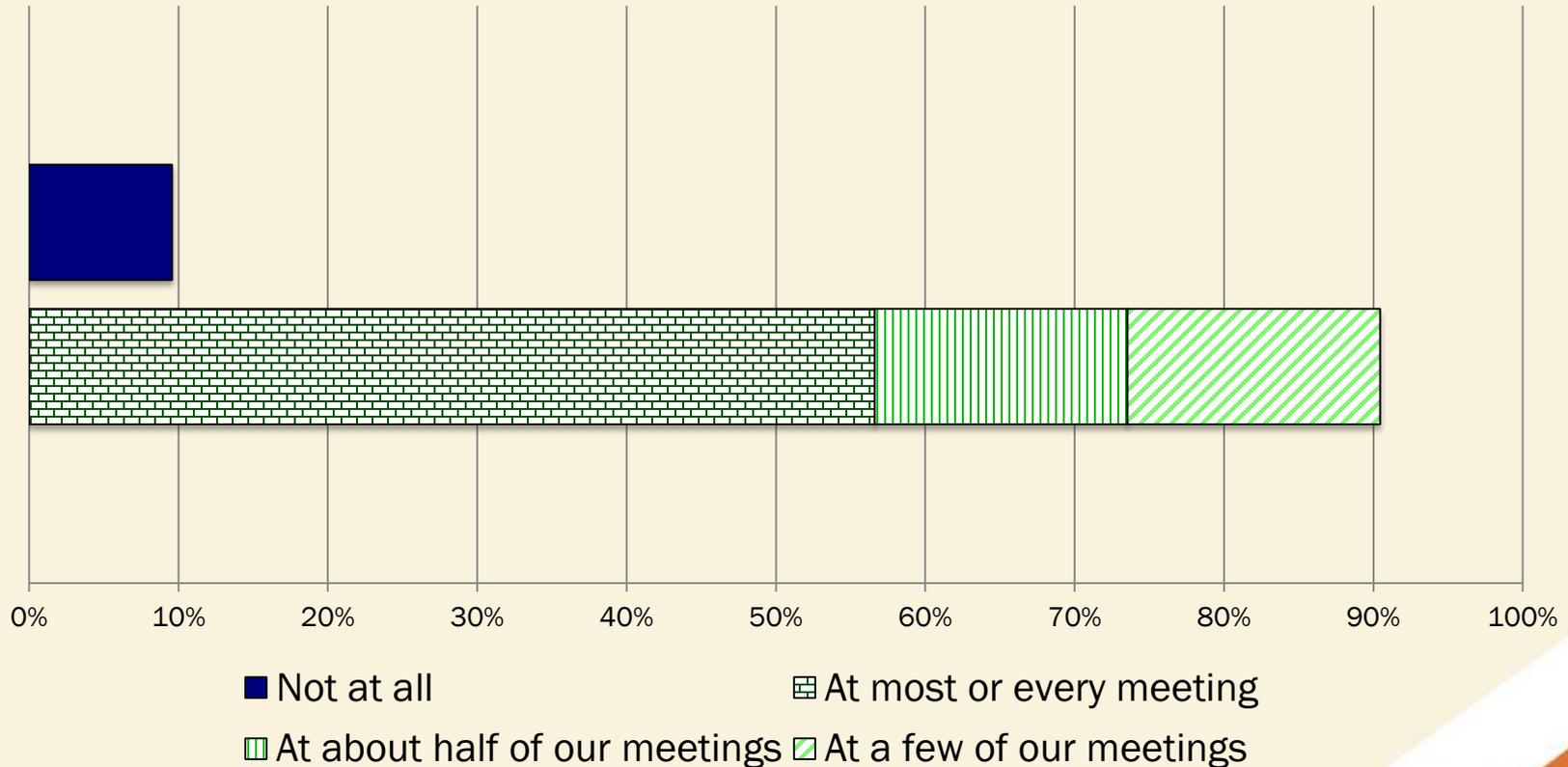
# In the past month, how much did your Connection Team...

## ...pay attention to your preferences regarding a job or school?



# When you meet with your Connection Team psychiatrist...

...how often does your psychiatrist involve you in decisions about what medications to take?



# SDM in Practice

- Tom is a 24 y/o man recently referred to the Team following a first hospitalization for psychosis
- He wants to work with the SEES to return to school but his parents don't think he is ready



- How would you approach a shared decision making process with Tom and his family?

