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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

HOW TO DISCUSS PSYCHIATRIC DIAGNOSES WITH PATIENTS AND THEIR SUPPORTS

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SPEAKER DISCLOSURES

✓No conflicts of interest.

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Explain why serious illness communication skills are essential in mental health care (i.e. sharing diagnoses).
2. Identify common clinician-, system-, and client-level barriers to discussing psychiatric diagnoses.
3. Apply a framework and practical language to communicate diagnostic information within a mental health care context.

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GROUNDWORK:

Recovery and person-centered language

"Supports": family, chosen family, friends, and community

Mobilizing the expertise of individuals with lived experience

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MY JOURNEY

How can I talk with clients, their family/friends, and colleagues about….

- *Recovery?*
- *The future?*
- *Uncertainty?*
- *Treatment?*

How can I talk about these topics within interprofessional teams and colleagues in other fields of healthcare?

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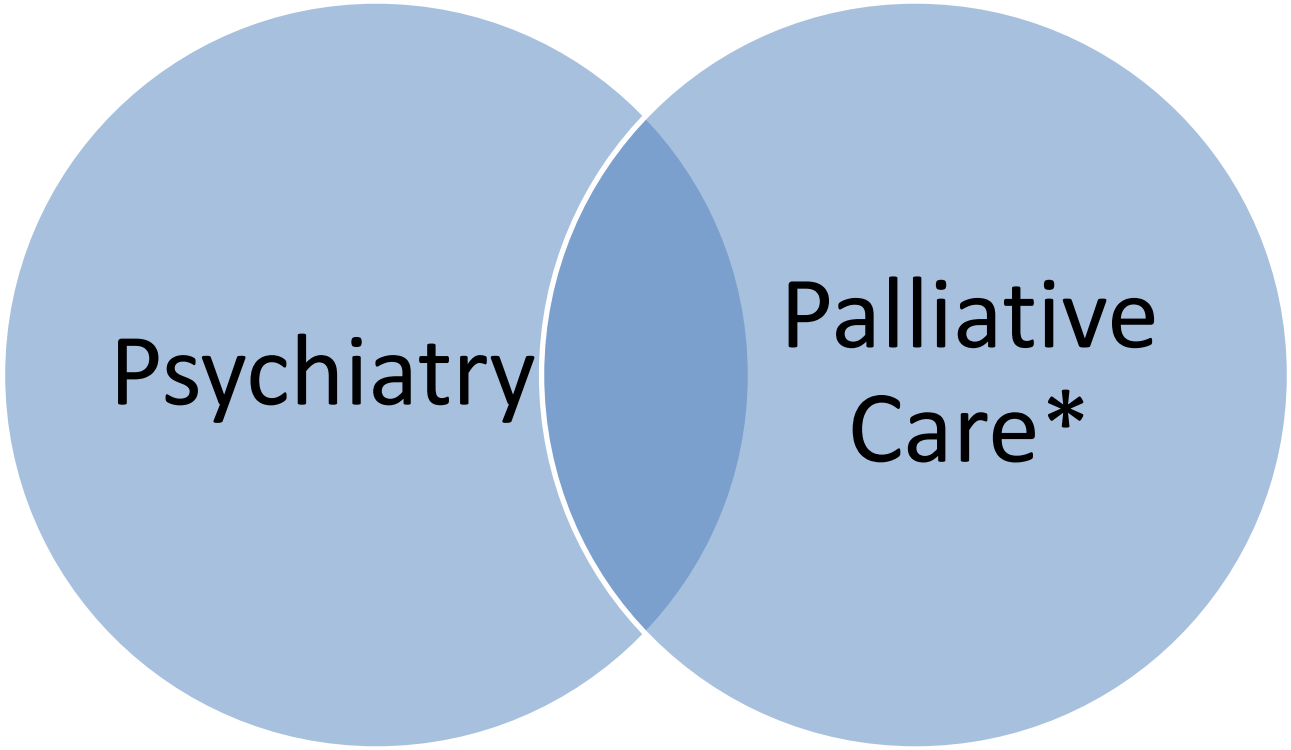
PALLIATIVE CARE



