Decision Counseling Program®
(DCP)

Training Manual
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I. Overview

A. Center for Health Decisions

The Center for Health Decisions at Thomas Jefferson University was established to improve health decision making. The aims of the Center are to:
- Make health decision services available to patients and health care providers.
- Offer education and training in informed and shared decision making to health care providers.
- Conduct research on informed and shared decision making in health care.

Research

Research at the Center for Health Decisions aims to identify factors that influence health care decisions. Foci for research include knowledge change, emotional responses, and behavior outcomes related to decision counseling; perceptions and performance of providers who deliver decision counseling; and the impact of decision counseling on health outcomes and practice patterns. Reducing disparities in decision making is an important interest of the center. Research in decision making can contribute to health care policy and administration, medical education, clinical care, and community outreach.

Service

The center provides decision counseling services to facilitate patient decision making along the continuum of care and across the lifespan. Decisions may relate to lifestyle changes, early detection tests, risk assessment, treatment, quality of life, or survivorship.

The center serves healthcare providers, patients, and members of the community by delivering respectful and confidential, high quality decision counseling services through direct service, consultation, and referral. The center aims to provide outreach education to a wide range of public, private, professional, and community organizations.

Decision counseling enables patients and providers to explore the pros and cons associated with challenging health care decisions; identify important factors that influence decisions making; weigh the influence of relevant factors; clarify
personal preference among available options; and encourage selection of an option that makes sense. Outcomes of decision counseling may include:

- Increased patient and provider awareness and understanding of available healthcare options.
- Increased provider awareness and understanding of patient preferences.
- Increased patient and provider satisfaction.
- Decreased time required by providers for patient education and counseling.
- Improved clinical outcomes.

Training

Qualified faculty and staff provide education and training related to decision making and decision counseling. Major components include didactic presentations, mock decision-counseling sessions, decision-counseling performance assessment, and mentoring by an experienced decision counselor.

The Center makes appropriate training available to medical, nursing, and allied health professional students. The Center also makes training available to different provider groups, including physicians, nurses, allied health professionals, and provider organizations. Training programs are tailored in length and content to the needs of each group.
B. Decision Counseling Program

Important health decisions may relate to lifestyle changes, early detection tests, risk assessment, treatment, quality of life, or survivorship. Making good health decisions can be difficult for patients and providers, especially when there is a lot of information to understand and there is uncertainty about possible outcomes. Informed decision making by patients and shared decision-making that involves patients and health care providers are recognized as hallmarks of quality medical care.

Decision counseling enables patients and providers to explore the pros and cons associated with challenging health care decisions, identify important factors that influence decision making, weigh the influence of relevant factors, clarify personal preference among available options, and encourage selection of an option that makes sense. Outcomes of decision counseling may include:

- Increased patient and provider awareness and understanding of available healthcare options.
- Increased provider awareness and understanding of patient preferences.
- Increased patient and provider satisfaction.
- Decreased time required by providers for patient education and counseling.
- Improved clinical outcomes.

Currently, decision counseling is a mediated (two-way) decision support method that is available through Thomas Jefferson University Institutional Review Board (IRB) approved research studies. We plan to integrate this unique resource into routine clinical care in the future.
II. Decision Counseling Background

A. Definition/Purpose
Decision counseling is a mediated decision support method that is used to clarify personal preference for or likelihood of engaging in a defined health behavior. This method involves identifying, exploring, and weighing the pros and cons and computing a preference/likelihood score. Preference score reflects the preferred or desired course of action whereas the likelihood score reflects how likely it is that the action will be completed. The computed score is interpreted and discussed with the participant in order to verify accuracy of the result. This information can then be shared with the individual and provider to facilitate informed and shared decision making.

Decision education is used when:
1. There is more than one option of approximate benefit
2. The option is experimental or controversial
3. The consequence of the options is unknown
4. Evaluating the likelihood of completing a chosen option

B. Theory
Decision counseling has roots in behavioral and decision science theory [the Preventive Health Model (PHM) and Analytic Hierarchy Processing (AHP)] and was developed to assist individuals in preference clarification or likelihood of engaging in defined health behaviors. Figure 1 displays the mediated decision support process that informs the decision counseling method.
1. Preventive Health Model. PHM assumes that decision making is a multiple step process involving:
   - Obtaining information about a matter to be decided
   - Clarifying the preferences related to available alternatives
   - Selecting the favored option.