## SDM in Practice (Cont.)

- Discuss options/preferences with Tom and his family
  - What school? When? Where? How?
- Weigh pros and cons
  - Transportation, finances, education, medications, follow along supports
- Come up with a decision and support its implementation



# Shared Decision Making in Peer Services



**Recovery to Practice**  
Resources for Behavioral Health Professionals



# Defining “Peer”



**Peer:** person who is an equal in life experience and/or station in life

**Peer Supporters:** people with a *personal experience of recovery* from mental health, substance use, or trauma conditions who have received *specialized training and supervision* to guide and support others who are experiencing similar mental health, substance use or trauma issues toward increased wellness.<sup>1</sup>

- Model recovery
- Facilitate support groups
- Combat isolation/loneliness
- Share recovery skills
- Explore self-management skills
- Advocate for and with people
- Provide support during crisis
- Extend service array
- Navigate systems with people
- Help people find doctors/ therapists/ case managers... as needed

## What do Peer Providers Do?

- Model recovery
- Facilitate support groups
- Combat isolation/loneliness
- Share recovery skills
- Explore self-management skills
- Advocate for and with people
- Provide support during crisis
- Extend service array
- Navigate systems with people
- Help people find doctors/ therapists/ case managers... as needed

## **Provide support to people:**

- Psychiatric diagnosis
- Addiction use or recovery
- Emotional Crisis

## **Peer Supporters work in:**

- Mental health centers
- Inpatient settings
- Integrated healthcare
- Forensics/Jails
- Addiction recovery programs
- Respite centers
- Peer run programs

Specialties: Family/Youth, VA, Elder, Native American, Bilingual Interpretation

# Shared Decision Making In Peer Services

## Principles of SDM

- Individual self-determination is a desirable goal (relational autonomy)
- Educate about the ‘condition’ and risks/benefits of options
- Include the values/preferences of the person
- Arrive at a decision based on mutual understanding of the shared information
- Record/implement decision

## Principles of Peer Support

- Recovery-oriented: hopeful and empowering
- Person-centered: self-directed and personalized
- Voluntary: participation in peer support is never forced
- Relationship focused: mutual, trusting, collaborative
- Trauma-informed: safe and respectful

# Six Core Elements of Activation

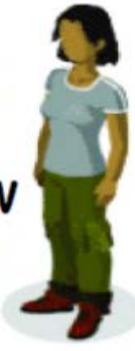


1. Symptom self-management
2. Engagement in actions that support health and wellness
3. Involvement in treatment decision making
4. Collaboration with health care providers
5. Critical, performance-based selection of providers
6. Navigation of the provider system

# Introducing SDM to Peer Services



**Our Shared Decision:**  
Between now and my next appointment my doctor and I agree that I will review the lithium fact sheet with a peer staff person. I will also review the tip sheet on how to manage anger.



Our Shared Decision



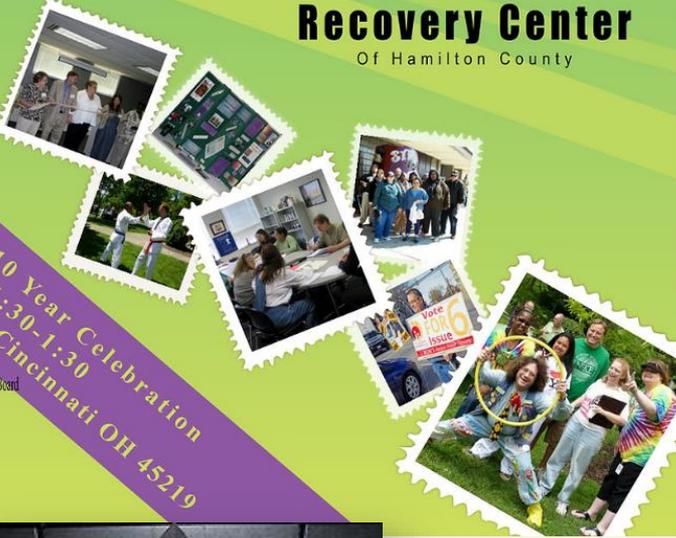
*Celebrating a Decade of Recovery by Inspiring Hope and Growth through Peer Support*