**improving the quality of life of patients and that of their families who are facing life-threatening or serious illness, whether physical, psychological, social or spiritual. (WHO, 2020).*

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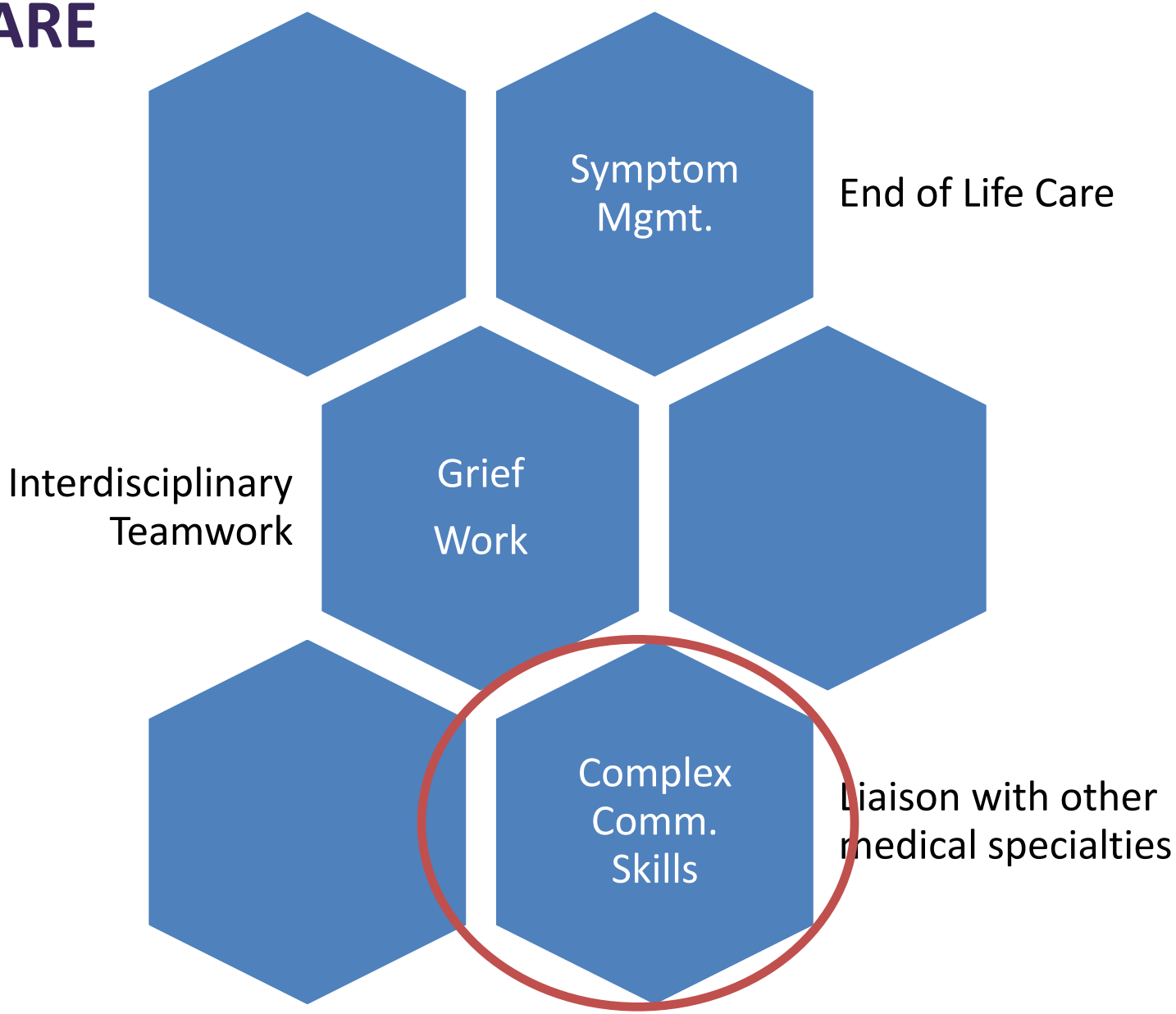
PALLIATIVE CARE