The PHM incorporates a self-regulation framework (viewing the individual as a self-system) that considers:
   - A person’s socio-cultural background (e.g., experience related to demographic and socioeconomic characteristics, personal and family medical history, and past preventive health behavior)
   - Anticipated outcomes and related probabilities of preventive health behavior
   - Cognitive, affective, and social representations about disease, risk, and available preventive health behavior alternatives

The original PHM assumed that when an individual has to make a decision (e.g., to test or not to test for detection of a disease), the self-system guides the formation of an intention to act or not to act; and that development and implementation of an action plan may follow. Further conceptual development of the PHM has led to a more complete definition of decision making as a process that includes behavioral preference clarification and alternative selection. Psychometric analyses found invariance across gender and racial groups, supporting the use of the scales to measure group differences in PHM constructs.

2. Analytic Hierarchy Process. The AHP is a technique designed for organizing and analyzing complex decisions. Based on mathematics and psychology, AHP includes a comprehensive and rational framework for:
   - Structuring a decision problem
   - Representing and quantifying its elements
   - Relating the elements to overall goals and values
   - Evaluating alternative decision options
Users of AHP:
- Designate their decision situation into a hierarchy of more easily evaluated sub-factors; where each sub-factor is a reason for or against the behavior
- Systematically evaluate each sub-factor, comparing one to another, two at a time, with respect to the impact on the overall decision situation

Integral to AHP is that human judgments can successfully complete complex evaluations of sub-factors. The evaluations are translated into numerical values, from which a numerical weight (a preference or likelihood score) is determined. This process allows diverse and often incomparable factors to be evaluated against each other, to successfully assist individuals in producing personalized, appropriate decisions.

C. History of Decision Counseling at Thomas Jefferson University
The process of decision counseling has undergone multiple refinements since its inception in the early 2000s. Consistent features for each research study decision to be made, for counselors and study participants, have included:
- Reviewing educational materials
- Eliciting participant pro/con decision
- Entering the findings into a data base.

Initially abacus beads were manipulated to display relative strength and importance of decision factors. Next a programmable calculator was used to enter values and compute a decision score based on a collaboratively developed algorithm. The process then progressed to using a handheld personal data assistant (PDA). All data recorded from a decision counseling session was written by the counselor on a decision counseling worksheet and manually entered into a computer data file for future analysis. A web based Decision Counseling Program© began development in 2010, became fully functional in 2012 and was copyrighted in 2013. Educational material related to the decision to be made can be viewed by linking to a repository. Decision factors and other data are entered electronically via desktop, laptop, or tablet (IPad) computer. The algorithm and data storage reside in a protected TJU data base.
D. Terms associated with decision counseling

- **Decision counselor** – one who is trained in conducting the decision counseling sessions
- **Decision factors** – the reasons stated by the participant for (pro) and against (con) that will influence the decision to be made
- **Decision situation** – a health issue that frames the decision domain
- **Decision domain** – decision-making categories (prevention, early detection, treatment, clinical trial participation, survivorship)
  - Decision situation (health issue such as colon cancer)
    - Domain (ex. early detection)
    - Decision to be made (ex. likelihood of completing home stool blood test)
- **Organizational unit** – decision counselor affiliations (institutions, centers, departments, divisions, etc.)
- **Participant** – the patient or party who is being counseled

E. Examples of decisions to be made

- The Genetic and Environmental Risk Assessment (GERA) Study elicited factors that would/would not influence the participant to have a genetic test (MTHFR and folate) to evaluate if at higher genetic risk for developing colon cancer. Eligibility based on being older than 50 and not up to date with screening.

- The Colon Cancer Vaccine Study elicits factors that would/would not influence the participant to join the study and receive a first in man vaccine to check safety and positive effect on the immune system. Eligibility based on surgical removal of early stage 1 or 2 colon cancer with no lymph node involvement or metastases.

- Active surveillance vs. active treatment for early stage prostate cancer.

