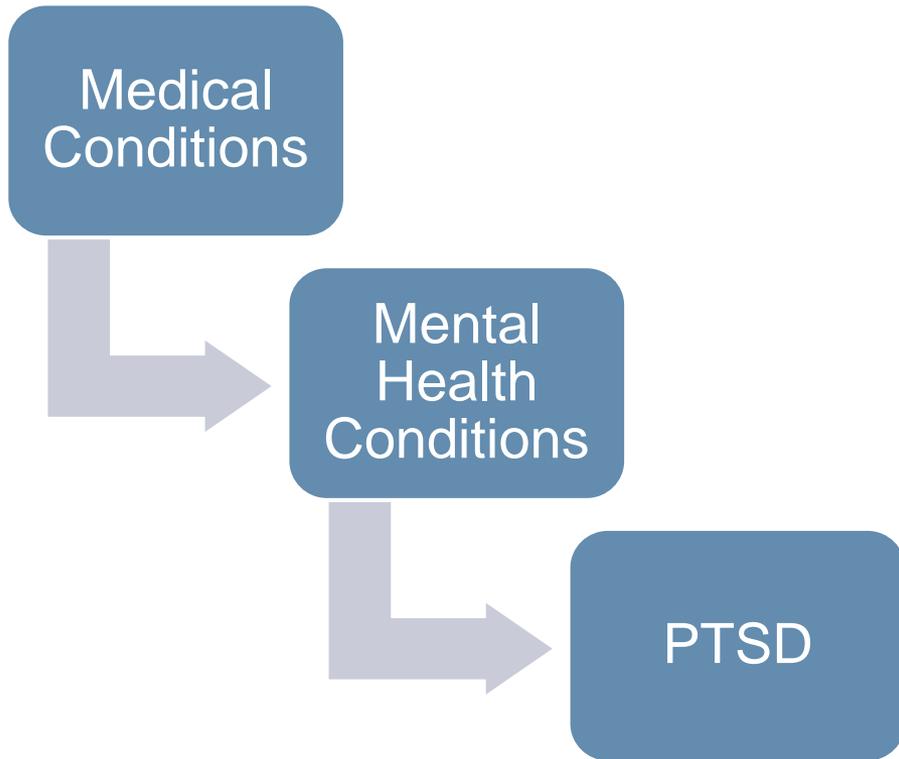


Shared Decision-Making for PTSD

Juliette Harik (Mott), PhD
National Center for PTSD-Executive Division
White River Junction, VT

Shared Decision Making (SDM)



2402_{SDM + Cancer}

32_{SDM + Mental Health}

3_{SDM + PTSD}



Shared Decision Making (SDM)

What is SDM?

Why is SDM
important?

How can I do SDM?



What is Shared Decision-Making ?



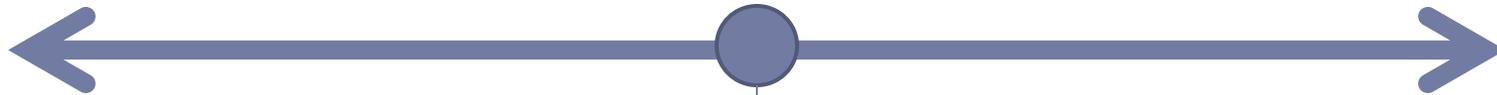
Decision Making Approaches



PROVIDER



PATIENT



Paternalism

Informed Decision Making

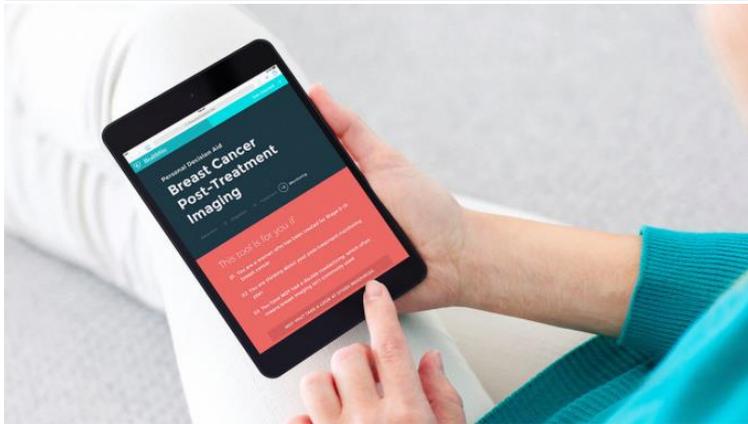
Shared decision-making (SDM) is an approach in which providers and patients communicate together using the best available evidence to make decisions.



Decision Aids

Tools that help people understand treatment options, weigh benefits and risks, & participate in decisions.

DECISION AID
(tool)



SHARED DECISION-MAKING
(process)



SDM is not:

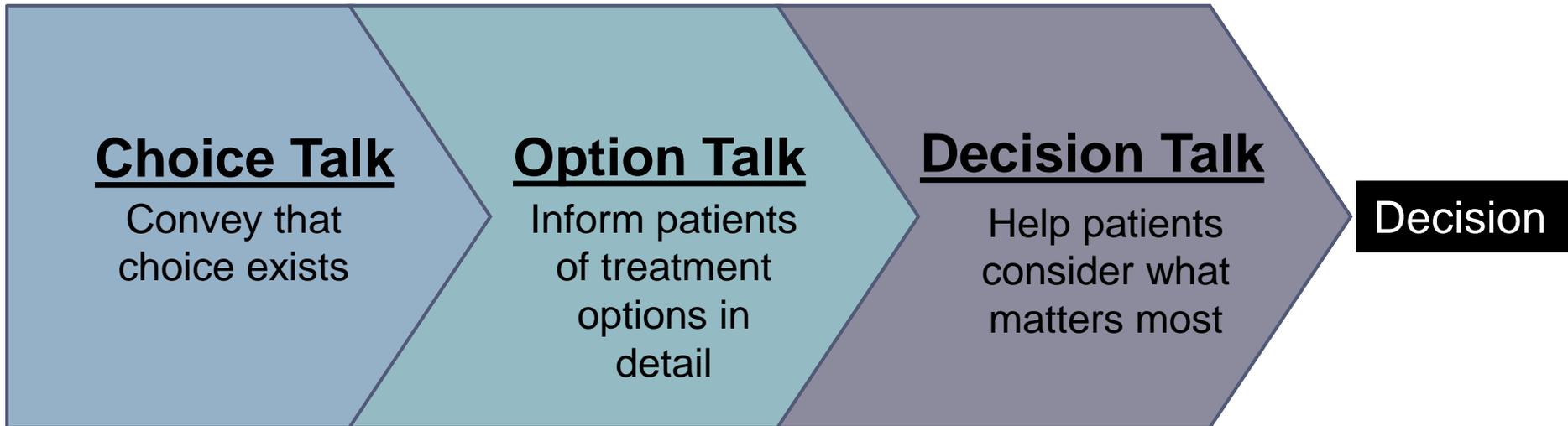
- ▶ Giving your patient a brochure
- ▶ Telling your patient about only 1 option
- ▶ Doing whatever your patient wants
- ▶ Forcing your patient to be involved in decisions



Initial
Preferences



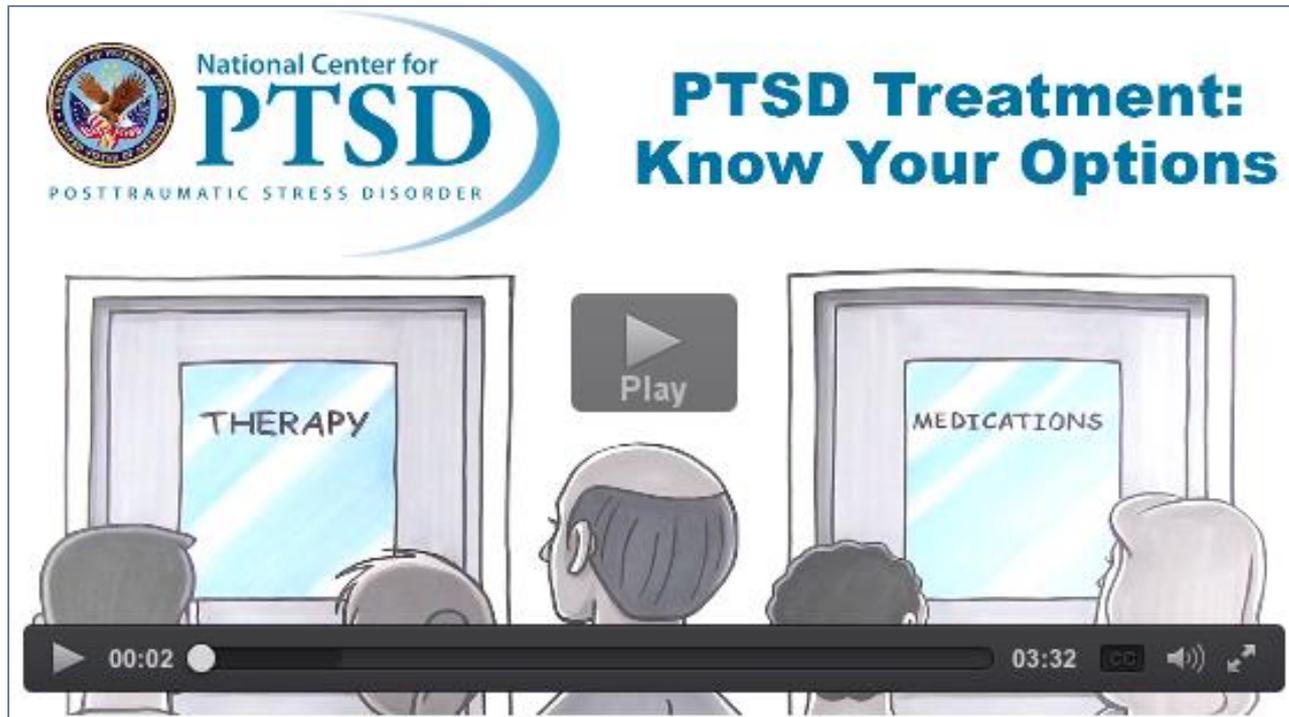
Informed
Preferences



Where SDM is most helpful

SDM is best for **preference sensitive decisions**

- ▶ more than one reasonable path forward exists
- ▶ different paths have unique benefits and risks



Psychotherapies

Eye Movement
Desensitization
&
Reprocessing

Stress
Inoculation
Training

Trauma-focused
Cognitive
Behavioral Therapy

Prolonged
Exposure

Cognitive
Processing
Therapy

Medications

Antidepressants

SSRIs and
SNRIs

▶ First line PTSD treatments according to VA/DoD Clinical Practice Guideline (2010).

Why is Shared Decision-Making Important?



Practice Guidelines Support SDM

Veterans Health Administration

The patient, and whenever possible the patient's family, should be involved in treatment decisions

Uniform Mental Health Services Handbook 1160.01

Veterans Health Administration

The decision about what particular treatment needs to be provided to a specific patient is a clinical decision that needs to be made collaboratively between the provider and the patient.