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COMPLEX COMMUNICATION SKILLS: SERIOUS ILLNESS

- Prepare for conversations *(where, when, who, why)*
- Lead family meetings
- Talk to patients about their goals and values
- Assess patients' illness understanding and information preferences
- Deliver diagnostic information
- Deliver serious news
- Share prognosis, (ex: best, most-likely, and worst case scenarios)
- Liaison with other medical specialties
- Manage conflict

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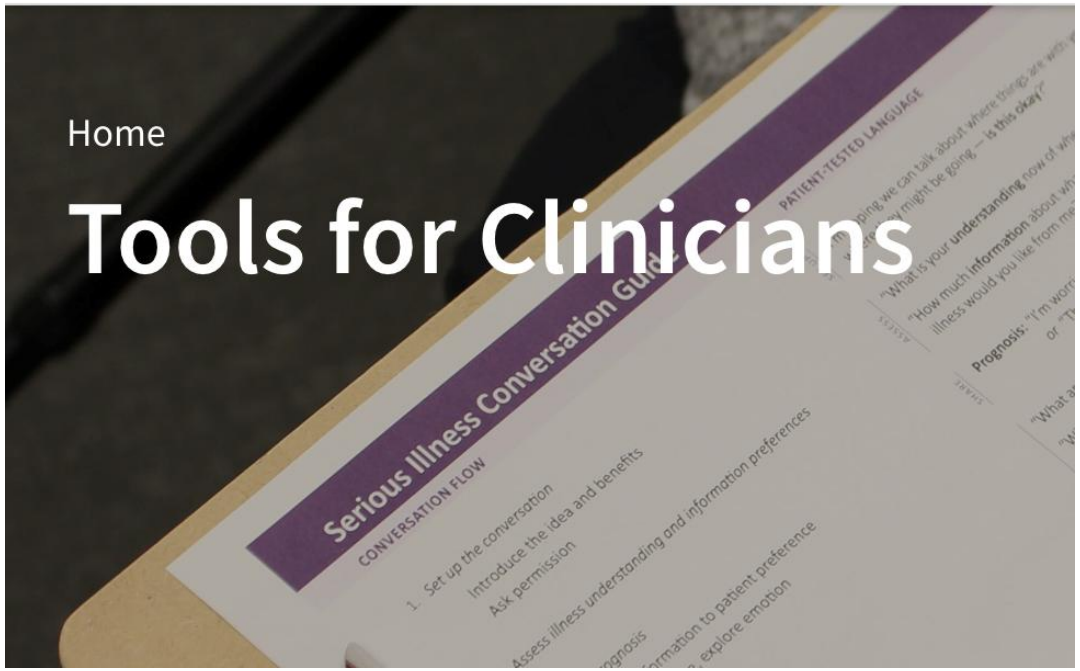
MODELS FOR COMMUNICATION SKILL BUILDING AND TRAINING



Ariadne Labs: *Serious Illness Conversation Guide*
https://www.ariadnelabs.org/serious-illness-care/

VITAL talk

The Vital Talk Method: *Navigating Communication with Seriously Ill Patients*
https://www.vitaltalk.org

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A GAP IN PSYCHIATRY

- No training in residency
- Evidence that a subset of psychiatrists *avoid* using specific terms or discussing diagnosis
- Certain contexts where this is particularly true: first-episode psychosis, neurocognitive disorders (dementia), and personality disorders

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WHY HAVE SMI CONVERSATIONS WITH CLIENTS & SUPPORTS?

- Support the longer arc of recovery
- Treatment plan collaboratively
- Help clients and supports/caregivers know what to anticipate
- Era of client-facing medical records and open EHR
- **It's important to clients and their supports**

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FURTHER BENEFITS

- Develop a practice centered on recovery and personhood
- Engender trust with clients
- Work through and manage uncertainty
- Help clients and their supports:
  - Build prognostic awareness
  - Prepare for the future
- Build a proactive (rather than reactive) treatment stance

WHAT GETS IN THE WAY?

