## Shared Medical Decision-Making, Trust, and the Acceptance of Treatment Recommendations: A Comparison of Treatment Decision-Making in Depression and Non-Psychiatric Conditions

A Dissertation Proposal Presented to The Faculty of The Heller School for Social Policy and Management Brandeis University, Waltham, MA By Melanie Doupé Gaiser, MPH, MA

Calls to involve mental health patients in their care and treatment decision-making have come from the highest levels of government and healthcare and often include shared medical decision-making (SDM) as a means of patient engagement. While research on SDM for physical conditions is expanding rapidly, there has not been as much focus on SDM for depression care. Few SDM studies have explored direct, quantitative comparisons across psychiatric and multiple, chronic, non-psychiatric conditions. This work is needed to understand whether the current SDM model meets the needs of those making decisions about antidepressant treatment.

This study examines the differences between those making depression treatment decisions and those making somatic treatment decisions. Specifically, the study explores these research questions: (1) Which factors predict patient reports of SDM?, (2) Are the predictive variables in the antidepressant group different than those in the non-psychiatric groups?, (3) What is the relationship between SDM and the acceptance of treatment recommendations?, (4) What is the relationship between trust and the acceptance of treatment recommendations, and (5) Are the effects of SDM and, separately, trust on the acceptance of treatment recommendations different across groups?

The theories that inform this study include: (1) the Social Distance Theory of Power, which predicts that power differentials in relationships produce asymmetric social distance; (2) Self-Determination Theory, which is a psychological theory of motivation and behavior change; and (3) the Reformulated Learned Helplessness Theory of Depression, which will help explain differences detected between the depression and non-depression groups.

This study involves the secondary analysis of a nationally-representative, cross-sectional, survey data set consisting of responses from adults who made decisions about certain medical conditions within the two years prior to survey administration. The statistical analysis employs logistic regression techniques.

This research provides an opportunity to better understand how SDM in the context of depression compares with SDM in non-psychiatric conditions. It also provides insight into whether SDM differentially affects acceptance of treatment recommendations across groups. Because depression treatment guidelines often do not include SDM, the findings have the potential to highlight the need for changed standards. As additional laws are created requiring the use of SDM in clinical practice, this research may improve how such laws are written.

Dissertation Committee:	Jeffrey Prottas, Ph.D., Chair
	Stephen Fournier, Ph.D.
	Robert Drake, M.D., Ph.D., Dartmouth Medical School
	Karen Sepucha, Ph.D., Harvard Medical School
Proposal Defense Hearing:	Monday, June 1, 2015, 2:30 P.M. to 4 P.M.
	Heller School, Room 147