Local Implementation of EBP Handbook 1160.05

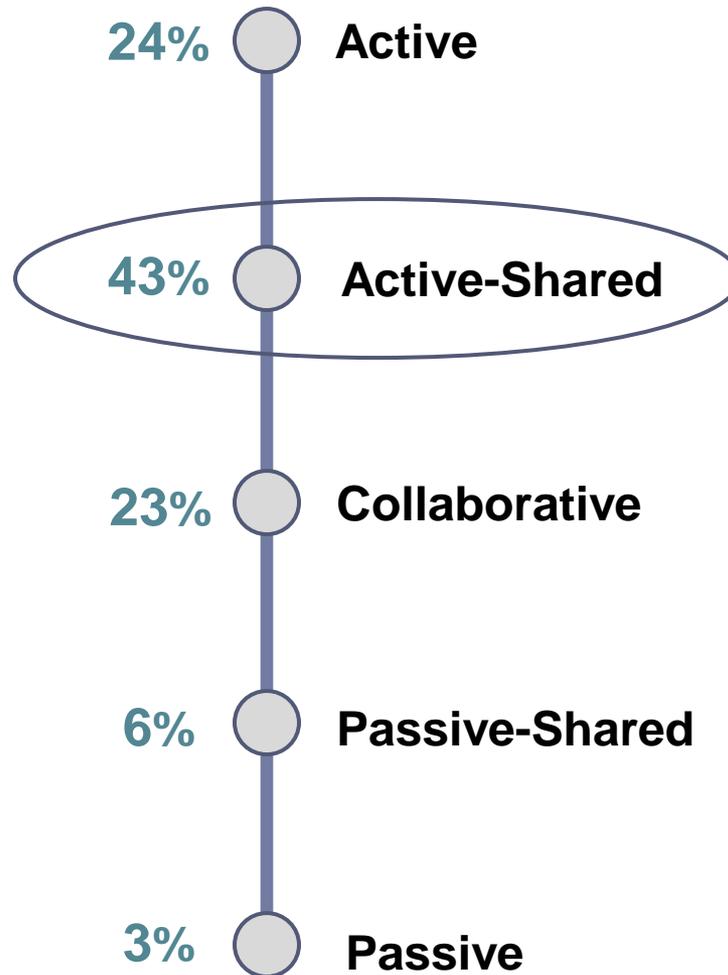
Institute of Medicine

The healthcare system should be able to accommodate differences in patients' preferences and encourage shared decision making.

Improving the Quality of Health Care for Mental and Substance-Use Conditions, 2006