- Clinicians' fears surrounding:
  - patient's reaction
  - suicide or violence risk
  - labeling or stigma
  - misdiagnosis or diagnostic uncertainty
- Concern about patient's insight
- Wanting to protect patients and not destroy hope
- Lack of training
- Time limits and high workloads
- Patients' families and caregiver dynamics

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COMPLEX COMMUNICATION SKILLS: SERIOUS ILLNESS

- Set up the conversation *(where, when, who)*
- Lead family meetings
- Talk to patients about their goals and values
- Assess the patient's illness understanding and information preferences
- **Deliver diagnostic information**
- Deliver serious news
- Share prognosis, (ex: best, most-likely, and worst case scenarios)
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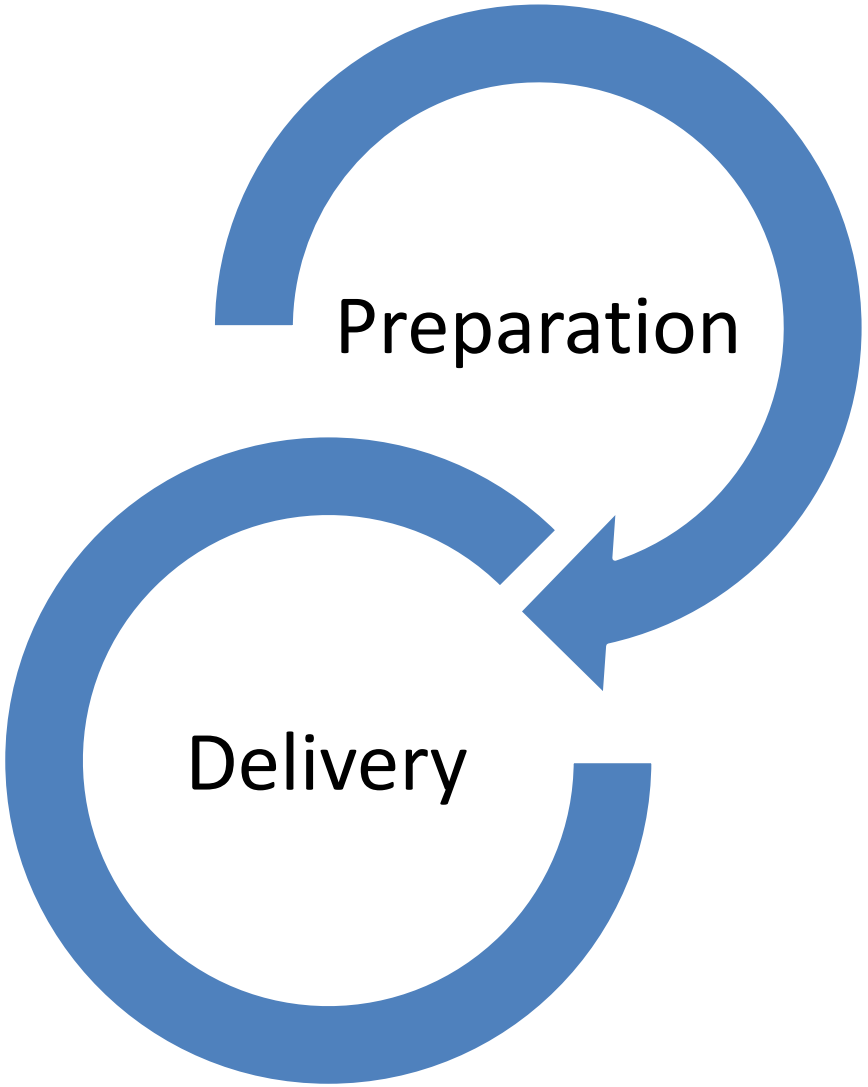
SHARING DIAGNOSTIC INFORMATION: *A TWO PART PROCESS*



