

INFORMED CONSENT PROCESS

SHARED DECISION MAKING

Minds Matter reccommends that clinicians engage in shared decision making with their patients, which goes beyond simply obtaining consent. The following handout provides a resource for clinicians regarding the shared decision making process and the utilization of motivational interviewing.

FORM

Although the shared decision-making process is most importantly a shared experience between clinician and families with empowered outcomes, some organizations might require the use of an actual signature form. A template is included below.

The American Academy of Child and Adolescent Psychiatry (AACAP) has also developed an array of simple consent forms specific to certain conditions and medications. See Appendix X for these forms.

Key Elements of Shared Decision-Making

What is Motivational Interviewing?



Ask	» Apply a patient-centered approach	Motivational interviewing (MI) is a shared decision-making	Encouraging Motivation to Change: Am I Doing this Right?		
	» Use motivational interviewing	strategy for enhancing a patient's motivation to make a behavior change, rather	Do I listen more than I talk? Or am I talking more than I listen? Do I keep myself sensitive and open to this person's issues? Or an I talking about what I think the problem is?	How to do Motivational Interviewing	
Prioritize	» Help the patient focus on specific needs	than telling or lecturing. Motivational Interviewing encourages you to help	Do I invite this person to talk about and explore his/her own ide for change? Or am I jumping to conclusions and possible solution	s? Remember the acronym:	
		people discover their interest	Do I ask permission to give my feedback? Or am I presuming thatmy ideas are what he/she really needs to hear?	OARES	
Assess	 » Assess the capacity of the decision- making process » Address Patient and Provider Barriers 	in considering and making a change in their lives (e.g., to manage symptoms of mental	Do I help this person identify successes and challenges from the past and relate them to present change efforts? Or am I encouraging him/her to ignore or get stuck on old stories?	Ask Open-ended questions	
		illness, substance abuse, or weight control). Use this checklist to build self-awareness about your attitudes, thoughts, and	Do I seek to understand this person? Or am I spending a lot of tim trying to convince him/her to understandme and my ideas?		
Advise	» What is the evidence? » Discuss benefits and risks		Do I summarize for this person what I am hearing? Or am I just summarizing what I think? Do I remind myself that this person is capable of making his/	 Use Reflective listening Elicit self-motivational statements 	
Acknowledge	» Agree on what's important for the individual » Share values, power, expectations	communication style as you conduct your work.	her own choices? Or am I assuming that he/she is not capable of making good choices?	• Summarize	
Assist	» Provide tools to help weigh the options » Promote input from others	Helpful Websites <u>Center for Shared Decision Making</u> b Dartmouth-Hitchcock	related and social decisions	 <u>CommonGround Informative Video</u>- A web- based application that helps people prepare to meet with psychiatrists and arrive at the best decisions for treatment and recovery. 	
Make Decision	» If ready, patient makes the choice	 <u>Motivational Interviewing</u> by the Am Academy of Pediatrics <u>Center for Evidence-Based Practices</u> at Case Western Reserve University 	(CEBP) Patients by Mental Health America Motivational Interviewing Recorded Presentations by SAMSHA-HRSA Center for	 <u>Patient Activation Reference Guide</u> by U.S. Department of Defense <u>Sources for Decision Aids</u> <u>Decision Aid Library</u> by Dartmouth-Hitchcock <u>Patient Decision Aids</u> by Ottawa Hospital Research Institute 	
Evaluate	» Evaluate the process » Revisit the decision if there are concerns	 <u>Shared Decision-Making in Mental H</u> <u>Treatment</u> by Mental Health America <u>Videos and Other Helpful Tools</u> <u>Ottawa Personal Decision Guide</u> – 	Shared Decision Making in Mental Health		



As adapted from Shared Decision-Making A Guide for Busy Clinicians by U.S. Department of Veterans Affairs

STEP



INFORMED CONSENT FORM

Patient Name	Date of Birth /	/	Soc. Sec.#			
Gender 🗌 Male 🗌 Female	Language		Medicaid ID #			
Parent/Guardian Name			Relationship			
Prescriber Phone						
Patient/Parent Engagement						
Discussed symptoms and concerns.						
Shared multi-media presentation regarding mental health medications or diagnosis, if available.						
Discussed potential risks, benefits and alternative treatment options.						
Provided additional educational resources and information about support groups, if available.						
Prescriber Initials: Da	ate / /					
	Medication	T				
Medication	Dosage		Diagnosis/Symptoms			
The doctor would like to begin/continue the medication(s) listed above to help the patient with the problems/diagnosis listed.						
	Side Effects					
All medications have side effects, which may vary from person to person. If the doctor is recommending a medication for your child, be sure to ask about possible side effects and what you should look for.						
Safety						
If your child experiences side effects or any other unusual feelings, please call the doctor's office at If the concern is severe enough, go to an emergency room.						
Other Treatments						
Treatment	Duration		Location/Resource			
The doctor would like to begin/continue the treatment(s) listed above to help the patient with the						
problems/diagnosis listed above.						



Monitoring

The doctor would like to monitor the patient's progress according to the following schedule.					
Duration (After 1 week, Monthly, etc.)	Type of Follow-Up (Call/Office Visit)				
Consent					
benefits. I understand the other treatment understand I have the right to refuse medic	Ind understand the medication's possible side effects and Ints the doctor is recommending in addition to medication. I ications, but agree to discuss this with the doctor first. I also questions regarding the above medication(s) with the doctor.				
Parent/Caretaker Signature:	Patient Signature:				
Date / /	Date / /				
Prescribing Clinician Signature:					
Date / /					