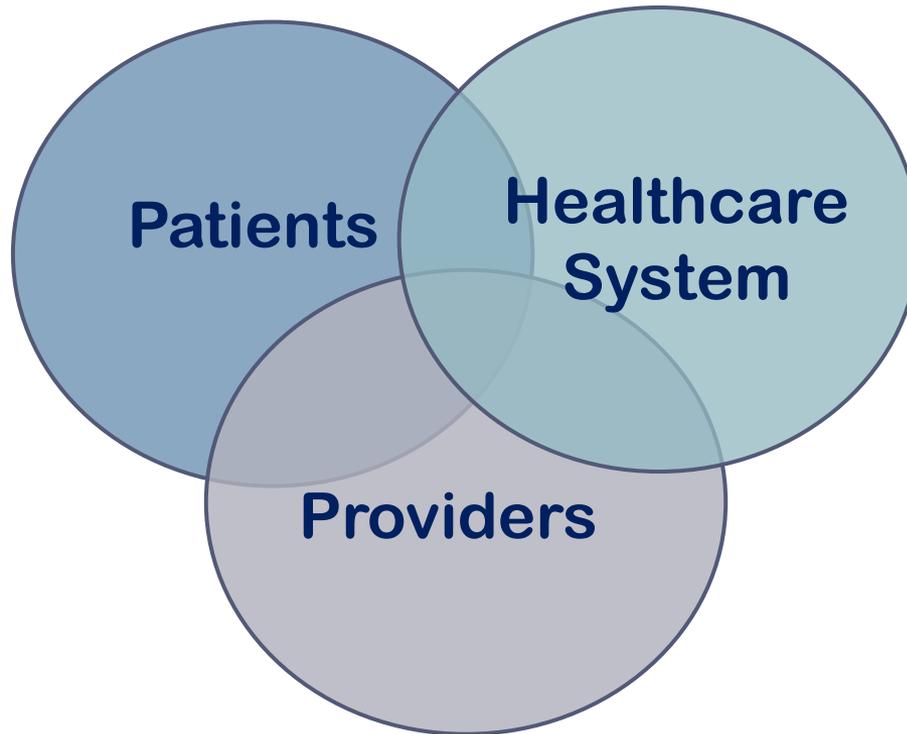


Patient Preferences for Decision-Making



Benefits of Patient Involvement

- Promote treatment Engagement
- Improve treatment outcomes
- Increase knowledge



- Improve cost-effectiveness

- Increased liability protection



Aren't we already doing this



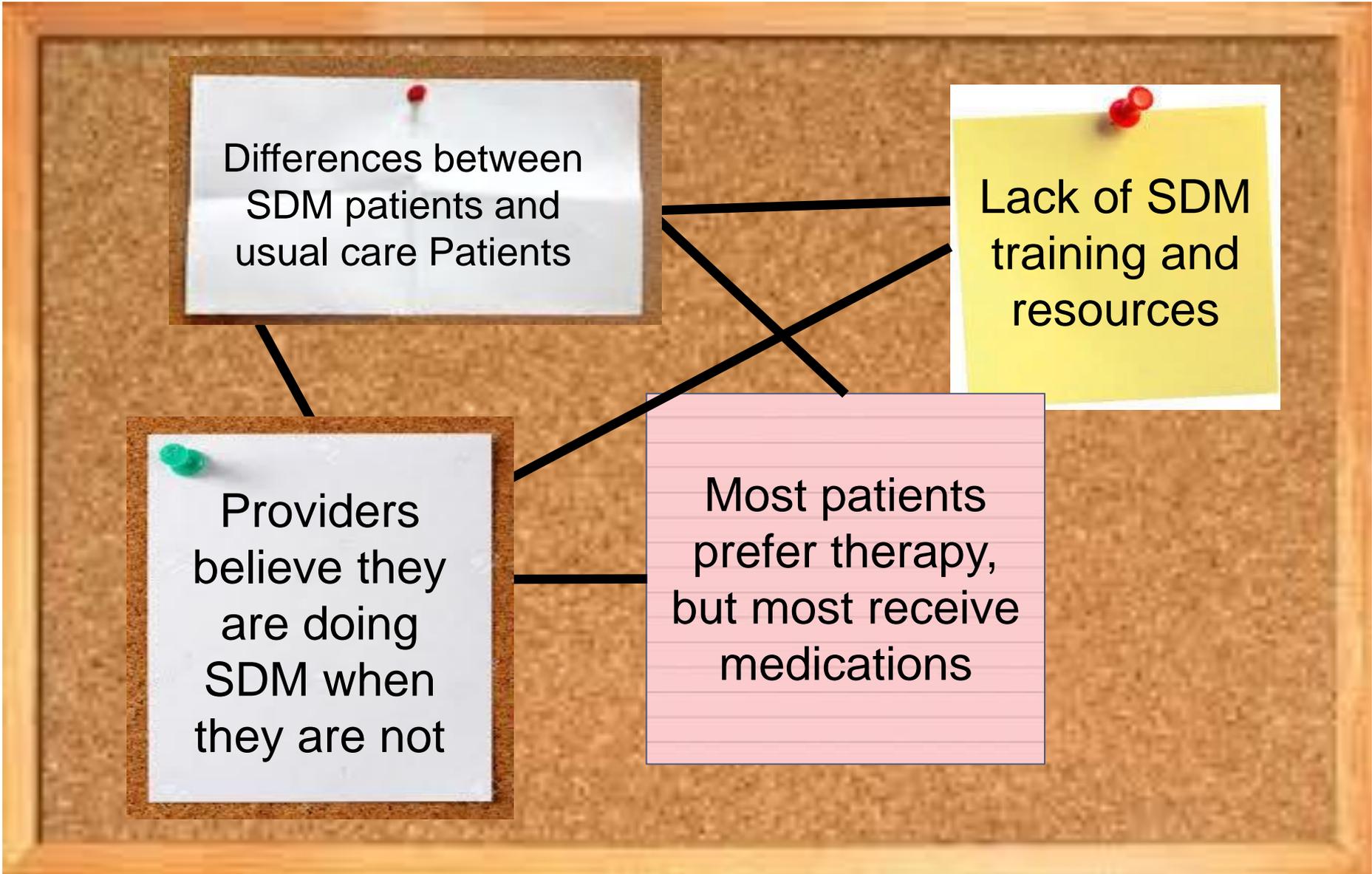
The Evidence

Differences between
SDM patients and
usual care Patients

Lack of SDM
training and
resources

Providers
believe they
are doing
SDM when
they are not

Most patients
prefer therapy,
but most receive
medications



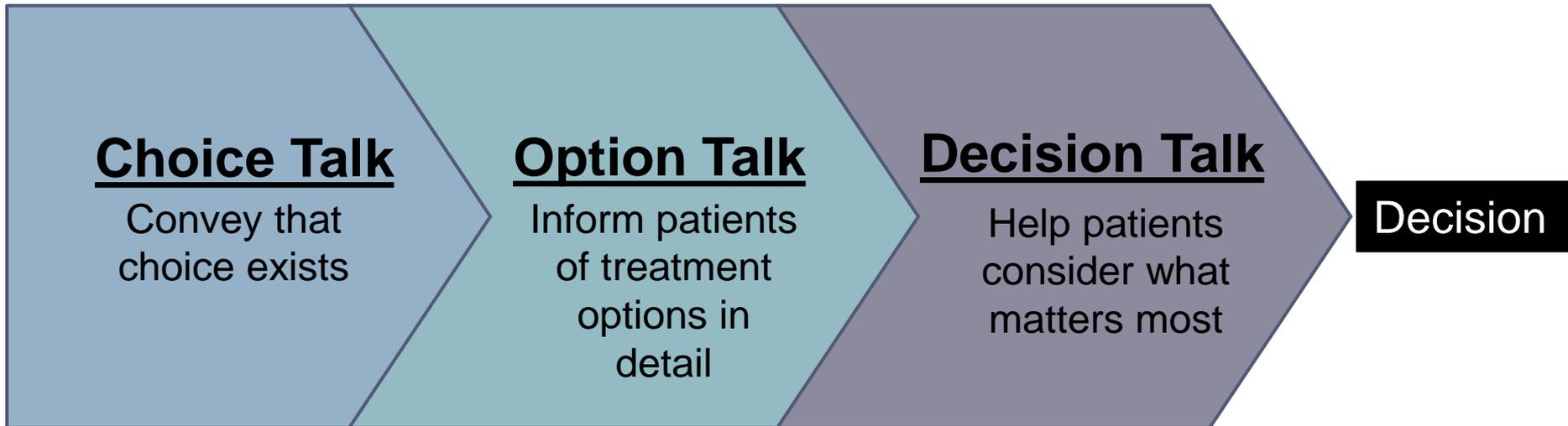
How do I engage patients in Shared Decision-Making?



