

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

# Shared Decision Making: A Process, Not A Program

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# 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





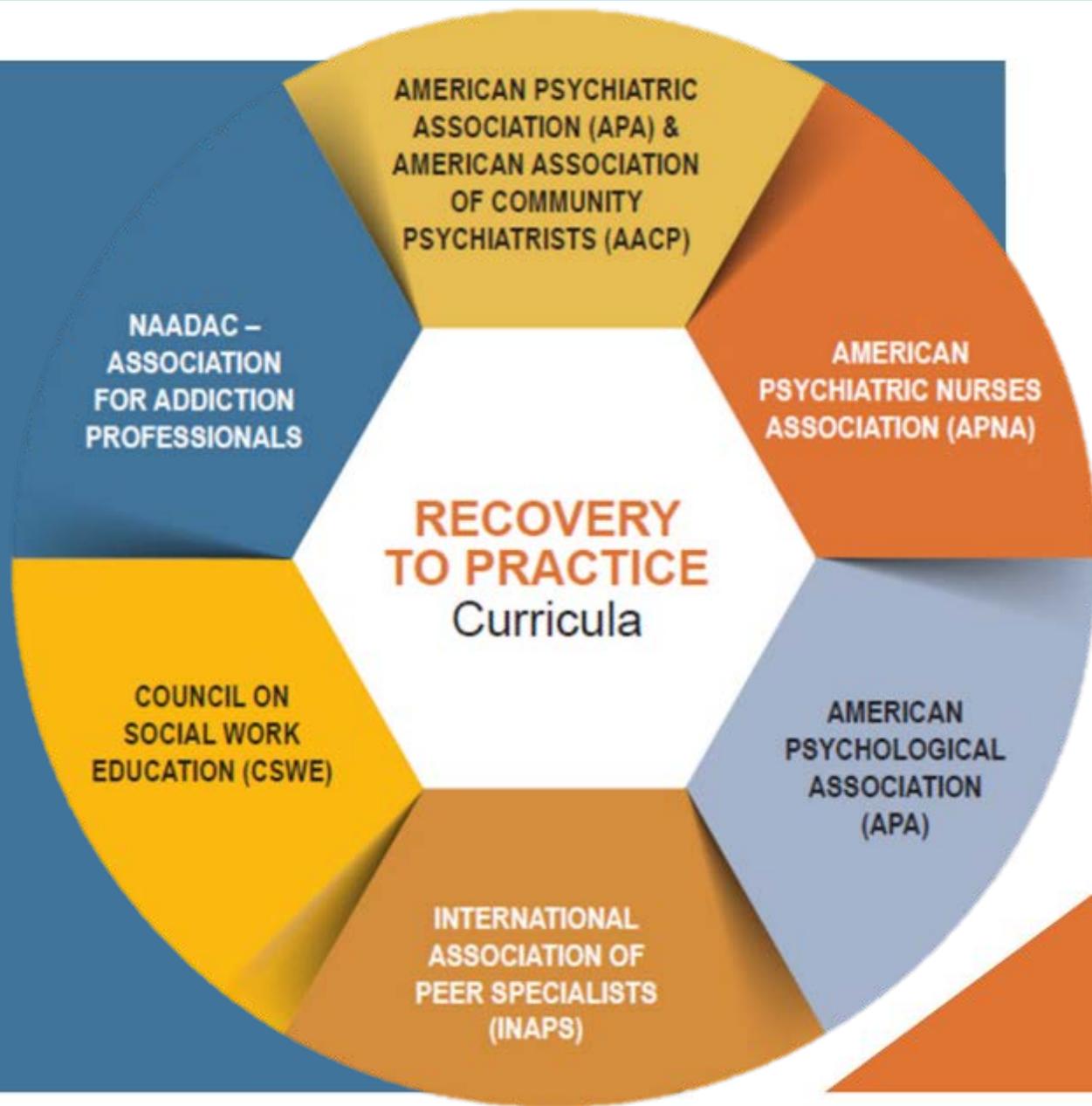
# Recovery to Practice

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**  
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# Shared Decision Making: A Process, Not A Program



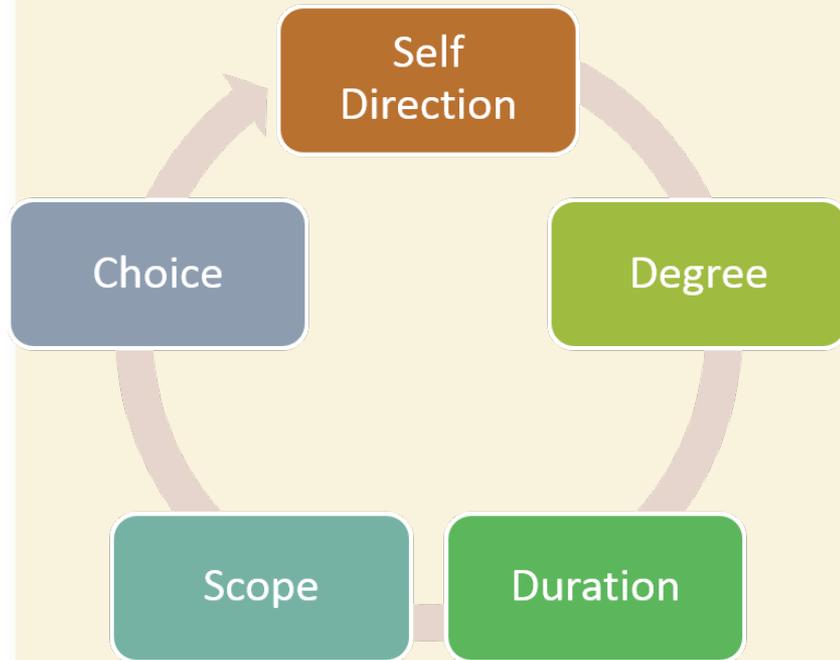
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# Principles That Drive Shared Decision Making (SDM)

