



Shared Decision-Making Handout*

Shared decision-making (SDM) is an approach to setting goals and making treatment decisions that enables clinicians and clients to clarify disagreements and reach compromises.¹ Designed for use when there are multiple effective treatment options for a health condition, SDM emphasizes that participants' preferences, in concert with family input, guide the decision-making process. In this approach, clinicians ensure that participants and families possess information about the scientific consensus regarding effectiveness of treatment approaches, as well as their relative costs and possible adverse effects, so that their preferences are truly informed.^{1,2}

SDM relies on techniques such as decision aids, discussion of options, comparison of parallel ratings, negotiation of compromises, and decisional balance exercises (for example, see the decisional balance worksheet at the end of this document).¹ The approach aims to increase knowledge, improve the client's participation in and commitment to treatment, enhance the professional's understanding of the client's values and preferences, and strengthen the therapeutic alliance. SDM challenges the traditional assumption that the clinician always knows what's best for an individual. Instead, SDM asserts that when individuals collaborate with treatment team members, they make the best treatment decisions. In the SDM process, there are two experts in the room: the team member who is an expert in the science and practice of medicine and the client who is an expert in what matters in their life.¹

Numerous studies show that SDM improves the quality of decisions, clients' satisfaction, and the treatment alliance.¹ In general medical care, SDM is associated with greater knowledge of health conditions and treatments, better treatment adherence and engagement, better health outcomes, and greater satisfaction with care. Studies using SDM approaches with individuals with schizophrenia suggest that participation in the decision-making process is feasible and that individuals can make rational, informed decisions regarding their treatment.¹

Controlled trials of SDM in mental health settings, including studies of individuals with schizophrenia, show positive results.^{1,3}

SDM offers a framework for clinicians and clients to work together. The clinician provides information about treatment options and the likelihood that they will work based on research; the client provides information on their goals and preferences and what they are willing to consider.⁴

For example, participation in structured family work of at least nine months has been found to reduce subsequent relapse rates 20 to 50 percent over and above medication alone in persons who have had a recent relapse in schizophrenia.^{4,5} Family work can be emotionally demanding, time consuming, and lead to additional costs, but it can also result in improved family satisfaction in addition to the benefits for the client's illness.⁴

In the traditional model of mental health treatment, the clinician, if aware of the research, might recommend family work along with a brief explanation of why it is indicated and then try to persuade the client and their relative to do it. In the SDM model, the clinician raises the possibility of family work with the client and provides information on why they are making this recommendation. The clinician presents options for family involvement, including a few different types of family work and the option of not involving family, describing the advantages and disadvantages of each option.⁴ The client states their preferences, the two continue the discussion to make certain that they understand each other, and they initiate some type of family work—or not—depending on their mutual agreement. If there is disagreement, the clinician and client typically agree to revisit the topic in the future to see if the client's preferences still hold or if new information has changed their level of interest in this treatment option.⁴

If the participant agrees to involve family in decision-making, then family members or other significant individuals can be key partners in the SDM process.⁶

Each partner contributes their own specialized knowledge and experience to making decisions, in contrast to traditional hierarchical decision-making where “patients” are expected to passively follow “doctor’s orders.” An assumption of SDM is that clients (and relatives) need critical information to make informed decisions and that ultimately, it is the client who decides on the treatment.^{6,7} Involving and respecting clients’ ability and right to make their own treatment decisions honors client autonomy and recognizes the reality of where the choice lies. Clinicians who use this approach build the therapeutic relationship. Ignoring the client’s desires or using coercion undermines the therapeutic relationship.^{6,8}

Basic Steps in SDM

SDM is the standard therapeutic strategy employed by all members of the CSC team.¹ It involves several basic steps that guide a conversation. The participants in SDM are the client (sometimes joined by family or friends if the client agrees) and the clinician (sometimes a clinical team). Here are the steps for the three-talk model of SDM. While carrying out these steps, it is important that clinicians engage in active listening, which includes paying close attention and responding actively during the SDM process. Similarly, they should engage in and promote a process of deliberation, which entails carefully considering options when facing a decision.^{1,2}

Step 1. Team Talk: A framework is set for working together to describe choices, offer support, and defining goals. The client defines the problem or the decision to be made. For example, the client and clinical team may be deciding whether to change medications. The message to the client is that the clinician will work with the client and family (if the client wishes) as a team to decide what best suits the client.¹

Step 2. Option Talk: The clinician outlines options and together the client and clinician consider the pros and cons of each option. When needed, the clinician provides information and educational materials in ways that the client can easily understand. For example, medication decision options might include staying with the same dose, changing the dose, adding a side-effect medication, changing medications, or “watchful waiting” and learning more about one’s symptoms before making a change. For each possible option, the client and clinician consider together the advantages and disadvantages. During this

process, the client emphasizes their goals, values, or preferences, and the clinician adds scientific information regarding likely outcomes, side effects, and/or unwanted medication effects.¹

Step 3. Decision Talk: The participant expresses their preferences. Once areas of agreement and disagreement are clear, the team, including the participant and family members, negotiate compromises on areas of disagreement and make a preference-based decision. When the clinician has a recommendation favoring a particular option, the clinician should offer this recommendation to the participant while emphasizing that they will continue to work together even if the participant chooses a different option. They might disagree on whether to change the medication dose and might compromise on a plan to monitor symptoms and revisit the decision in one week.¹

Team members can use SDM in multiple ways and the approach is not necessarily a linear process generating one final decision. They can conduct the process on paper or verbally. Sometimes, team members insinuate the SDM steps into clinical discussions and sometimes team members use the steps explicitly by employing decision aid tools.¹

Incorporating SDM into CSC

Team members incorporate SDM principles as a general process by asking themselves the following questions during a discussion:

- Are we clear and in agreement about the current issue, problem, or decision?
- Have we identified the relevant options?
- Do the client and I have all the information we need about this topic?
- Are we clear on how the client’s important values influence this decision?
- Is everyone who needs to be involved here?
- Has the participant conveyed his/her preferences?
- If we disagree, have we negotiated a compromise?
- Have we put the plan in writing?¹

As an example, consider a decision regarding disclosure in supported education. If the client is considering whether to disclose information regarding their illness, disability, or need for accommodations consider the following questions:

- What is the goal?
- What are the options?
- What information might the client disclose?
- What is most important to the client: maintaining privacy and avoiding disclosure or receiving an accommodation?
- What are advantages and disadvantages of disclosure and requesting an accommodation?
- Does the client need to speak with a parent, a friend, or a past teacher about this decision?
- What are the client's preferences?
- Have the client and clinician negotiated a plan that both believe to be realistic and likely to meet their goals?
- Have they written down a specific plan to address this situation?¹

You can also use SDM in a more formal fashion. Team members use SDM in a structured fashion to determine treatment goals, to select treatments that match specific goals, and to make important decisions regarding treatment.¹

SDM Results

SDM provides a framework for a recovery-oriented approach to treatment. SDM is a three-step approach that takes more time, but results in greater clinical understanding, stronger clinical relationships, and clients' and families' greater investment in treatment. Through these advantages, SDM leads to better outcomes in the long-term.

Additional Resources

- Dartmouth-Hitchcock Center for Shared Decision Making: http://patients.dartmouth-hitchcock.org/shared_decision_making.html
- Mayo Clinic Shared Decision Making National Resource Center: <http://shareddecisions.mayoclinic.org>
- News and progress in shared decision-making: <http://informedmedicaldecisions.org>
- Shared decision-making videos: <http://practiceinnovations.org/CPI-Resources/Shared-Decision-Making>
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Notes

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