- Participation in clinical trials – to join or not to join.
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III. Decision Counseling Training

A. Roles of participant and decision counselor

Objective: After decision counseling training, a new counselor will be able to describe the roles of participant and counselor

1. Participant role
There is no right or wrong decision, only a decision that is right for the individual at that time.

Participants have the right to:
- Receive information about health issues at hand and the decisions to be made
- Know their options
- Be empowered to act decisively and make their own decisions
- Be encouraged to take an active role in the decision making process
- Be treated with utmost respect

2. Decision counselor’s role
A decision counselor has been educated to understand the background, theory, and process of decision education. The counselor ensures the progress of a participant’s own decision making process, helps clarify conflicting feelings, and makes possible an informed, value-based decision regarding whether to do or not do a particular behavior.

a. Decision making facilitation
1) Decision information and options
The decision counselor:
- Offers information about the problem and decision options in a professional and impartial manner. The counselor keeps the participant focused on the issues that need to be resolved in order to make an informed decision.
  Example: The participant has asked the counselor what she recommends. The counselor then says, “This decision is really yours. I’m here to help you make the best decision for yourself. It’s important for you to share your questions, so I can help you clarify your personal thoughts and feelings.”

- Helps the participant see that various modes of action exist, without advocating one particular action.
  Example: “As you have brought up, you have these two conflicting concerns. One of these involves what your family wants for you, and the other involves what your doctor suggests. Let’s discuss these concerns further, and see how they can be resolved.”
• Does not make specific recommendations. The counselor does not lead a participant toward a specific decision.
  
  *Example:* “Let’s go over this information. We will talk about what is most important and least important to you with this matter. We will write these reasons and rank them. Let’s see the type of answer that seems right for you.”

2) **Clarification of factors and preference/likelihood**

Preference clarification is a process by which the decision counselor helps the participant get to the root of the individual’s reason(s) for making a specific decision.

b. **Decision counseling communication and rapport**

1) **Reflection**

The decision counselor should verbalize his or her understanding of what the participant says. This is important to make sure the counselor and participant agree on the intent of the participant’s reasons. Reflection discourages misinterpretation of thoughts or ideas.

2) **Body Language**

The decision counselor should be aware of the effect that body language may have on a participant. Crossing arms, raising an eyebrow, or furrowing the brow may imply disagreement. *The counselor may then be perceived as being judgmental.*

It is also important to be sensitive to cultural differences. For example, some cultures value direct eye contact. In other cultures, direct eye contact is offensive. There are many cultural variables with handshaking (i.e., male/female, older person/younger person). *If unsure, the counselor may ask the participant for clarification.*

3) **Intonation**

The tone of the decision counselor’s voice may suggest agreement or disagreement with something the participant has said. *The counselor may then be perceived as being judgmental.*

4) **Cultural Competence**

The decision counselor should have basic skills in working with people of all ages, gender, and the great variety of cultural and ethnic backgrounds. It is important to be aware of cultural similarities and be sensitive to cultural differences. *If unsure, the counselor may say, “If I do or say anything that makes you uncomfortable, please let me know.”*
c. Prerequisites to the decision counseling session

- Verify the participant’s eligibility for the specific test, study, or assessment.
- Confirm informed consent
- Have computer or notebook ready to login-in to begin session for the decision to be made

Prior to starting the session, the decision counselor should introduce the purpose of decision counseling by saying something like: “Making personal choices about medical issues can sometimes be difficult. There is some evidence that when people make decisions that they are comfortable with, they are more satisfied with the outcome.”

“For these reasons I would like to introduce you to a decision making process that we believe will help you feel that you made the best decision for yourself about whether or not to <join the study, have the screening, etc.> or the likelihood you will <complete a particular screening such as colonoscopy or home stool blood test, etc.>.”
B. Online Decision Counseling Program© components

Objective: After completion of decision counseling training, new counselor will be able to describe online decision counseling program components.

1. Decision Counseling Program© log in overview

1. Go to Division of Population Science website home page
2. Click on Center for Health Decisions in the left hand menu and click Decision Counseling Program©, which brings up this screen
3. Click on “Log in” in upper, center part of page

This is the screen that appears after “Log in” is clicked:

1. Enter campus key
2. Enter password
3. Click Submit or Enter
2. Decision counseling home page overview

From the home page, the decision counselor can

1) Print a copy of the session template

2) Initiate a decision counseling session (via left side of page) or

3) Recall a previous decision counseling session (via right side of page).
3. Initiate a decision counseling session
   a. Print session template from decision counseling home page

   **Initiate Session**

   To initiate a Session, highlight a Decision below and click the start session button. Decisions are grouped under their Domain (in bold).

   ![Decision Factors and Questions Outline](image)

   Clicking “Print a copy of the session template” brings up the screen for and allows printing of the “Decision Factors and Questions Outline”.