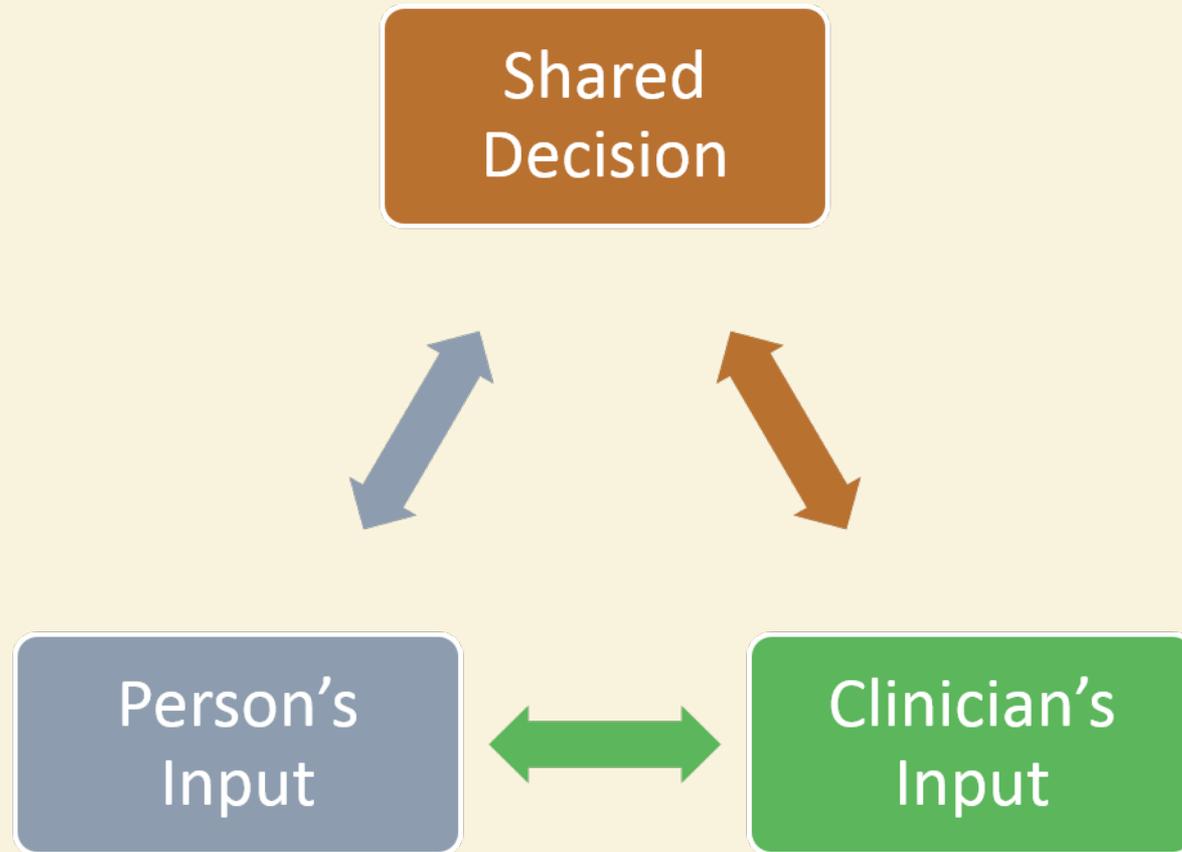
## Person-centered Care



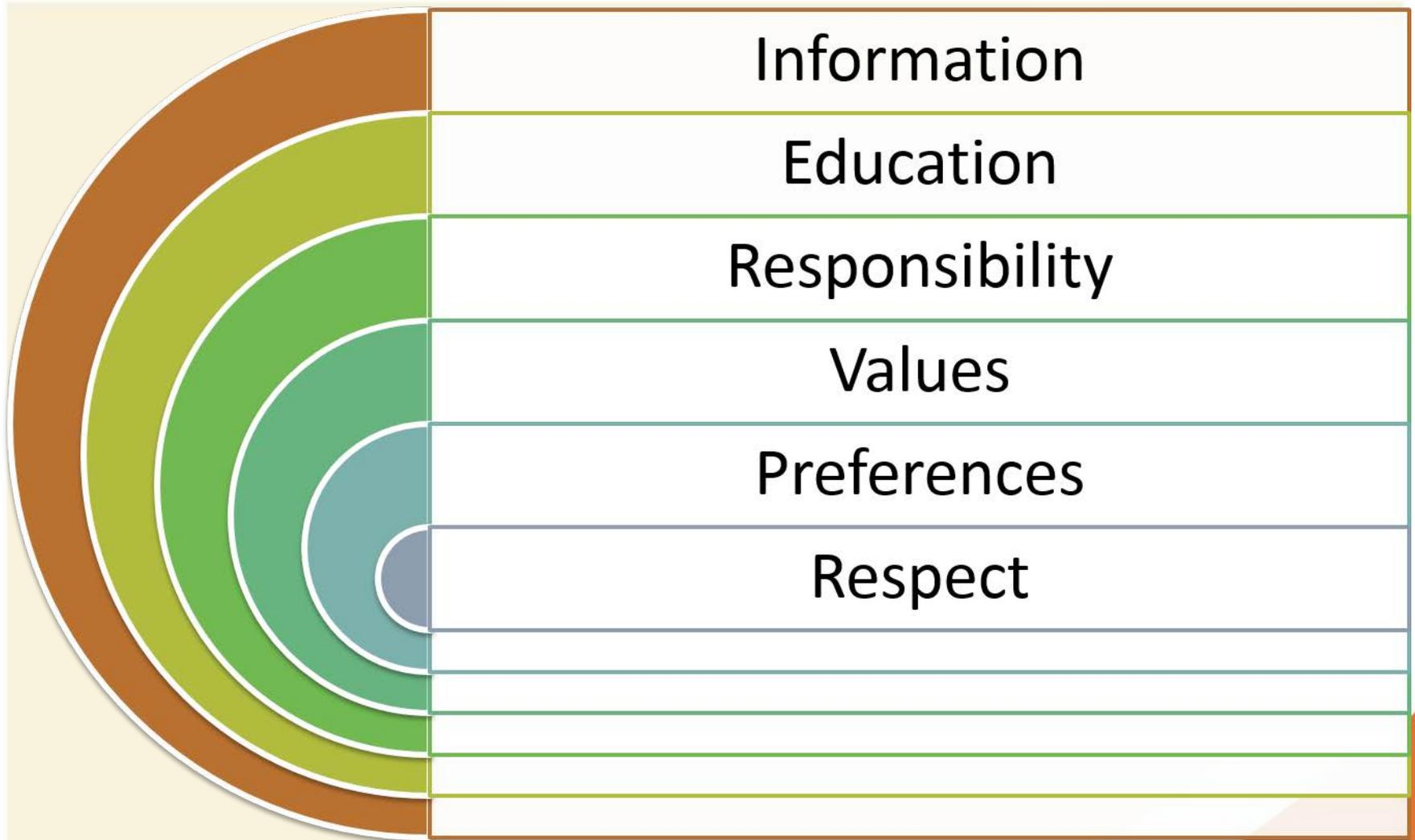
## Recovery-oriented Care



# Overview of SDM



# Key Components of SDM



# Barriers to Implementing SDM

- Time constraints
- Doubting who will want to, should, or is capable of engaging in SDM
- Belief that SDM only applies medical decisions
- Lack of training for providers and people engaging in SDM
- Forgetting to include the person in the orientation to SDM



# POLL



# Overcoming the Barriers to SDM



- Time spent is an upfront investment in better outcomes
- Identify your champions
- Teach communication skills to providers and people in services

# Overcoming the Barriers to SDM



- Provide real-time training and coaching
- Make use of vetted decision aids
- Make technology your friend

# SDM: Who and Where?

## Variety of Team Members

- Peer Specialists
- Recovery Coaches
- Care Managers
- Residential Staff
- Therapists
- Job coaches
- Nurses / Nurse Practitioners
- Physicians / PAs

## Variety of Settings

- Inpatient Programs
- Outpatient clinics
- Therapy
- Private Practices
- Rehab programs
- Peer run programs

# SDM: Who and Where?

## Variety

- Peer Support
- Recovery Coaches
- Recovery Mentors
- Therapists
- Job coaches
- Nurses / Nurse Practitioners
- Physicians / PAs

Remember: You can't do Shared Decision Making without the person in services being **present, equal, and engaged!**

# Personal Experience with SDM

## Have My Questions Ready

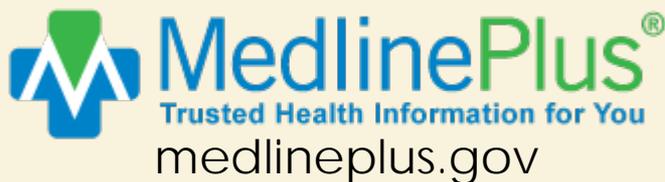
- Is the treatment necessary?
- What are the costs?
  - Financial
  - Personal
- What impact will it have on my life?
- What are the options, risks and benefits?
- What's the science behind recommended options?