Initial
Preferences



Informed
Preferences

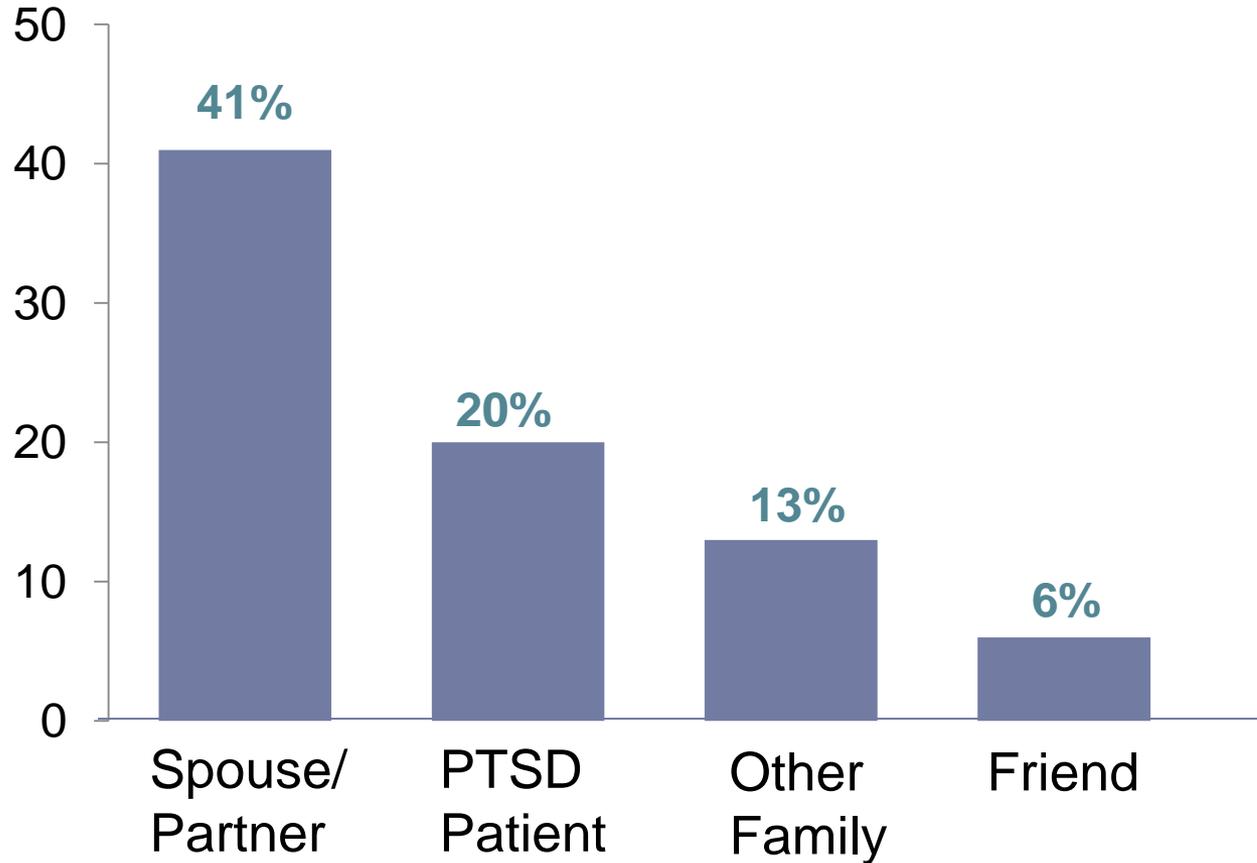


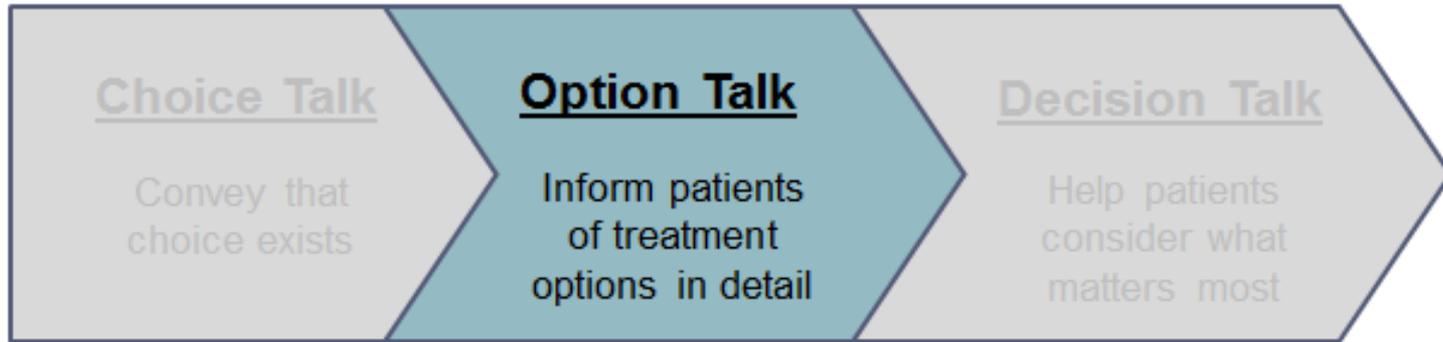


Provider Actions

- ✓ Orient
- ✓ Offer choice
- ✓ Justify choice
- ✓ Assess preferred involvement

Who else do you want to be involved in the decision about which PTSD treatment you receive?