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ASK PERMISSION

- *I've worked some clients who have found talking about their diagnosis helpful. Is this something you'd like to talk about?*

- *Last month when we met, you'd mentioned seeing the diagnosis "Bipolar Disorder" on your emergency room discharge paperwork. I wonder if you'd like to talk about that?*

- *I was hoping to share with you today why I think you are hearing voices. Would that be okay?*

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EXPLORE COMMUNICATION PREFERENCES

- *When psychiatrists have talked with you in the past about your situation, what's been helpful? Not helpful?*
- *In the past, you've wanted your family involved in decision making. How do you want them involved now?*
- *Some clients I work with like to have a lot of information and detail when learning information about their health. Others find it overwhelming. What's your preference?*

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EXPLORE CONTEXT (EX: CULTURE)

- *Why do you think the voices are happening to you?*
- *What do you think is the cause of the voices?*
- *You mentioned your family has been exploring ordering some herbs and supplements for you. What do they think is going on?*

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ELICIT PERSPECTIVE

To make sure we are starting from the same page, please tell me…

– *What you have been told so far?*

– *What did they share with you when you were hospitalized?*

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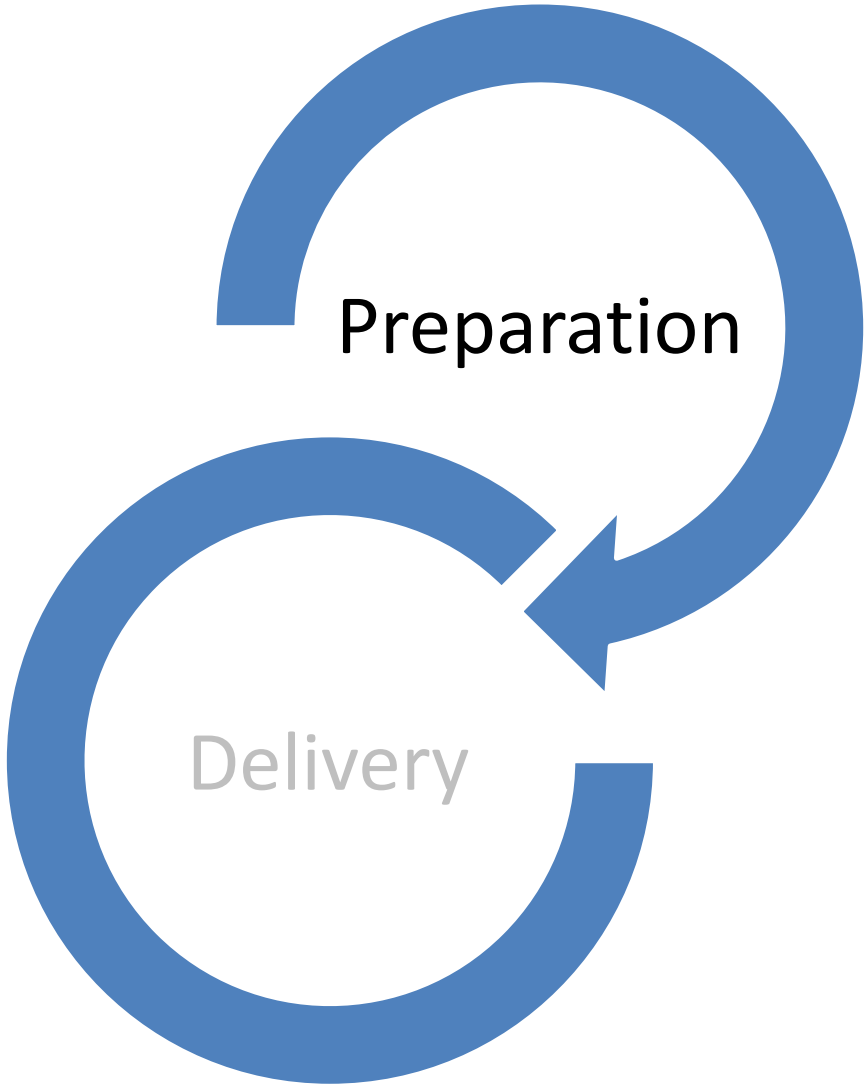
SHARING DIAGNOSTIC INFORMATION: *A TWO-PART PROCESS*



