COD-alcohol and COD-opioid

Shared Decisionmaking

Shared decisionmaking is a process in which clinicians and clients work together to make decisions and select tests, treatments, and care plans based on clinical evidence in a manner that balances risks and expected outcomes with client preferences and values.

Benefits

- Client participation in clinical decisions can increase client satisfaction and lead to better health outcomes.
- Shared decisionmaking helps everyone involved—not just the client—buy into decisions.
- Shared decisionmaking helps clients feel more included in their care and more trusting toward their providers.

Strategies

- Look for middle ground with clients and assess shared goals.
- Listen to what clients are concerned about.
- Communicate a collaborative message: *"We are in this together; I'm going to be your advocate. Tell me what's most important to you, and my job is to make that happen."*
- Create a relationship with clients that encourages them to deliberate and express their preferences and views on their care options.

These three evidence-based tools are part of the **Three-Talk model of shared decisionmaking**:

1. **Choice Talk**
2. **Option Talk**
3. **Decision Talk**

These tools can be used to guide your discussion with clients around the decision to use medication as part of their mental health treatment.

Choice Talk (or Team Talk)

Choice Talk is about showing clients that a range of options for their care exists. Many different providers can help clients recognize their options using Choice Talk. Clients might engage in Choice Talk with other peers who have taken medication for alcohol or opioid use before, substance use counselors, nurses, case managers, social workers, psychiatrists, or any other clinic staff.

Choice Talk is a *planning* step. Steps in Choice Talk are

- **Step Back**

  Summarize and say, *"It sounds like you have concerns about your substance use (e.g., drinking and/or opioid use). Maybe we can think about options to help you."*

- **Offer Choice**

  Let the client know that there are treatment choices, for instance by saying, *"There is good information about medications for (alcohol and/or opioid) use that we can discuss"* (or *"that your doctor can discuss with you"*).

- **Justify Choice**

  Emphasize the importance of respecting individual preferences and the role of uncertainty.

  - **Personalizing preferences:** Explain that different issues related to treatment matter more to some people than to others. Say, *"Treatments have different pros and cons . . . some will matter more to you than to other people."*
  - **Uncertainty:** Clients often are unaware about the extent of uncertainty in medicine. Evidence may be lacking, and individual outcomes are not always predictable. Say, *"Medications are not effective for everyone"* or *"We can't predict how effective medications will be for you."*

- **Check Reaction**

  The choice of options may be disconcerting, and some clients might be uncomfortable talking about their substance use. Suggested phrases: *"Shall we go on?"* or *"Shall I tell you about the options?"*

- **Defer Closure**

  Some clients react by asking clinicians to "tell me what to do." If this occurs, we suggest *deferring closure* and reassuring the client that you are willing to support the process. Say, *"I'm happy to share my views and help you make a good decision. Do you want to hear a little more about medications for opioid use so that you have a better understanding of how the process works?"*

→ **TIP:** Some shared decisionmaking conversations, such as Option Talk and Decision Talk, may take place only between the client and the prescriber, and some may take place between all clinicians and the client.

Option Talk

Option Talk is about comparing alternatives by using the principles of risk communication. Here, more details are presented, and all of the possible options can be compared.

- **Check Knowledge**

  Even well-informed clients may be only partially aware of options and the associated harms and benefits, or they may be misinformed. Check by asking, *"What have you heard or read about medications for the treatment of alcohol or opioid use disorder?"*

- **List Options**

  Be clear about the medication options available at your clinic (or through referral, in the case of methadone for opioid use disorders). You could refer to the **Medication for OUD Handouts for Patients and Families** (pcssnow.org/resource/mat-handouts-for-patients-and-family-members) to help guide your discussion with the client and say, *"Let me show you the options before we get into more detail."*

- **Describe Options**

  Generate dialog and explore preferences. Describe the options in practical terms. If there are a few potential medical treatments, say, *"These options are similar in that they involve taking medication on a regular basis."*

  Point out when there are clear differences; for example, oral or injectable medications, daily versus monthly use. Say, *"These options will require you to take the medication at different times; for example, . . ."*

- **Communicate Harms and Benefits**

  Being clear about the pros and cons of different options is at the heart of shared decisionmaking. Learn about effective risk communication, framing effects, and the importance of providing risk data in absolute as well as in relative terms. Try giving information in "chunks" (chunking and checking).