Provider Actions

- ✓ List Options
- ✓ Describe Options/Use Decision Aid
- ✓ Summarize



What do patients want to know about PTSD treatment?

- ✓ **How well the treatment works**
 - ✓ **How long benefits last**
-

Whether I will be asked to talk about my trauma

Whether I will be asked to do homework



For every 100 people who receive the treatment, how many will no longer have PTSD after about 3 months?

53

CPT/PE/EMDR

42

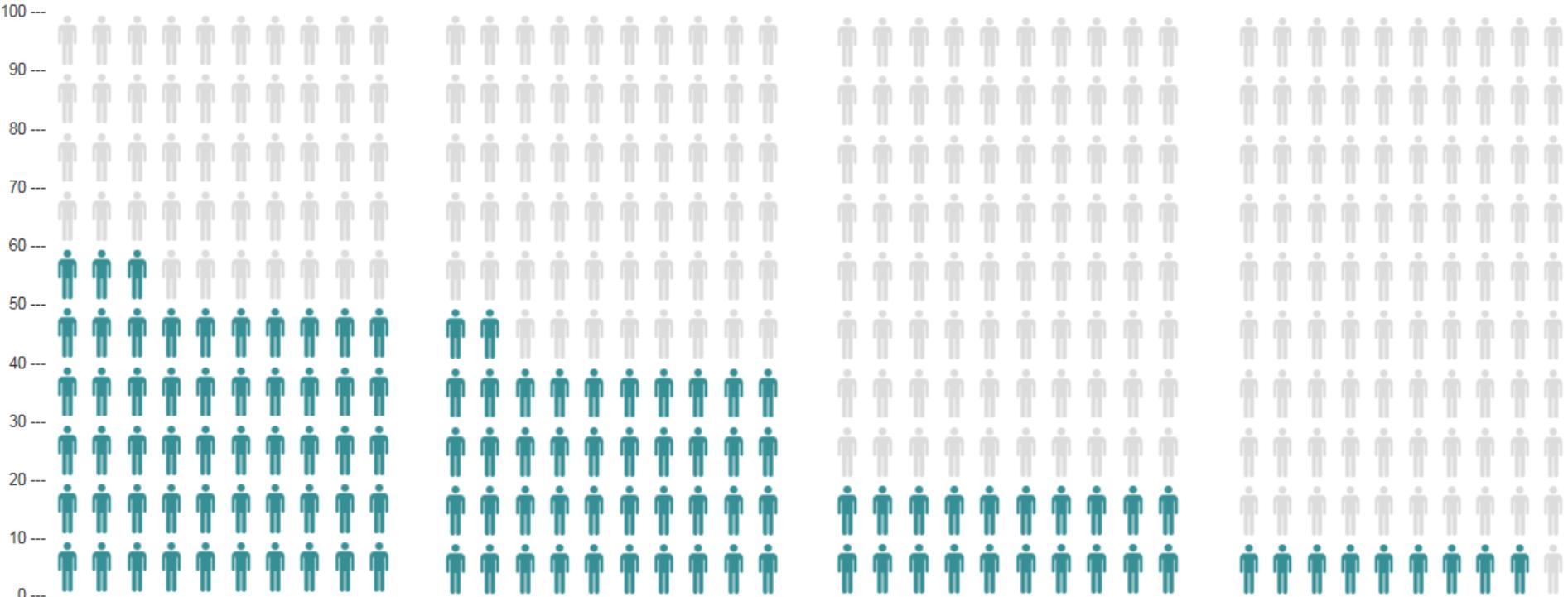
SSRIs

20

SIT

9

No Treatment



Harik, J. M., Hamblen, J. L., Grubbs, K. G., & Schnurr, P. P. *Will it work for me? A meta-analysis of loss of PTSD diagnosis after evidence-based treatment.* Manuscript in preparation.