   The counselor may wish to use this outline to write down the pro/con factors and questions that the client presents, to maintain a more engaged relationship with the client during the session, and then enter the information into the Decision Counseling Program.
3. Initiate a decision counseling session  
b. Select the decision to be made

### Initiate Session

To initiate a Session, highlight a Decision below and click the start session button. Decisions are grouped under their Domain (in bold).

<table>
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<th>Domain</th>
<th>Decision Details</th>
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</thead>
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<td>Clinical Trial Participation</td>
<td>Pacilitaxel/Alisertib Trial - To Join or Not to Join</td>
</tr>
<tr>
<td>Prevention</td>
<td>Completion of home stool blood test</td>
</tr>
<tr>
<td></td>
<td>GERA</td>
</tr>
<tr>
<td></td>
<td>Likelihood of Having Colonoscopy</td>
</tr>
<tr>
<td>Testing</td>
<td>Hepatitis C - Preference to or not to be tested</td>
</tr>
<tr>
<td>Treatment</td>
<td>Active Surveillance - Preference to begin or not begin</td>
</tr>
</tbody>
</table>

Print a copy of the session template

Double click on decision to be made or highlight the decision to be made and then click “start session”.

Decision counselors are associated with designated decisions to be made by a program administrator and will only see those designated decisions on this page.
3. Initiate a decision counseling session
c. Webpage reminder to choose decision prior to starting session

This is the message that appears if “start session” is clicked before choosing a decision to be made. Click “ok” and follow the previous instructions.
4. Link participant to the decision
   a. Assign and confirm unique participant ID

This page appears once “Start Session” is clicked. The decision to be made in this case is **colonoscopy completion**. The decision and Options 1 and 2 are pre-programmed by the program administrator.

The counselor needs to
1. Enter the participant ID and
2. Then click “Check if Unique” (to prevent repeat IDs)
3. Select previous session from drop down menu if this is a follow up session. This links sequential counseling sessions to the same patient in studies that incorporate decision counseling sessions at different points of time.
4. Link participant to decision
b. Link participant to decision example

Once the participant ID is entered and “Check if Unique” is clicked, a message appears below the ID. If the ID is unique, the message says “Your Participant ID is ok to use.” If the ID is not unique, the message says “Your Participant ID has already been used. Please enter another.”
4. Link participant to decision
c. Access decision specific education materials

Division of Population Science
Link Participant to Decision Condition/Domain

In this decision making process, we are looking at how likely you are to or not to have a colonoscopy.

Please enter the Participant ID: 01122012a [Check if Unique]

Your Participant ID is ok to use.

If this is a follow-up session, select the previous session here:
-Select a Previous Session- [Dropdown]

Selected Decision to be Made: Likelihood of Having Colonoscopy

Option 1: Likely to have a colonoscopy

Option 2: Not likely to have a colonoscopy

The following are optional selections.

- Review Information with patient? View Information
- Checklist complete? View Checklist

Click in box to link to decision education materials

When “View Information” box is checked, the link to the decision specific educational materials is made available. These materials are then thoroughly reviewed with the study participant. Once completed and participant questions/concerns are addressed, you will be directed back to this page.

If there is a checklist corresponding with the study/decision to be made, it will also be accessed this way, by checking the “View Checklist” box.

When the ID is ok and the educational materials appropriately reviewed, click “save and continue” at the bottom right corner of the page. This takes you to the Participant pro decisions factors page.
5. Participant pro decision factors  
   a. Pro decision factors overview and webpage reminder if no factors are listed

For this decision to be made, the counselor asks the participant, “What would influence you to have a colonoscopy?” The counselor types the factors/reasons that the participant states (up to five) in the spaces provided.

If there are no pro factors, the box, below the factor areas, must be checked to allow the program to continue. Without listing factors or checking this box, the program gives the following message:
5. Participant pro decision factors
   b. Pro decision factors example

In this example three pro factors were given. Paraphrasing might be necessary for lengthy or confusing factors. Please confirm with the participant that paraphrased factors adequately represent what the person intended.

Prompting might be helpful, such as, “Can you tell me a little more about that...?” or “Does any other reason come to mind?”

When the person has finished giving his/her pro factors, click “save and continue”.
6. Participant con decision factors
   a. Con decision factors overview and webpage reminder if no factors are listed

For this decision to be made, the counselor asks the participant, "What would influence you not to have a colonoscopy?"
The counselor types the factors/reasons that the participant states (up to five) in the spaces provided.