- Permission
- Comm. Preferences
- Context
- Elicit Perspective

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DELIVERING DIAGNOSTIC NEWS WITH A HEADLINE

Try starting with sharing a headline**:** a one to two sentences that summarizes the issue *and* what it means for the client (jargon-free!).

Avoid providing a detailed, chronologic summary immediately. ”Well as you know, you came in hearing some voices. We did a lot of tests…”

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HEADLINES

"The what"

"The meaning"

HEADLINES: EXAMPLES

I’m worried, you have been experiencing psychosis. Psychosis can make thinking or sorting through experiences – like voices – really hard.

You’ve been struggling to eat and sleep because you are in the middle of a depressive episode.

We are in a different place. I’m worried you have now developed a condition called catatonia that can make moving and talking difficult.

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AFTER THE HEADLINE

- Take a beat. **Validate emotions** and reactions
- Provide **more information** ; go deeper
- Make room for **questions**
- **Follow up** and action steps

- I can only imagine how overwhelming this is. If it's okay with you, let me explain more. I want to make sure I'm answering your questions.

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SHARING DIAGNOSTIC INFORMATION: *A TWO PART PROCESS*

- Permission
- Comm. Preferences
- Context
- Elicit Perspective

- Headline
- Validate emotion
- Provide more detail
- Questions
- Follow-up

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OTHER TIPS

- The 3Ws: “I worry,” “I wish,” “I wonder”
- Name uncertainty
- Lean into and explore disagreement
- Be mindful for questions that function to express emotion (*emotion cues)* rather than a straightforward ask for information (*content cue).*
- Structure and plan family meetings (particularly helpful during periods of acuity or onset, such as hospitalization)

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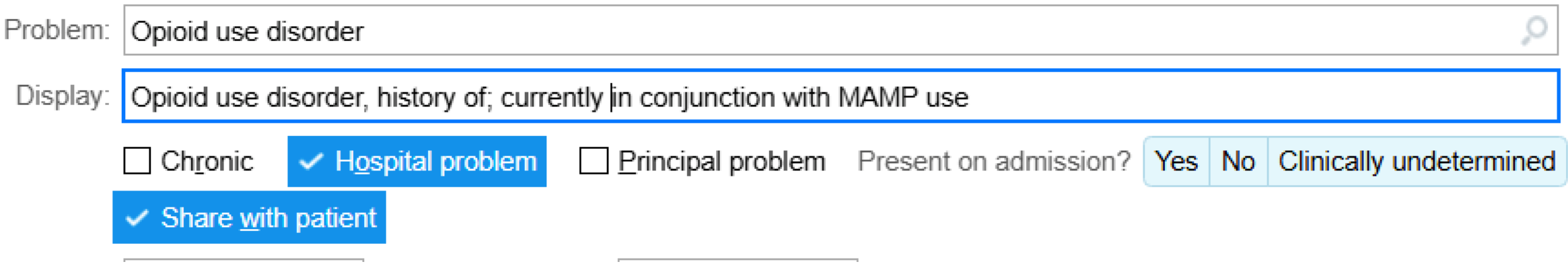
MATCHING THE EHR

- Make sure the EHR matches what you are sharing.
- In cases of nuance, detail, or uncertainty, you can edit the diagnosis on Epic's "Problem List" using the "display" function



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SUMMARY

- Many clients want to talk with their providers about their psychiatric diagnosis and prognosis.
- While there is no perfect model, there are tools to guide these conversations, particularly within the palliative care literature.
- Practicing using role-play is recommended
- Our clients are experts and have a lot to teach us about the meaning (if any) of their diagnosis.

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