# Personal Experience with SDM

## Tools and Supports

- Ask for input/reminders from my family
- Use tracking forms to share accurate personal data
- Peer Supporter
- Decision Aids
- Reliable information



Sample Sleep Diary	
Name: _____	
Today's date (include month/day/year):	Monday
Time I went to bed last night:	11 p.m.
Time I woke up this morning:	7 a.m.
No. of hours slept last night:	8
Number of awakenings and total time awake last night:	5 times 2 hours
How long I took to fall asleep last night:	30 mins.
Medications taken last night:	None
How awake did I feel when I got up this morning? 1—Wide awake 2—Awake but a little tired 3—Sleepy	2
Number of caffeinated drinks (coffee, tea, cola) and time when I had them:	1 drink at _____

Shared Decision Making  
in Mental Health

### Medication Side Effects Profile

Noticing your experiences  
Put an X in the box at the left of the medication effect you are experiencing. You can use "other" to add something that is not on the list.  
You can use the "Comment or Question" areas to write down things you want to discuss. You may want to share this chart with your provider.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Anxious	<input type="checkbox"/> Happy
<input type="checkbox"/> Irritated / "upset"	<input type="checkbox"/> Calm
<input type="checkbox"/> Depressed	<input type="checkbox"/> Content
<input type="checkbox"/> "Up and down"	<input type="checkbox"/> Other
<input type="checkbox"/> Angry	<input type="checkbox"/> Comment or Question
<input type="checkbox"/> Involuntarily shiver	<input type="checkbox"/> Comment or Question
<input type="checkbox"/> Sweated / flushed	<input type="checkbox"/> Comment or Question
<input type="checkbox"/> Increased appetite	<input type="checkbox"/> Comment or Question

Sleep

<input type="checkbox"/> Often very sleepy during the day
<input type="checkbox"/> Decreasing symptoms
<input type="checkbox"/> Hard to fall asleep or stay asleep
<input type="checkbox"/> Waking just right
<input type="checkbox"/> Hard to get out of bed in the morning
<input type="checkbox"/> Other

Energy and Motivation

<input type="checkbox"/> No desire to move or do things
<input type="checkbox"/> Lots and lots of energy / too much energy
<input type="checkbox"/> Feeling numb or "out of it"
<input type="checkbox"/> Not the right amount of energy
<input type="checkbox"/> Irritable, pacing, hard to sit still
<input type="checkbox"/> Other

Save page for more

Emotion: \_\_\_\_\_ Intensity: (0-100) Before: \_\_\_\_\_ After: \_\_\_\_\_

Prompting event for my emotion (who, what, when, where): What triggered the emotion: \_\_\_\_\_