If there are no CON factors, the box, below the factor areas, must be checked to allow the program to continue. Without listing factors or checking this box, the program gives the following message:

I have no CONs regarding this decision [ ]
6. Participant con decision factors
   b. Con decision factors example

In this example two con factors were given. Using the participant’s own words is preferable. Paraphrasing might be necessary for lengthy or confusing factors. Please confirm with the participant that paraphrased factors adequately represent what the person intended.

Prompting might be helpful, such as, “Can you tell me a little more about that…?” or “Does any other reason come to mind?”

When the person has finished giving his/her con factors, click “save and continue”.

Participant CON Decision Factors

What would influence you not to have a colonoscopy?

Decision Factor 1
   Cost

Decision Factor 2
   It is invasive

Decision Factor 3

Decision Factor 4

Decision Factor 5

I have no CONs regarding this decision
7. Identify and rank top decision factors, with example

Division of Population Science
Identify and Rank Top Decision Factors

What decision factors (up to three) are most likely to influence your decision?
Please prioritize as you make your selections from either column. The reason you feel most strongly
about becomes no. 1.

**PROs**
- I want to know I am ok
- My doctor told me to
- My wife has been nagging me about this

**CONs**
- Cost
- It is invasive

The counseling program imports the participant’s PRO and CON decision factors to this page.

The counselor asks the person to
1. **Identify the most influential factors** (up to three PROs and/or CONs)
2. **Rank the factors in order of influence** (1, 2, 3) by using the drop down menu in front of each factor.

Division of Population Science
Identify and Rank Top Decision Factors

What decision factors (up to three) are most likely to influence your decision?
Please prioritize as you make your selections from either column. The reason you feel most strongly
about becomes no. 1.

**PROs**
1. I want to know I am ok
2. My doctor told me to
3. My wife has been nagging me about this

**CONs**
- Cost
- It is invasive

When complete, click “save & continue”. This brings up a confirmation page for the top decision factors (next page).
8. Confirm top decision factors
   a. Confirm top decision factors example

The decision counselor reviews the top decision factors with the participant. The participant is asked to confirm the decision factor influence ranking. The counselor might say, “These are the factors/reasons you mentioned that influence you the most about having a colonoscopy. Would you please confirm that these are the most influential reasons and that they are in the right order, with 1 having the most influence?”
8. Confirm top decision factors
   b. Reorder top decision factors

If the participant would like to change the order of influence, the reordering can be done on this page with drop down menus (click arrow to the right of each factor or the factor itself).

Ex. – The current No. 1 factor was clicked. All factors are visible. Click on factor to be the new No. 1. Repeat the process for the No. 2 and No. 3 factors.

After correct order of factors is confirmed, click “save & continue”
9. Decision factor importance
   a. Decision factor importance overview

This screen appears after the top decision factors are confirmed in 1, 2, 3 order of influence. After reviewing Factor 1 together, the counselor asks the participant, “How important is this factor to you?” The counselor then clicks on the circle that corresponds with the participant’s response (from none to overwhelming).

See example on next page.

*If the participant has only one or two influencing factor(s), that will be the number of factors appearing on this page.
9. Decision factor importance
   b. Decision factor importance example

Division of Population Science
Enter Decision Factor Importance

Please indicate the level of importance each factor has for you.

**Factor One: I want to know I am ok**

Importance:

- none
- a little
- some
- much
- very much
- overwhelming

**Factor Two: My doctor told me to**

Importance:

- none
- a little
- some
- much
- very much
- overwhelming

**Factor Three: It is invasive**

Importance:

- none
- a little
- some
- much
- very much
- overwhelming

After the importance is designated for each factor, click “save and continue”.

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9. Decision factor importance  
c. Webpage reminder for missing factor importance level

Above is the message when “save and continue” is clicked when an importance level is missing. The counselor needs to click “ok” and enter the level of importance for Factor One, in this case. Then click “save & continue” again.

This is the message when “save and continue” is clicked when all importance levels have not been entered. The counselor needs to click “ok” and enter all the missing information. Then click “save & continue” again.
9. Decision factor importance
d. Factor importance levels and effect on factor order on comparison page

The factors on the “Factor Importance” page are in the order of influence stated by the participant. The DCP automatically lists the factors on the “Factor Importance Comparison” page with regard to the highest levels of importance given by the participant. This more closely reflects how important the factors are to the participant. In the first example the person stated that “I want to know I am ok” (follow blue arrows) as more important than the next two factors. In the second example this factor is less important than the others.
10. Compare decision factor importance
   a. Compare decision factor importance overview

Here the factors are compared regarding how much more important one factor is than the others – first & second factors, second & third factors, and first and third factors. If the participant had only one or two factors, that is what will be generated on this page.
10. Compare decision factor importance

b. Compare decision factor importance example

The counselor asks the participant, “How much more important is wanting to know you are ok (Factor One) than your doctor told you to (Factor Two)?” and records the answer on the scale by clicking the appropriate circle. This technique is repeated for the other comparisons.