## **Recovery Center** Of Hamilton County

**Join Us for Our 10 Year Celebration**  
April 26, 2016 11:30-1:30  
2340 Auburn Ave, Cincinnati OH 45219

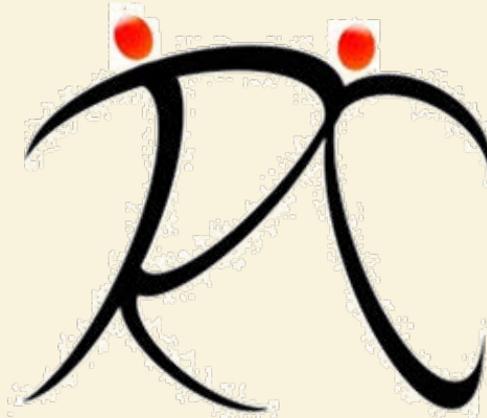
### **Speakers:**

Patrick Tribbe, Hamilton County Mental Health & Recovery Services Board  
Randy Strunk, Ilcon  
Jeff O'Neil, Greater Cincinnati Behavioral Health Services  
Cindy Heitman, RCHC Board President  
Anthony Canino, Member  
Mindy Vance, Ohio Mental Health & Addiction Services  
Jody Lynch, Ohio Mental Health & Addiction Services



Recovery  
Innovation Award

# **SDM** in Peer Services



# **Recovery Center** of Hamilton County

# Award Winning Peer-Run Program

- Participates in national efforts
- Member of BRSS TACS SDM
  - Virtual Learning Community
  - Collaborative Learning Community



- Peer staff and members participated on calls
- Completed a demonstration project leading to implement
- Added increased skill set to Certified Peer Specialists

# Our Vision for SDM and Our Members



Empower individuals to make more informed decisions with providers through education and peer support.

# SDM in Peer Services: Going Forward

- Make sure peer providers are involved in national training efforts
- Integrate SDM into approved curricula used around the country for State Certification processes
- Where Medicaid reimbursement is applied to peer support, incentivize SDM (model being used with prescribers)
- Develop Decision Aids that target topics and decision points frequently confronted by people in services
- Educate people in services to expect, request, and participate in SDM

# Readings and Resources

ClaireMadsen, & AileenFraser. (2015). Supporting patients in shared decision making in clinical practice. *Nursing Standard*, 29(31), 50–57.

<http://doi.org/10.7748/ns.29.31.50.e8570>

Coulter A, Collins A (2011) Making Shared Decision-Making a Reality. No Decision About Me, Without Me. [tinyurl.com/oe434dq](http://tinyurl.com/oe434dq) (accessed 8/3/2016)

Deegan, P. E., Rapp, C., Holter, M., & Riefer, M. (2008). Best Practices: A Program to Support Shared Decision Making in an Outpatient Psychiatric Medication Clinic. *Psychiatric Services*, 59(6), 603–605. <http://doi.org/10.1176/ps.2008.59.6.603>

Drake RE, Deegan PE (2009). Shared decision making is an ethical imperative. *Psychiatric Services* 60:1007

Elwyn, G., Frosch, D., Thomson, R. et al. Shared decision making: A model for clinical practice, *J GEN INTERN MED* (2012) 27: 1361. <http://doi:10.1007/s11606-012-2077-6>

International Association of Peer Supporters (iNAPS) <https://inaops.org> (accessed 8/3/2016)

NASMHPD, Enhancing the peer provider workforce: recruitment, supervision and retention (2014) <http://tinyurl.com/zj8dcev> (accessed 8/3/2016)

SAMHSA decision making workbooks: <http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Decision-Aid/SMA12-4696>

An illustration featuring a variety of colorful hands (green, brown, orange, red, light green, purple, pink, yellow) reaching upwards. Above the hands are several question marks in various colors (red, orange, green, light blue, yellow-green) floating against a light blue background with faint, larger question marks.

**Comments? Questions?**



# Contact Us!

**Iruma Bello**

[belloir@nyspi.columbia.edu](mailto:belloir@nyspi.columbia.edu)

**Melody Riefer**

[mriefer@ahpnet.com](mailto:mriefer@ahpnet.com)

**Recovery to Practice**

[RTP@AHPnet.com](mailto:RTP@AHPnet.com)



**Coming up!  
Watch your  
inbox for details!**

*LearnMore* webinar on  
**Psychiatric Advance Directives (PAD)**  
Tuesday, October 4, 2016  
1pm EDT

thank you!

Continuing Education Hours  
from NAADAC?  
Just complete the quiz and a  
certificate will be provided.

Certificate of Participation  
and Presentation Slides?  
Just click on “Download  
Materials Here” box

A feedback form will automatically load at end of webinar.  
Let us know what you think!