**Pros & Cons**

Pros of: \_\_\_\_\_

Cons of: \_\_\_\_\_

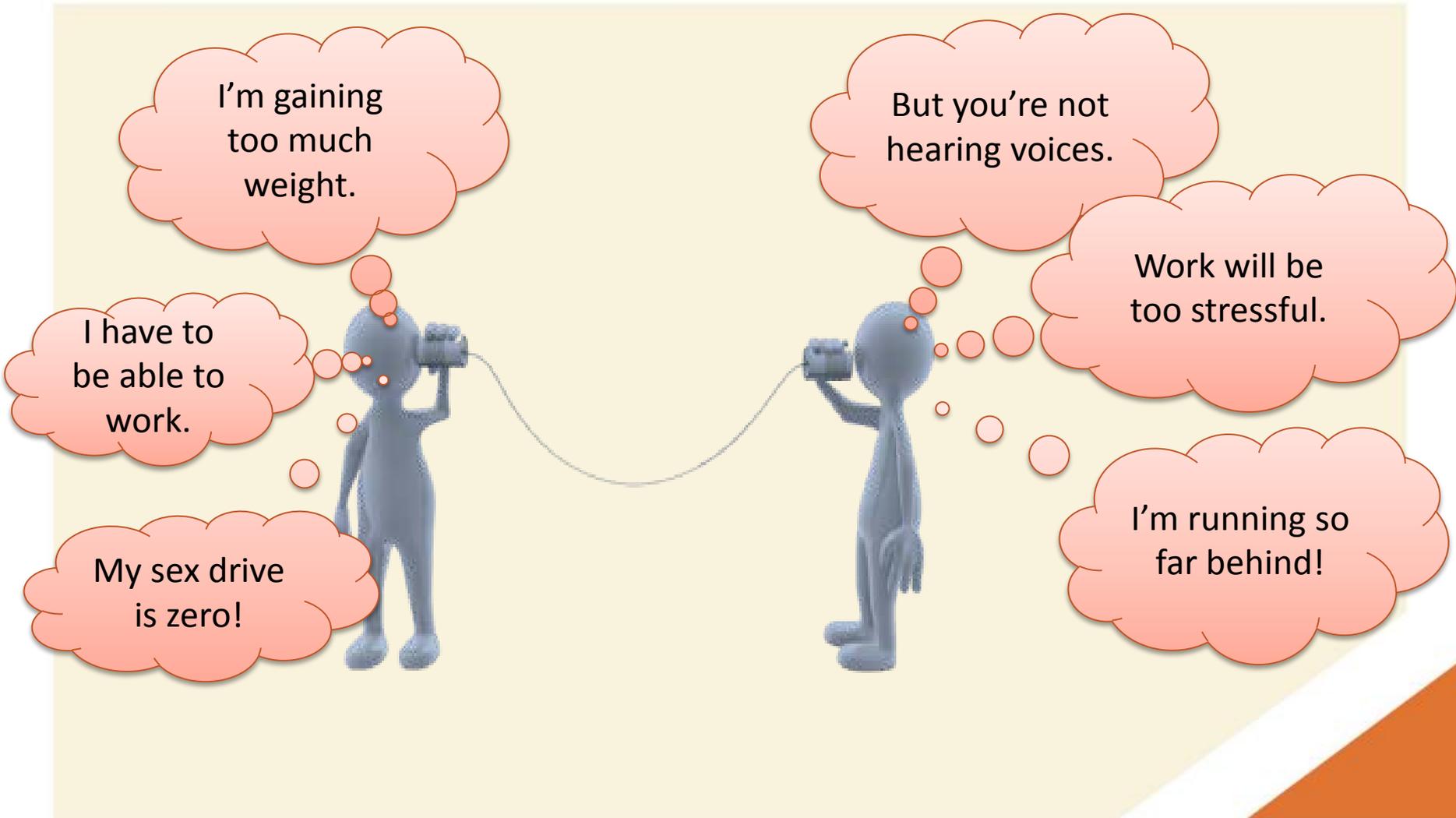
# Personal Experience with SDM

## My Process

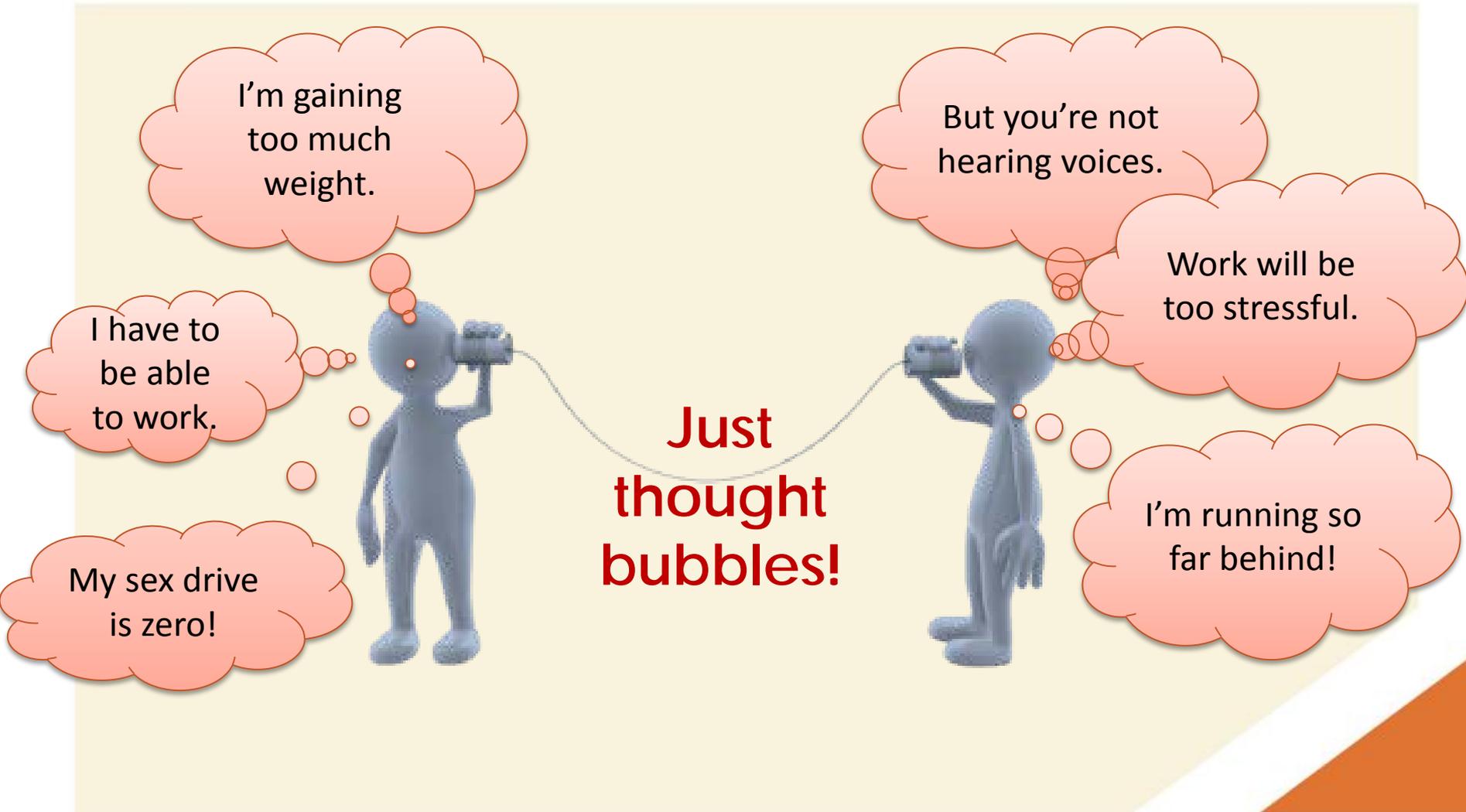


- Prepare in advance
- Engage in honest dialogue
- No pressure to accept recommendations
- Negotiate which options are preferred by both
- Usually leave feeling respected by and respect for physician