The factors are listed in the order of strength designated previously in the counseling session. Logically, it is expected that the participant will rate Factor One more important than Factor Two and Factor Two more important than Factor Three. Factor One compared to Factor Three is then expected to be rated as important or of greater importance than Factor One vs. Factor Two. If this is not the case, the counselor should discuss whether the participant feels the factors are still in the correct order of strength. Factors can be reordered by using “previous screen” button and returning to strength of factor page. If correct, click “confirm & go to results”.
10. Compare decision factor importance
   c. Webpage reminder for missing importance comparison

This is the message received if “confirm & go to results” button was clicked before entering a value, comparing the second and third factors in this case. Click ok and complete with the participant’s preferences. Then click “confirm & go to results” again to go to decision counseling report page.
10. Compare decision factor importance
d. Webpage reminder when all factor comparisons are missing

This is the message received if “confirm & go to results” button was clicked before filling in any of the values. Click “ok” and complete with the participant’s preferences. Then click “confirm & go to results” again to go to decision counseling report page.
11. Decision counseling report
   a. Decision counseling report overview

The Decision Counseling Report summarizes the session and is reviewed with the participant. In this example, the counselor might say, “The results of our session indicate that you are likely to have a colonoscopy. Here are the factors or reasons that seem to influence you the most in this decision. Do you agree with what is shown on this report? Do you have any questions about this session?”
11. Decision counseling report  
b. Decision counseling report comments section

The decision counselor
1. Asks, “What other information would you like to know about having a colonoscopy?” and enters comments or questions that the participant has for his or her clinician(s).

2. Asks, “Do you understand and agree with the Decision Counseling Report results?” If yes, then the corresponding box is clicked. If no, counselor and participant will need to go to previous pages and remedy.

3. Enters the participant’s name into the designated boxes, which will carry over to the demographics page.

4. There is a line for participant signature should it be required. The date will automatically be filled in once the session has been completed and saved.
11. Decision counseling report  
c. Decision counseling report email overview

The check mark in the “understand and agree” box triggers an email capability to appear at the bottom of the decision counseling report page.
11. Decision counseling report
d. Decision counseling report email example

<table>
<thead>
<tr>
<th>Will my insurance cover the whole thing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ I understand and agree with the Decision Counseling Report results shown above.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant ID: 01123434</th>
<th>Decision Counselor: Anet Potrich</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant First Name:</td>
<td>Participant Last Name:</td>
</tr>
<tr>
<td>Van</td>
<td>Klein</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Recipients (separate with commas, limit 3 max):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dear Dr. Patton,</td>
</tr>
<tr>
<td>Your patient, Mr. Klein, has completed decision counseling as part of Thomas Jefferson University’s colon cancer screening study. The results show he is likely to have a polyp. A copy of the report is attached. He is concerned about insurance coverage. Mr. Klein has an appointment scheduled with you next week. It would be appreciated if you could let him know what his deductible or copayment might be at that time.</td>
</tr>
<tr>
<td>Thanks very much!</td>
</tr>
</tbody>
</table>

This hypothetical email illustrates the possibility of communicating with a study participant’s clinician(s) regarding the decision counseling session results and any questions or concerns. It may be sent to up to three recipients. The email is automatically sent after “save & continue” is clicked. Recalling the results page will not show the email. A program administrator can confirm that the email was sent, and to whom, if needed. The content of the email is not saved in the program.
11. Decision counseling report
e. Decision counseling report – print, save and send

1. Click “print page” if connected to a printer and would like a paper copy of the report.
2. Click “save and continue” to go to the demographics page and send the email accompanied by the session report.
11. Decision counseling report
   f. Decision counseling report, print and sent pdf version

Division of Population Science
Decision Counseling Report: Likelihood of Having Colonoscopy

Decision to be Made: Option 1: Likely to have a colonoscopy or Option 2: Not likely to have a colonoscopy

Section results indicate that you are likely to have a colonoscopy.

