



i-THRIVE Academy

Shared Decision Making

The i-THRIVE Academy is funded by Health Education England and delivered by the i-THRIVE Partnership.

Four learning and development modules were piloted across three sites in March and April 2017.

This is a brief overview of the 'Shared Decision Making' i-THRIVE Academy module.



1.1 Content of the Shared Decision Making module

The THRIVE framework puts young people and families at the heart of decision making and Open Talk has developed a shared decision making model in partnership with children and young people. This workshop, combining THRIVE and Open Talk, is co-delivered with young people. It has been designed to build on the existing skills and expertise of professionals working in children's mental health, supporting them to apply shared decision making to more complex and challenging situations. This module introduces potential tools and resources that may help facilitate shared decision, including i-THRIVE Grids, and explores ways of measuring this.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- How to engage in decision making with young people and families in complex and challenging scenarios
- What tools facilitate shared decision making, and where might they fit in the treatment process?
- The variety of decisions that can be made, by who and when
- Understanding and exploring levels of influence within decision making
- Using Quality Improvement approaches to embed learning of tools and techniques
- How do we assess and monitor decision making through clinically meaningful feedback and outcomes?

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THRIVE Elaborated Second Edition (Wolpert et al, 2016) can be downloaded here: [THRIVE Elaborated \(Second Edition\)](#)

1.2 Feedback from module participants

This module **explored the experiences of both staff and young people, in understanding the complexities of decision-making** and discussed the gap between how professionals try to involve young people in decisions and how young people might experience this.

Participants acknowledged that **sometimes there is no right decision, but rather it is 'how' we make decisions that counts**. The Open Talk decision-making model was introduced as a framework that professionals could use to encourage collaborative decision-making with young people. The framework can be used to break down the key stages of decision-making.

The training also introduced tools and methods that could be used by services to support collaborative decision-making including; Head meds, MyCAMHSChoice, Next Step Cards and i-THRIVE Grids.

Key take home messages were that **shared decision making can be made more explicit through small, conscious steps** and it is **important to be honest with children and young people** about the level of influence they have in decisions. It was agreed that the most important part of decision-making is the process of deliberation and thinking together.



81% of respondents stated that the module met their expectations.

Relevance to current practice

Participants felt that the module was extremely relevant to their current practice and that two thirds of the information presented was new to them:

How relevant was this session to your current practice?
(1-5)
4.40

How much of the information presented was new to you?
(1-5)
3.36

Confidence in delivering needs based care in line with THRIVE

Participants were asked to rate their confidence (1-5) in shared decision making, in explaining to others about how to deliver shared decision making and in their knowledge of the THRIVE framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

	Pre-Module		Post Module
How confident do you feel in carrying out shared decision making?	3.07	→	4.06
How confident do you feel in explaining shared decision making to a third party?	2.66	→	4.02
How would you rate your knowledge of the THRIVE framework?	2.39	→	3.68

How did participants plan to take the learning back to their organisations?

The most common method for taking learning from the module back to the participant’s organisation were:

- Sharing information with teams and colleagues (55% of answers given)
- Putting learning into practice with young people (20%)
- Feeding learning up to management (6%)
- Sharing in clinical supervision (6%)

What did participants think worked well in the module?

The most common responses that participants gave when asked what worked well in the module were:

- Group work (22%)
- Role plays/real life scenarios (16%)
- The Open Talk model (12%)
- Presentations (8%)
- Discussions and sharing of information and ideas (8%)

What was the most meaningful information that participants took away from the module?

There were a range of points raised by participants. Below are some of the stand out comments:

- “How important it is for young people to be able to make decisions”
- “How to actually put into practice the option to say no”
- “I will not always get it right but it is about a willingness to engage with it”
- “I’m going the stages but it gives one the confidence to involve people more readily from the start”
- “Remember to think/discuss all elements of decision making openly to allow the ‘how’ to be shared as well as the ‘if/when’”

What outstanding questions did participants have?

Key questions that were raised after completion of the module were:

- How to link the decision making process back to the THRIVE needs based groups?
- What about shared decision making between professionals when young people aren’t involved?
- How do emotions and context effect the capacity to reflect on options?
- What are the links between shared decision making and motivational interviewing with young people?