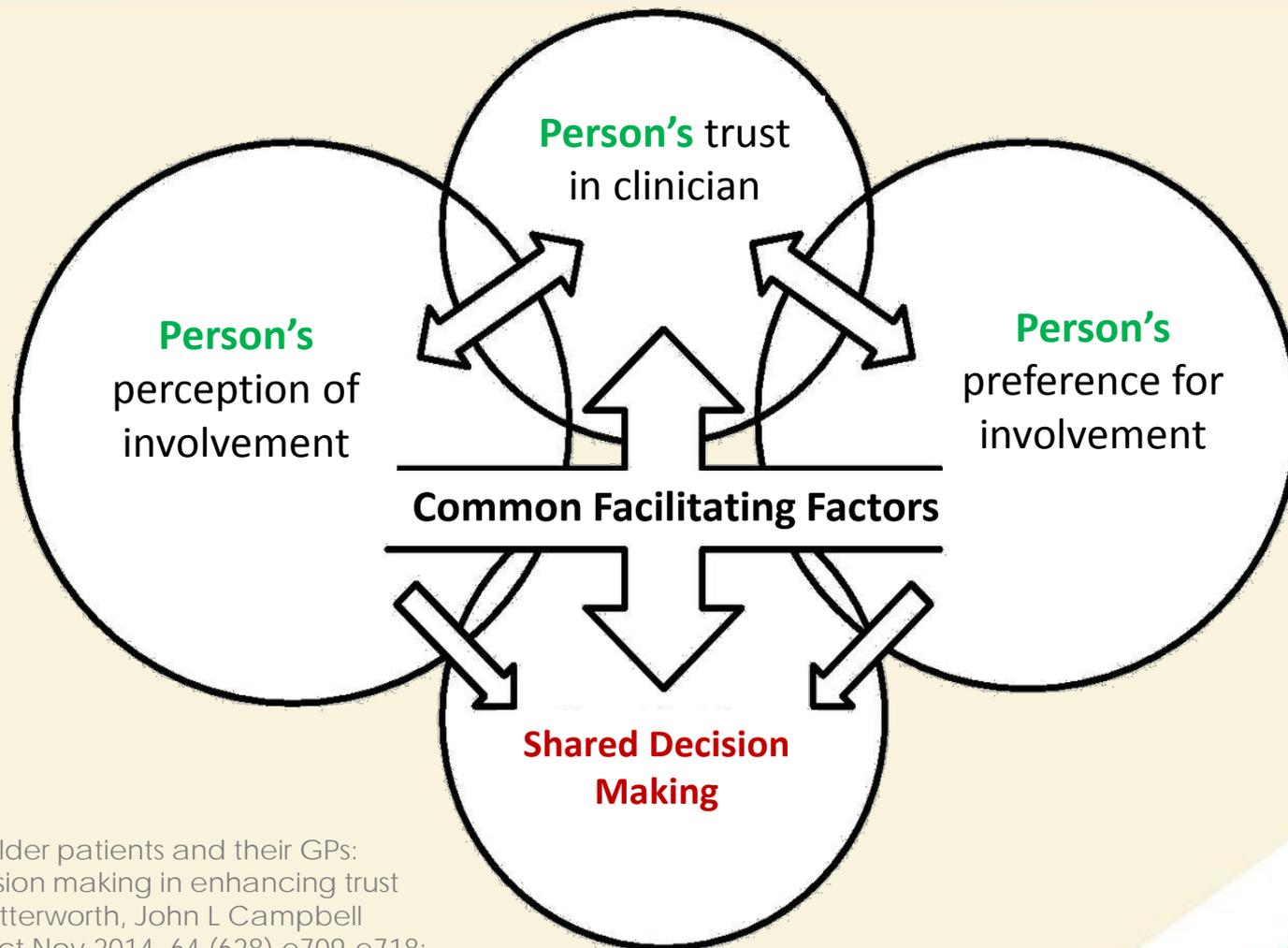
# SDM: How We Usually Talk



# SDM: How We Usually Talk

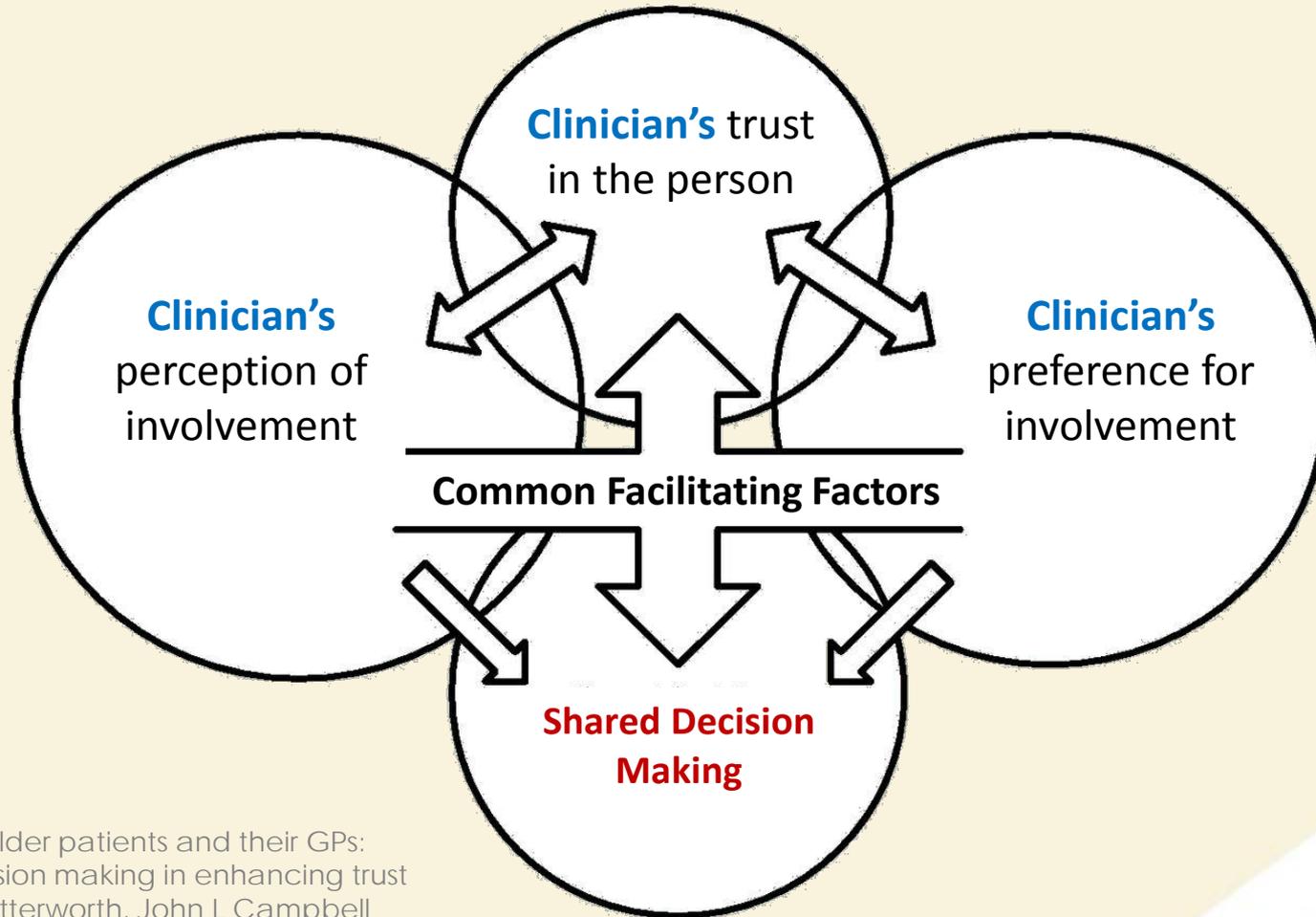


# SDM: Best Visual I've Seen



Based on: Older patients and their GPs:  
shared decision making in enhancing trust  
Joanne E Butterworth, John L Campbell  
Br J Gen Pract Nov 2014, 64 (628) e709-e718;

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# 5 Core Components of SDM to be Facilitated by the Clinician

**Mental health conditions: return to work or not?**

Use this Option Grid™ decision aid to help you and your healthcare professional talk about the benefits and risks of staying off work or looking for paid work.

option grid

Frequently Asked Questions ↓	Continue to stay off paid work	Taking steps to go back to paid work with the help of an employment specialist (see note below)
Does being at work make a difference to my health?	Research shows that being off all types of work for more than six months leads to poor health, both physical and mental. The longer you are not working, the higher the risks to your health.	Going back to any type of work is good for your physical and mental health and helps prevent you from becoming unwell again. It can undo the harm caused by being out of work for a long time. Research has shown that paid work improves income, use of time, motivation, confidence and self-esteem, and leads to better emotional well-being. Jobs that match your skills, and where employers support you, are good for your mental health.
What are the benefits?	For most people, there are no benefits to being off all types of work for more than six months.	You are three times more likely to get paid work with help from an employment specialist. They can advise you on many challenges such as talking about your mental health condition with potential employers and work colleagues. They can also help you deal with the worry of starting work, as well as concerns about the nature of your mental health condition, or a criminal record affecting your ability to get a job.
What are the risks?	It is difficult to predict how symptoms change, so waiting until you feel well increases the risk of never getting back to work. The more time you spend out of work, the harder it is to start. You risk your confidence, feeling isolated, and becoming anxious about losing your knowledge. You might also feel awkward to explain a work gap to an employer.	
What are my choices?	If you don't feel ready for paid work, consider other work activities, for example, studying, volunteering, or caring for somebody. Talk to your health professional about your work goals and ask them to help you think about the benefits of being off work in your treatment plan. You might decide not to work, but there is plenty of evidence that this does not improve either your physical or mental health. If you decide not to work at all, you can get advice from an employment specialist.	
How soon can I return to work?	Does not apply	

