

Shared Decision Making Study (SDM) Debriefing

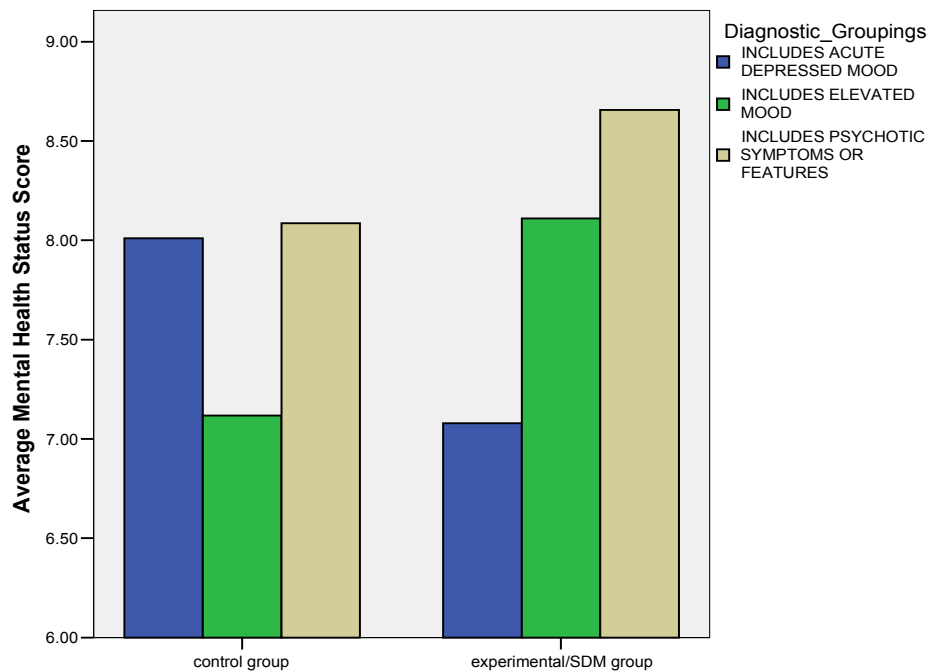
Overview

Shared Decision Making(SDM)—the use of preformatted/scripted decision-making processes to ensure increased consumer involvement—has proliferated in physical healthcare settings during recent years . The use of SDM in mental health treatment practices is more so in its infancy at this point and studies targeting its utility in this context are needed. The current study represents an investigation of the impact of SDM on mental health status and satisfaction with therapeutic process, while taking into account diagnostic groupings.

Adult Medicaid mental health consumers assigned to experimental and control groups were assessed for their mental health status and satisfaction with therapy following each and all individual therapy sessions they completed during a 5-month study period. Consumers in the experimental group were empowered to systematically choose a goal for each of their sessions at the start of each session. Consumers in the control group participated in “therapy as usual” without specifying a pre-session goal.

Results

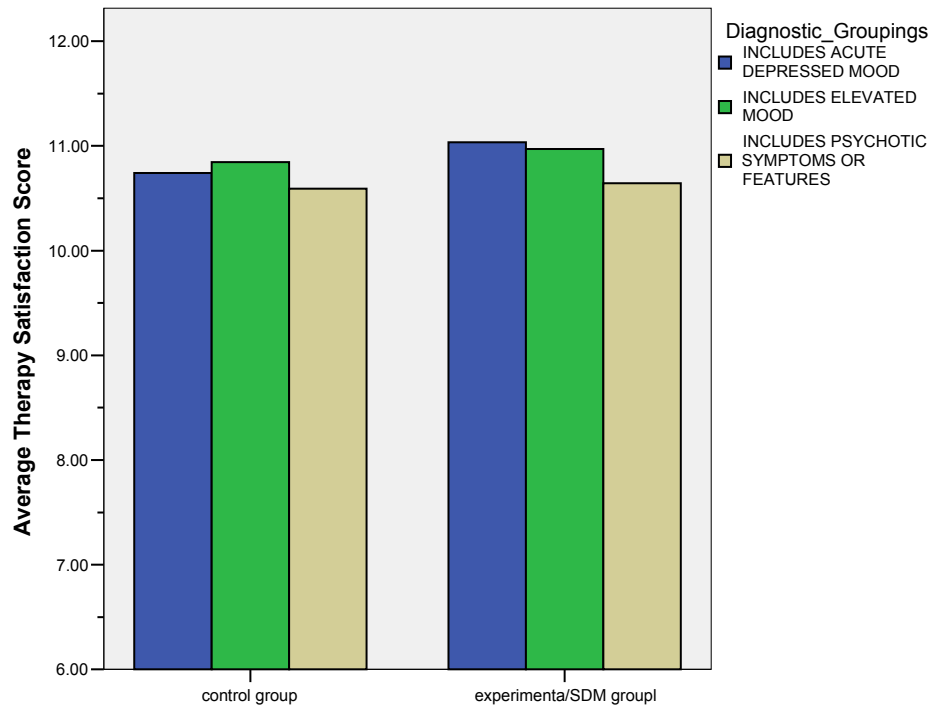
1. Consumers with disorders that included an elevated mood component (i.e., manic episodes, hyperactivity, or anxiety) showed significantly higher mental health status scores if they chose pre-session goals for therapy¹.
2. Consumers with disorders involving psychotic features also scored higher if they chose goals, though scores in this case fell slightly short of statistical significance².
3. Consumers with disorders involving acutely or exclusively depressed mood were exceptional. These individuals scored lower than consumers who did not choose goals³.
4. Scores representing satisfaction with therapy were generally more uniform across experimental and control groups, regardless of diagnostic grouping. No significant differences were found in regards to post-session ratings of satisfaction with therapy.



¹ Based on paired samples t-test (t=3.20; df=249; mean^{diff}=.99; p<.01)

² Based on paired samples t-test (t=1.69; df=188; mean^{diff}=.57; p=.09)

³ Based on paired samples t-test ((t=-4.17; df=342; mean^{diff}=-.93; p<.001).



Interpretation

Impact of SDM on Mental Health Status

Empowering consumers to choose the direction of therapy sessions enhanced the effectiveness of mental health therapy, based on self-reported mental health status data. This finding was dependent, however, upon the disorder of the consumer. While individuals with disorders involving elevated mood showed higher mental health status scores if they were empowered to choose pre-session therapy goals, individuals suffering from acutely depressed mood showed a decrease if they chose goals. Individuals with disorders involving elevated mood may have a greater need for a sense of control in their lives than do other types of consumers. As a result these individuals may be more inclined to appreciate and benefit from opportunity to play a more active role in therapy decision-making. Acutely depressed individuals, by contrast, often suffer from indecisiveness, negative outlook, and fatigue. For these individuals, empowerment likely translates to burden.

Impact of SDM on Satisfaction with Therapy

Little difference in satisfaction with therapy was found between consumers who chose pre-session therapy goals versus those who did not. Ratings of satisfaction with therapy were generally high and fairly uniform, regardless of diagnostic grouping or study condition.

Future Directions

To better understand the utility of SDM in mental health treatment, future studies might examine: the use of SDM with consumers having specific DSM-IV disorders, whether SDM affects consumers of both genders equally, whether SDM shows similar benefits for individuals of varying age groups, and how length of time in therapy interacts with SDM's impact. A simple replication of the current study using an independent sample would also be helpful for determining the generalizability of findings reported in this study.