- **Address Client Concerns: Assess the Meaning and Perception of Medication Use**

  It is important to elicit client feelings about medication use because client perceptions can influence medication adherence.

  The following questions could help start and guide the conversation:

  - *"What worries you about taking medication for (alcohol and/or opioid) use?"*
  - *"How does taking medication for (alcohol and/or opioid) use make you feel about yourself?"*
  - *"What will others think about your decision to take medication for (alcohol and/or opioid) use?"*
  - *"What does taking medication mean for you and your well-being?"*

Common Client Concerns About Medications for Opioid Substance Use Disorders

- using medications will keep them from addressing important "underlying" reasons for their opioid substance use
- becoming "hooked" on medications for opioid substance use
- replacing one "drug" with another
- having to be on these medications "for life"
- potential long-term side-effects of the medications that are not yet known, or contraindications with psychiatric medications
- feeling "weak" for having to use a medication to stop opioid substance use
- feeling ashamed and wanting to hide their medication from loved ones
- preferring to use "willpower" and to stop "on their own"

- **Provide Client Decision Support**

  Decision-support tools make options visible and may save time. Some are sufficiently concise to use in clinical encounters. *Option Grids* are an example of decision-support tools. See examples for COD-alcohol (www.rand.org/content/dam/rand/pubs/tools/TLA900/TLA928-1/resources/step-2/RAND_TLA928-1.treatment-medications_AUD.pdf) and COD-opioid (cabridge.org/resource/medicines-for-treating-opioid-use-disorder-what-you-need-to-know).

Shared decisionmaking may need more than one encounter. Client decision support tools might play a crucial role. Say, *"This chart has been designed to help you understand your options in more detail. Feel free to take it with you and look it over. When we talk next, I can answer all of your questions."*

- **Summarize**

  List the options again and assess understanding by asking the client to tell you about the medications in their own words. This is called a teach-back method and is a good check for misconceptions. For example, *"We talked about some medications today, [name the medications]. Please tell me in your own words how you would explain the differences between them to someone else."*

Decision Talk

Decision Talk is about arriving at decisions that reflect client preferences, informed by the experience and expertise of their health care team. This step involves supporting the client in their consideration of preferences and helping the client come to a decision.

- **Focus on Preferences**

  Guide the client to form preferences. Suggested phrases include

  - *"From your point of view, what matters most to you as you review these options?"*
  - *"What do you think is important for us to keep in mind as we work to choose the best option?"*

- **Elicit a Preference**

  Say: *"I'd like to hear what you prefer now, even if you're not sure or change your mind later."*

  Be ready with a back-up plan by offering more time or being willing to guide the client if they indicate that this is their wish.

- **Moving to a Decision**

  Try checking for the need to either defer a decision or make a decision. Suggested phrases include

  - *"Are you ready to decide?"*
  - *"Do you want more time? Do you have more questions?"*
  - *"What other things should we discuss before you decide?"*

- **Offer Review**

  Reminding the client, where feasible, that decisions may be reviewed is a good way to arrive at closure. Say, *"Let's go over everything we have discussed just to make sure we're on the same page."*

References and Additional Resources

Academy of Communication in Healthcare, "ENRICH: Healthcare Communication Course," webpage, 2019. As of March 24, 2021: www.achonline.org/Events/ENRICH/2019

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Schillinger, Dean, John Piette, Kevin Grumbach, Frances Wang, Clifford Wilson, Carolyn Daher, Krishelle Leong-Grotz, Cesar Castro, and Andrew B. Bindman, "Closing the Loop: Physician Communication with Diabetic Clients Who Have Low Health Literacy," *Archives of Internal Medicine*, Vol. 163, No. 1, 2003, pp. 83–90.

Also explore the SHARE Approach to shared decisionmaking:

Agency for Healthcare Research and Quality, "The SHARE Approach—Using the Teach-Back Technique: A Reference Guide for Health Care Providers," webpage, September 2020. As of March 24, 2021: www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-6/index.html

Agency for Healthcare Research and Quality – The SHARE Approach Workshop. As of March 24, 2021: www.ahrq.gov/health-literacy/professional-training/shared-decision/workshop/index.html