PTSD

TREATMENT DECISION AID: THE CHOICE IS YOURS

LEARN

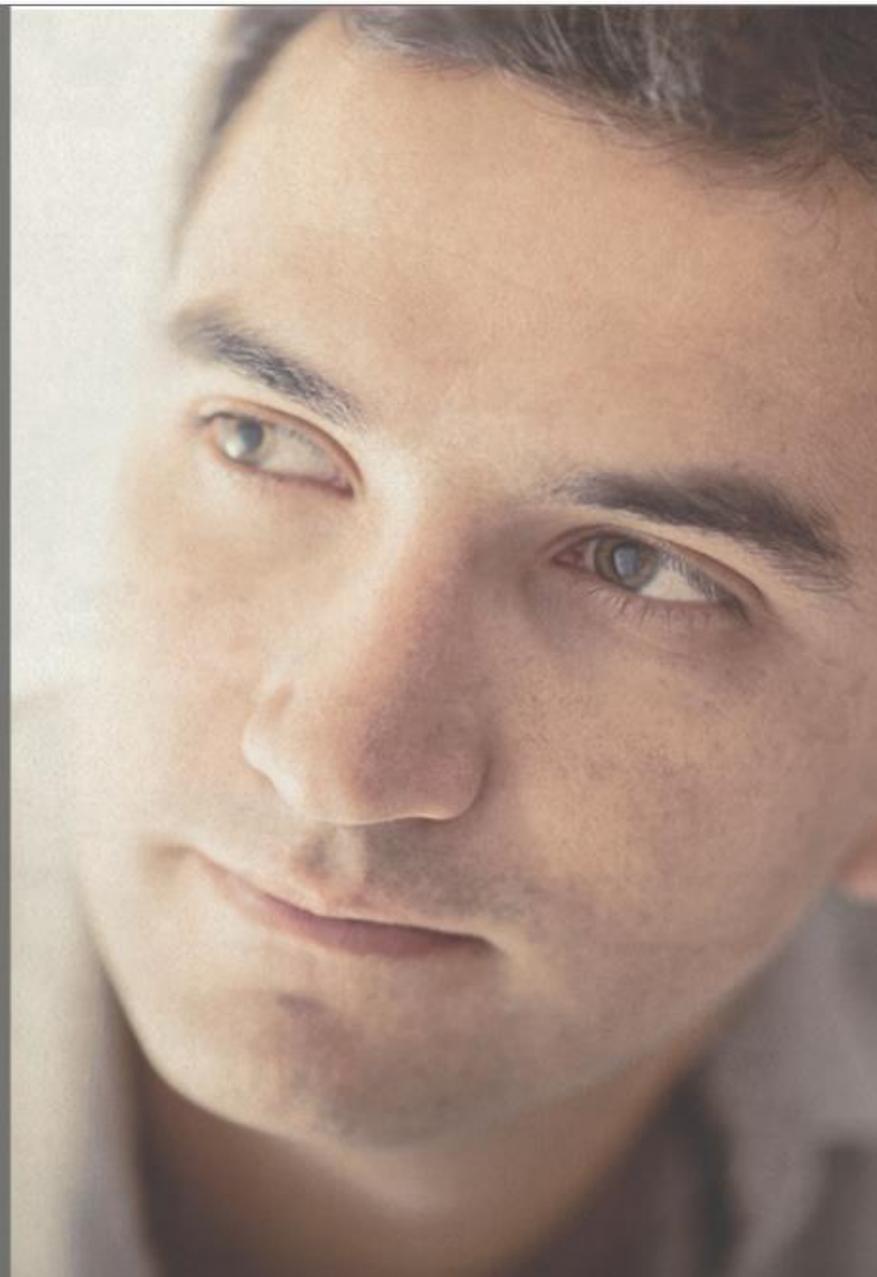
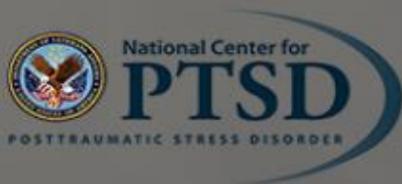
Learn about PTSD and how this decision aid can help

COMPARE

Compare effective PTSD treatment options

ACT

Take action to start treatment



▶ Coming Soon! www.ptsd.va.gov/apps/decisionaid

Prolonged Exposure

What type of treatment is this?

Prolonged Exposure (PE) is a psychotherapy for PTSD. It is one specific type of Cognitive Behavioral Therapy. PE teaches you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since your trauma. By confronting these challenges, you can actually decrease your PTSD symptoms.



What is Prolonged Exposure?

Watch this video for a more in-depth description.

How does it work?

People with PTSD often try to avoid anything that reminds them of the trauma. This can help you feel better in the moment, but not in the long term. Avoiding these feelings and situations actually keeps you from recovering from PTSD. PE works by helping you face your fears. By talking about the details of the trauma and by confronting safe situations that you have been avoiding, you can decrease your PTSD symptoms and regain more control of your life.

VIDEO GALLERY

Take the mystery out of PTSD treatment. These providers will tell you what to expect in clear and simple language.

Cognitive Processing Therapy (CPT)



What type of treatment is this?



How does it work?



What can I expect?



Will I need to talk about my trauma?



Is it effective?



Listen to how a person was helped



TREATMENT COMPARISON CHART



Add Treatment ▼

| | PSYCHOTHERAPY | | MEDICATION |
|---------------------------------|--|---|--|
| | Cognitive Processing Therapy | Prolonged Exposure | SSRI/SNRI |
| What type of treatment is this? | Psychotherapy (a type of trauma-focused CBT) | Psychotherapy (a type of trauma-focused CBT) | Antidepressant medications: <ul style="list-style-type: none"> • SSRI: Prozac, Paxil & Zoloft • SNRI: Effexor |
| How does it work? | Teaches you to reframe negative thoughts about the trauma | Teaches you how to gain control by facing your fears | Restores the balance of naturally occurring chemicals in your brain |
| What will I do? | <ul style="list-style-type: none"> • Talk about your thoughts • Writing assignments and worksheets | <ul style="list-style-type: none"> • Talk about the trauma • Start doing safe things you have been avoiding | Take a pill at regular time(s) each day |
| Is it effective? | Yes | Yes | Yes |
| How long does | Weekly sessions for around 3 months | Weekly sessions for around 3 months | Variable (symptoms may return if you stop taking the |



FAQs

I have questions about...

How to get started

How do I know if I am ready for PTSD treatment?

Which PTSD treatments are most effective?

 What PTSD treatments are offered at the VA?

How do I find a provider?

Can I schedule my treatment visits after hours or on weekends?

 What if I live far away from the VA?

How much does treatment cost?

Can I do psychotherapy and medications at the same time?

What treatment will be like

How long does treatment last?

Will I need to practice anything between sessions?