**Making a decision that's right for you.**

*A decision aid for women considering further chemotherapy for refractory or resistant ovarian cancer.*



A Decision Aid

1. Seeking agreement on the decision to be made
2. Providing information and access to decision aids
3. Exploring the person's ideas, concerns, and expectations
4. Capturing the decision or the decisional leaning
5. Arranging for a future review of the decision

# Factors That Influence The Person's Participation

- Confidence to 'Speak up'
- Vulnerability associated with
  - Perceptions (by self or others)
  - Misinformation about mental illness/addiction
  - Previous treatment experiences
  - Poverty, health problems
  - Limited support/relationships
- Feeling overwhelmed by increasing expectations/options in healthcare



# Factors That Influence The Care Provider's Participation

## Communication Skills

- Attentive listener
- Provides explanations in understandable language
- Names each other as equals
- Provides an array of choices
- Shares how they became an expert
- Provides their opinion
- Names the uncertainties

## Principled Characteristics

- Person centered
- Believes in/operates from a recovery perspective
- Strengths-based
- Embraces resiliency
- Caring, Holistic
- Open and honest

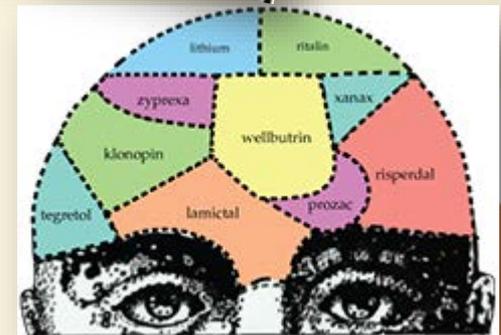
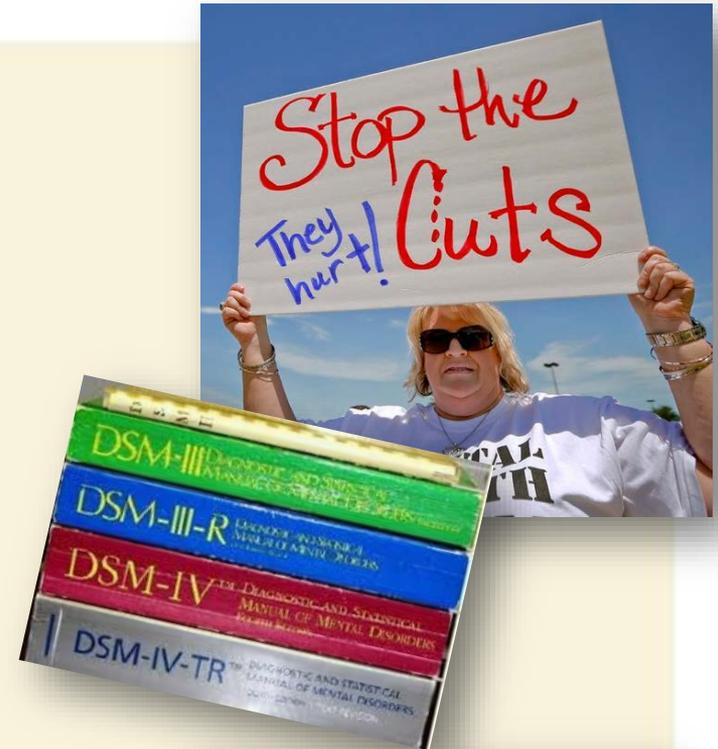
# Other Factors That Influence SDM

- **System Factors**

- Optimal access to team member(s)
- Optimal consultation time
- Opportunities to find a 'good match' with people providing care
- Continuity of care / consistent communication within the team

- **Societal and Cultural Factors**

- The status of the provider in the community or by peers
- Acceptance or affirmed role within the community as a valued person



# Revisiting: Who and Where?

## Variety of Team Members

- The person
- Person's chosen supports
- Peer Specialists
- Recovery Coaches
- Care Managers
- Residential Staff
- Therapists
- Job coaches
- Nurses / Nurse Practitioners
- Physicians / PAs

## Variety of Settings

- Inpatient Programs
- Outpatient clinics
- Therapy
- Private Practices
- Rehab programs
- Peer run programs
- In the community  
(wherever 2 people  
can talk)



# Discussion



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**Recovery to Practice**  
**RTP@ahpnet.com**

**Coming up!**

**Watch your inbox for details!**



**SDM: Preparing Individuals and Families to be Actively Involved**  
**8/30/2016**

**LearnMore** webinar on  
**Psychiatric Advance Directives (PAD) –**  
**late September 2016**

thank you!

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