Option 1: 0.576

Option 2: 0.424

Top Decision Factors and Direction of Influence:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to know I am ok</td>
<td>Pro</td>
</tr>
<tr>
<td>My doctor told me to</td>
<td>Pro</td>
</tr>
<tr>
<td>It is invasive</td>
<td>Con</td>
</tr>
</tbody>
</table>

Comments:

[ ] I understand and agree with the Decision Counseling Report results shown above.

Participant ID: 01122012a
Participant First Name: 
Participant Last Name: 
Decision Counselor: Anett Pethich

Participant Signature: __________________________

Date: 10/19/2012

This is a sample of the report layout generated by the decision counseling program after clicking the “print page” button, located at the upper right corner of the completed session report. This is also what the emailed report would look like. Comments filled in on the report page will transfer to the printed or emailed page.
12. Participant demographics information
   a. Participant demographics overview

The participant’s name is automatically imported from Results page.
12. Participant demographics information
   b. Participant demographics, date of birth and gender

To enter date of birth, counselor clicks on DOB. A current calendar appears. Click correct month, day and year. The final display is programmed in yyyy-mm-dd (year-month-day) format.

To enter gender, counselor clicks on gender drop down menu and then clicks on male or female.
12. Participant demographics information
c. Participant demographics, race and ethnicity

To enter race, counselor clicks on drop down menu and clicks on most appropriate racial background.

To enter ethnicity (Spanish, Latino, or Hispanic), counselor clicks on drop down menu and either “yes” or “no”.
12. Participant demographics information

d. Participant demographics, education and marital status

To enter education, counselor clicks on drop down menu and clicks on highest level of education completed.

To enter marital status, counselor clicks on drop down menu and clicks on participant’s marital status.
12. Participant demographics information
   e. Webpage prompts for missing state, address, or telephone number(s)

   All fields with asterisks (*) must be filled in. The drop down menu for state gives the two letter state abbreviations.

   The above messages are for incomplete information entered on the demographics’ page.
12. Participant demographics information
   f. Participant demographics, example of completed entry

Click “save & continue” when all required fields are filled in. Email is optional.
13. Counselor comments and notes, overview and example

Overview:

Once the decision counseling session has been completed, the counselor has the option of entering notes or comments that might be helpful to understand something about this session.

Example:

This is a sample of what might be entered into the comment box. Another example comment might be: This participant decided to go back and reorder the influencing factors twice until he/she was comfortable with the results.

Whether or not a comment is entered, the next step is to click “save & exit”. This takes the counselor back to the decision counseling home page.
14. Previous page, pause, logout, or exit program overview

1. The “previous screen” button takes the counselor to the preceding page to review or change something entered earlier in the session. Most often an entry in the current screen will need to be made in order for the “previous screen” button to allow going back.

2. The “pause session” button saves the current session page and returns the counselor to the decision counseling home page. Can recall session and resume from here.

3. The “log out” button allows the counselor to exit the program when a session cannot be completed at that time. The current page will not be saved but everything prior to that page will be saved. The counselor and participant can resume the session later by logging in again and recalling the session.

4. The “save & exit” button on the counselor comments & notes page signals completion of the session. Once this button is clicked, no more changes can be made to this session and the program takes the counselor back to the decision counseling home page.
15. Recall a decision counseling session  
a. Resume a session using participant ID

**Decision Counseling Home Page**

**Initiate Session**
To initiate a Session, highlight a Decision below and click the start session button. Decisions are grouped under their Domain (in bold).

- Prevention
  - Be tested
  - Colonoscopy completion
  - GERA
- Treatment
  - Surgery
- Vaccine effect
  - CRC vaccine

**Recall Session**
Three ways to recall information:
1. Recall session by participant ID
2. Recall preference report by participant ID
3. Recall all sessions by decision situation

Recall session by participant ID:

Recall preference report by participant ID:

Recall all sessions by decision situation:

To resume an interrupted/logged out decision counseling session:
1. Log in the program with campus key and password
2. On the decision counseling home page, the counselor can recall a particular session by:
   2a. Typing in participant ID and clicking “go” which will generate the drop down menu above, listing this session.
      Clicking “Last Page” enables the counselor to go to the last completed page to resume the session with the participant.
   2b. Recall session by decision situation (see next page)
To resume an interrupted/logged out decision counseling session:
1. Log in the program with campus key and password
2. On decision counseling home page recall session by
   2a. Typing in participant ID and clicking “go” (see instructions on previous page) or
   2b. Clicking in the “recall all sessions by decision situation” box, and choosing the decision (colonoscopy completion in this case). Using the drop down menu for the decision and clicking “go”. This brings a drop down menu like the one above that enables the counselor to find the session and go to the last completed page. The decision counseling session can now be resumed.
15. Recall a decision counseling session
   c. Recall a decision counseling report by participant ID