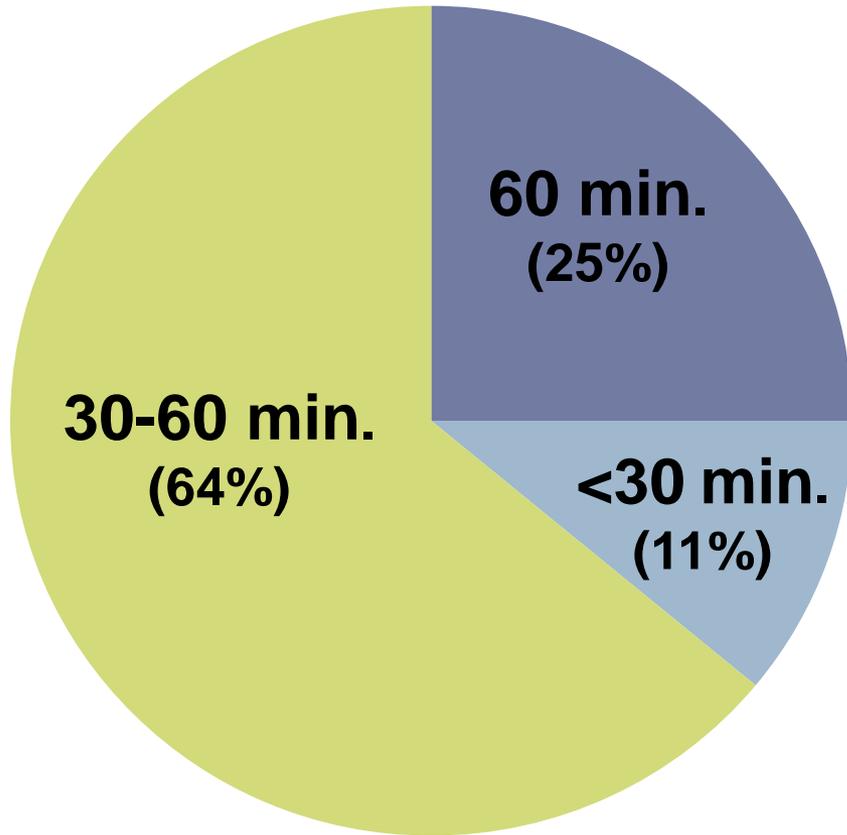


Provider Actions

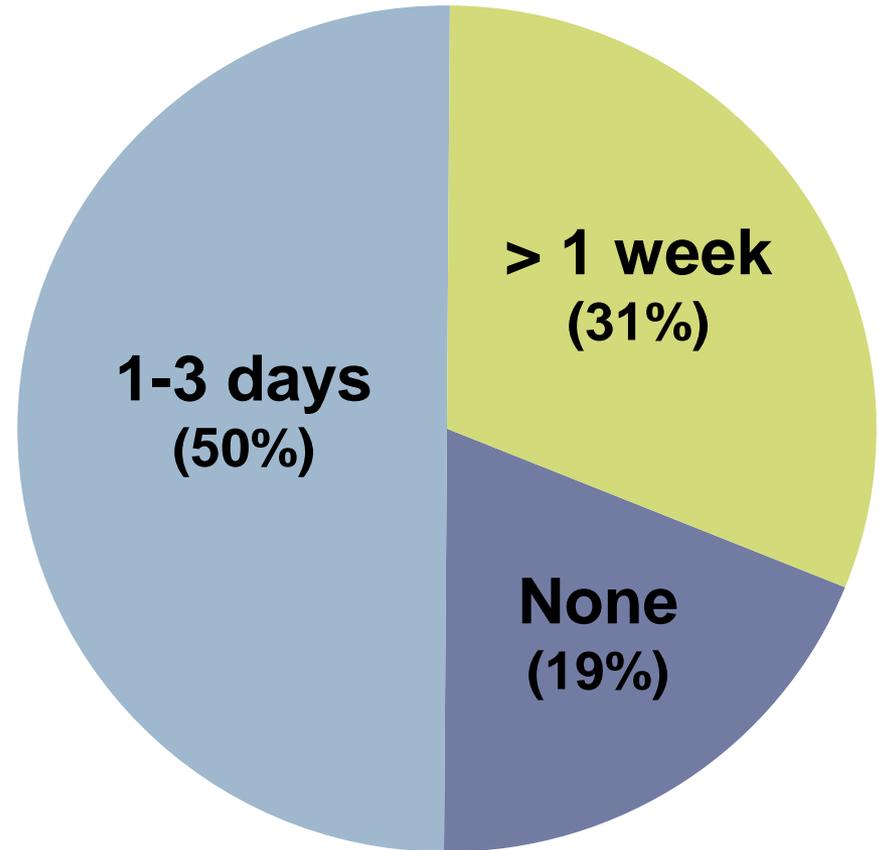
- ✓ Help patient consider needs/values
- ✓ Assess decision-making needs
- ✓ Elicit treatment preference (or defer)
- ✓ Offer review



How much time do you want to spend talking about PTSD treatment options?



How much time would you need to consider your options?



Choice Talk

Convey that
choice exists

Option Talk

Inform patients of
treatment options
in detail

Decision Talk

Help patients
consider what
matters most

***What if my patient
doesn't want to be
involved?***

***Do I have to tell
my patients about
all options?***

***Can I share my
opinion?***

Questions?



Thank you!

Juliette.Harik@va.gov





PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS



PTSDconsult@va.gov



(866) 948-7880



www.ptsd.va.gov/consult



PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or PTSDconsult@va.gov

UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

September 21 **PTSD: From Neurobiology to Treatment** **John Krystal, MD**

October 19 **Treating Anger and Aggression in Populations with PTSD** **Leslie Morland, PhD**

November 16 **Cannabis and PTSD** **Marcel Bonn-Miller, PhD**

December 21 **Treating Tobacco Use in Patients with PTSD** **Andrew Saxon, MD**