1.3 Reach and impact of the Shared Decision Making module

Breakdown of participants by sector

The participants were from a range of organisations, representing the whole of the system of support for children and young people’s mental health. Working with the system as a whole is key to the delivery of a whole system transformation of child and adolescent mental health services as set out in THRIVE and i-THRIVE.

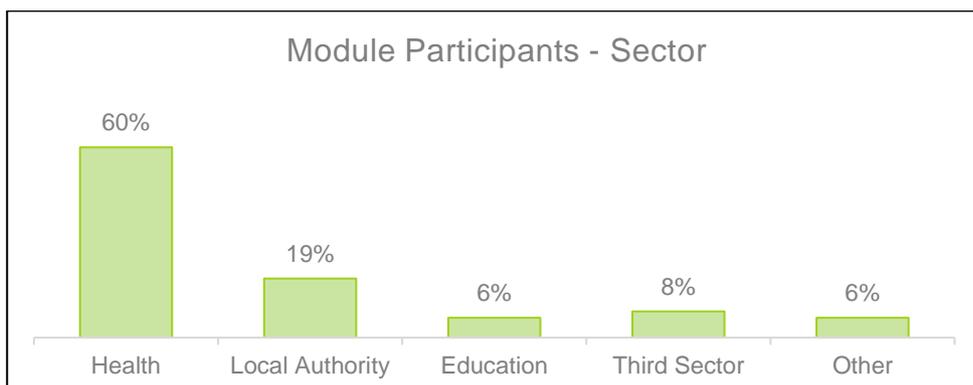


Figure 1: Shared Decision Making participants by sector

Breakdown of participants by role

The role of the professionals attending the modules also varied; from commissioners and senior leaders to clinicians, youth workers and school nurses. Just under half of all participants (48%) were clinicians working with children and young people on a daily basis.

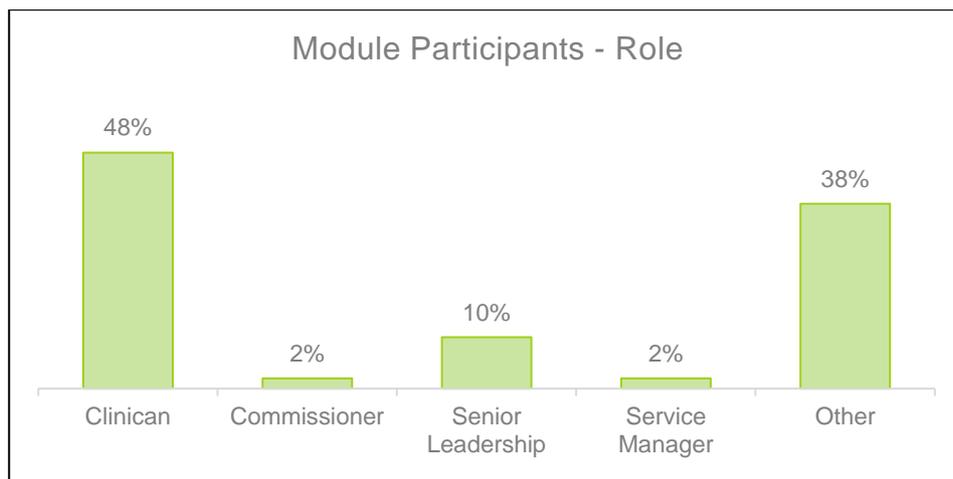


Figure 2: Shared Decision Making participants by role

i-THRIVE advocates transformation of services at three distinct levels within a system: the macro, meso and micro levels:

- The **macro** level relates to population health improvement, how agencies work together and the commissioning of services.
- The **meso** level is the five needs based groups of children and young people (set out in the THRIVE framework) and the services that support them.
- The **micro** level relates to interactions between professionals and children, young people and their families, and also interactions between professionals.

It was therefore extremely valuable to have such a wide range of professionals from across different agencies in the system and across the different macro, meso and micro levels of the system in attendance discussing the key principles to working in a THRIVE-like way.

If you are interested in hosting an i-THRIVE Academy module in your local area please contact ilse.lee@annafreud.org for further information.