To view a decision counseling report from a completed session:
1. Click in “Recall preference report by participant ID
2. Click on the desired ID from the drop down menu
3. Click “go” and the program will bring up the corresponding report
16. Logged out/session expired webpage messages

Log out/session expired messages may appear with prolonged inactivity to protect personal information. The program is designed to save decision counseling session information to that point. Session may be resumed via Session Recall.
### C. Decision counseling session by new counselor

**Objective:** Demonstrate ability to conduct a decision counseling session, using the online decision counseling program components

<table>
<thead>
<tr>
<th>DCP Component</th>
<th>Proficient = P</th>
<th>Needs Improvement = NI</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log in to web page/program</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate a session, choose the decision to be made</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Link the participant to the decision and assign/confirm unique participant ID</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access and review educational material for a decision to be made with participants</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicit and document participant pro decision factors</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicit and document participant con decision factors</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and rank top decision factors</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm top decision factors</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and confirm decision factor(s) strength</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and confirm decision factor(s) importance comparison</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Produce and interpret Decision Counseling Report</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email report as applicable</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter participant demographics information</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add counselor comments and notes</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit program</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall a session that was interrupted or completed</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret web prompts during session for incomplete entries</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use appropriate counseling communication skills in a decision counseling session</td>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Knowledge about decision counseling components
   
   Objective: Demonstrate understanding of decision counseling and components
   - Respond to the following brief essay questions

1. What are decision factors?

2. How is decision factor influence used?

3. What does decision factor strength measure?

4. What information does the comparison of decision factors provide?

5. What is the purpose of decision counseling?
E. Decision counseling basic competency

Objective: Demonstrate basic decision counseling competency

- Participate in a competency review (evaluate performance via audio/video tape of decision counseling session)
  - Discuss use of components of the program
  - Discuss session performance (strengths and areas to improve)
  - Discuss communications with participants (eliciting factors, conveying results, etc.)

Gerard Egan, The Skilled Helper: Counselor Evaluation


<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active listening</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
<td>7</td>
<td></td>
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<tr>
<td>Identifies key behaviors</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>7</td>
<td></td>
<td></td>
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<tr>
<td>Identified key feelings</td>
<td>1</td>
<td>2</td>
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<td></td>
<td>7</td>
<td></td>
<td></td>
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<tr>
<td>Identifies care messages</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td></td>
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<td>5</td>
<td>6</td>
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<td></td>
<td>7</td>
<td></td>
<td></td>
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<tr>
<td>Regards empathetically</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7</td>
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<td></td>
</tr>
</tbody>
</table>

2. The Act of Probing and Summarizing

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>States problem clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cites missed opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
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<tr>
<td>Probes for barriers</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probes for facilitators</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarifies objectives</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4</td>
<td>5</td>
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<td></td>
<td>7</td>
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</tbody>
</table>

3. Facilitating Client Self-Challenges

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specifies strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explores consequences</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarizes plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages restatement</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinforces engagement</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td></td>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>
IV. Project Specific Training

Objectives:  
- Describe research study protocol
- Describe designated decision to be made
- Describe study specific materials (consent, surveys, and educational materials)
- Describe how and to whom DC report information is disseminated

A. Study specific materials  …………………………………………………………….. 59
   1. Study protocol
   2. Informed consent(s)
   3. Baseline survey
   4. Educational booklet(s)/materials
   5. Follow-up survey(s)

IV. Project Specific Training

A. Study specific materials
   1. Study protocol
      Written design of the study describing the study’s purpose, methods, eligibility/prerequisites, and endpoints.

   2. Informed consent(s)
      Written documents that clearly define the risks and benefits of participation in a specific study. The participants’ signatures indicate their agreement to participate. All decision counselors must have current training and certification concerning human subjects in research.

   3. Baseline survey
      Pre-intervention data to capture the participants’ knowledge, attitudes, and beliefs.

   4. Educational booklet(s)/materials
      Study specific health education information for participants (print or online).

   5. Follow-up survey(s)
      Data to capture the participants’ knowledge, attitudes, and beliefs after their decision counseling session.