



Using a Novel Method to Measure Collaboration in Usual Care between Veterans with Psychosis and their Clinicians

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Background

Context:

- Collaborative Decision Skills Training (CDST) is a skill-based intervention to increase patient-provider collaboration in treatment decision-making
- Measuring real-world effectiveness of skill-based intervention requires innovative strategies
- We used a novel method to measure collaboration between nine Veterans and their clinical providers during an eight-week open trial of CDST at the San Diego VA

Study Objectives:

1. Assess the feasibility of this novel data collection method
2. Examine preliminary outcomes of the open trial prior to an RCT of CDST

Methods

We **audio-record up to eight mental health appointments** for each Veteran and measured collaboration using **two validated coding systems**:

Shared Decision-Making Coding Scale: measures elements of collaboration in decision making for each appointment.

Examples of elements measured:

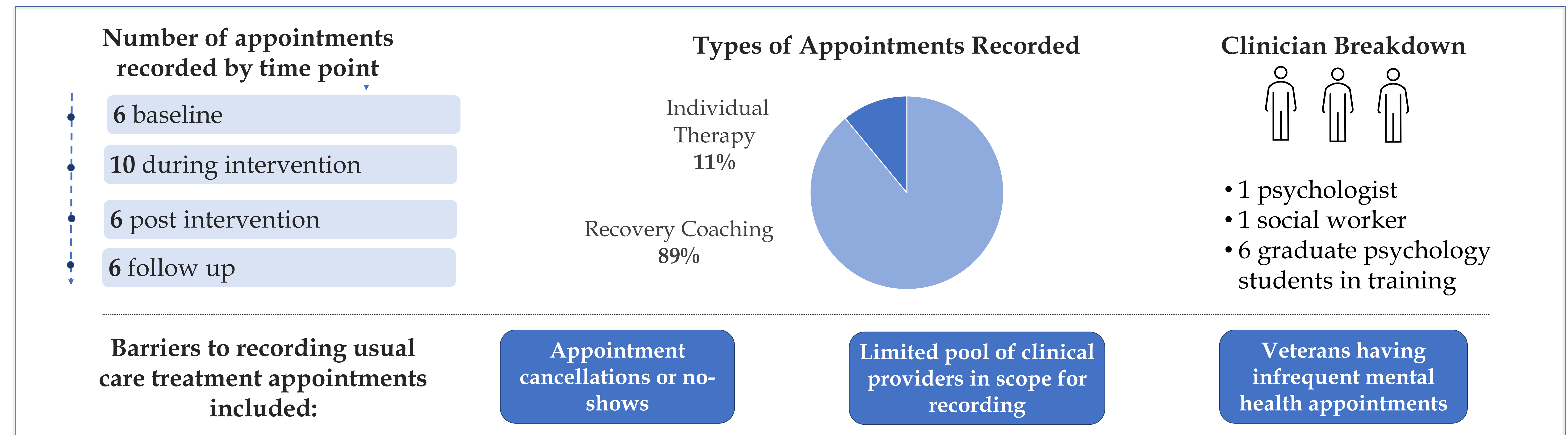
- Discussion of risks and benefits
- Discussion of treatment alternatives
- Level of agreement in final decision

Consumer-Created Opportunities for Active Involvement Coding System: measures Veteran-initiated collaboration throughout the entire appointment.

Examples of elements measured:

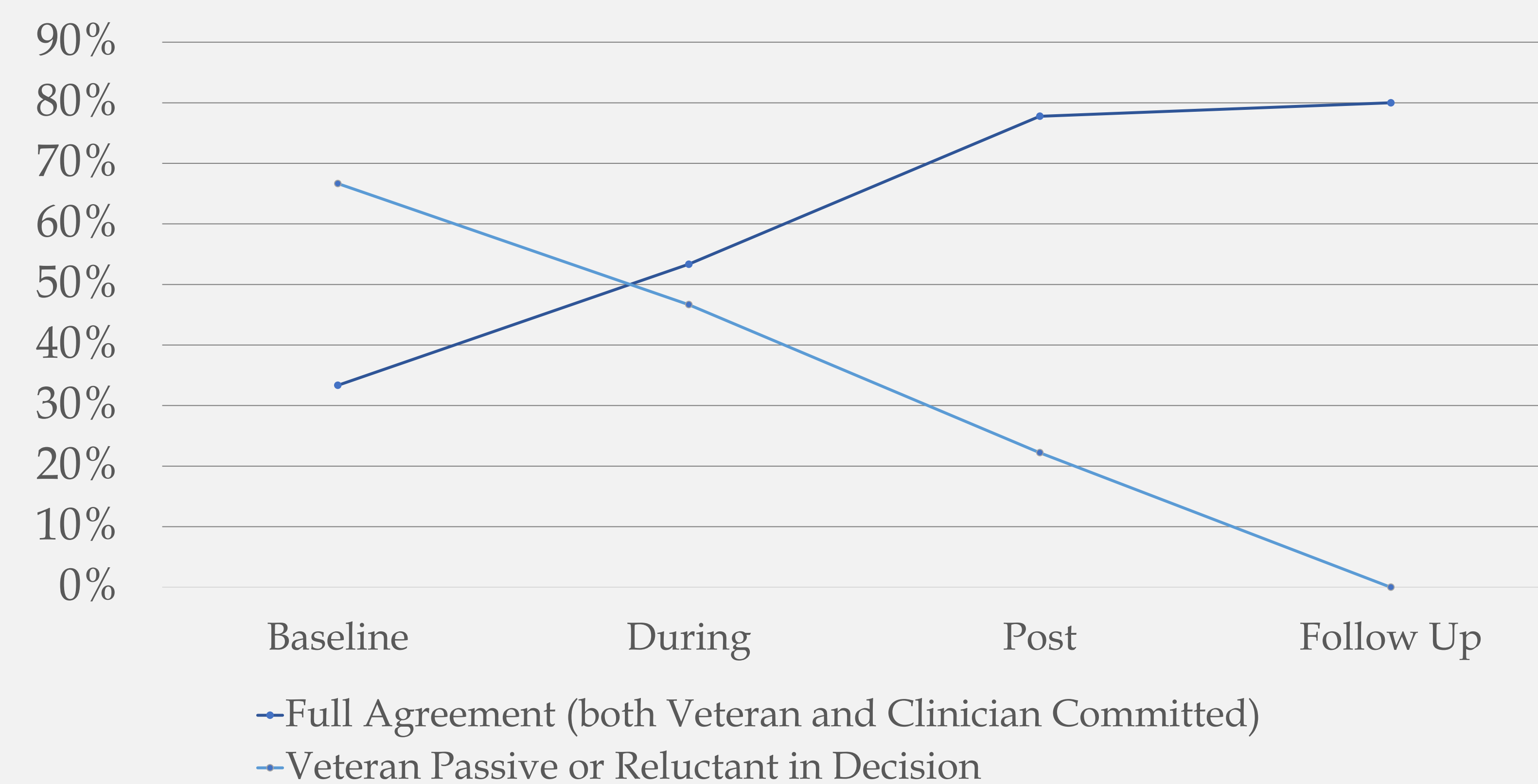
- Setting agenda for the session
- Making requests about care
- Asking substantive questions

Results



Preliminary Effectiveness of CDST

The percent of decisions where Veterans and clinicians collaboratively **agreed increased from 33% at baseline to 80% at follow up.**



*Post = directly after intervention; Follow-up = 3 months after intervention participation

We saw increases with large effect sizes in **Veteran-initiated collaboration during decision making.**

Baseline to Post	Baseline to Follow Up
Cohen's d = 1.03	Cohen's d = 1.22

We saw increases in **Veteran-initiated collaboration outside of decision making** from baseline to post (large effect size) and baseline to follow up (small effect size).

Baseline to Post	Baseline to Follow Up
Cohen's d = 1.31	Cohen's d = 0.34

Conclusion

- CDST was preliminarily effective based on increases in Veteran-clinician collaborative behaviors following participation in the intervention.
- To address audio-recording challenges in the RCT, we will record mental health appointments outside the clinic where the research is conducted and throughout the entire study.
- Measuring targeted behaviors using audio-recorded usual care appointments is an innovative way to evaluate if changes translate to real-world settings.