Modeling Psychiatric Patients’ Treatment Decision Making*

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Decision-making processes of psychiatric inpatients were assessed at admission and prior to discharge, and compared to hospital staff members using a paired comparison paradigm in which subjects chose between hypothetical antipsychotic medications. Multidimensional analyses of binary choice matrices revealed that all subjects based decisions on the risks and benefits of medication, and weighted risks and benefits in roughly equal proportions. Hospital staff demonstrated greater internal consistency in their decisions than the inpatient sample at both time points. For newly admitted inpatients, severity of psychiatric symptoms and nonverbal intelligence were related to internal consistency of decision making, and behavioral indices of medication compliance predicted relative weighting of risks and benefits. For predischarge and comparison samples, verbal intelligence and treatment preferences predicted both outcome measures. Reliance on verbal reports of decision making may be misleading when assessing competence in acutely impaired psychiatric patients.

Psychiatric patients’ ability to consent to treatment has received increasing attention from legal scholars and mental health clinicians. Court decisions consistently support psychiatric patients’ right to refuse medical and psychiatric treatment if a patient is “competent” to make such decisions (Appelbaum, Lidz, & Meisel, 1987; Lidz et al., 1984). Moreover, the construct of competence, rooted in

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the legal doctrine of informed consent (Appelbaum et al., 1987; Faden & Beauchamp, 1986), has been increasingly identified as an important facet of forensic mental health. Although clinical evaluations of decision-making competence are conducted routinely, little research has addressed the validity of these assessments, in part because of difficulties in empirical measurement of decision-making ability.

Assessment of decision-making competence has been complicated by varying definitions of competence. The definitions most frequently cited are the "reasonableness" of a patient's decision, ability to recall relevant information, appreciation of the implications of the decision, and ability to rationally integrate information about risks, benefits, and probabilities into a decision that is consistent with one's personal values (Appelbaum & Grisso, 1988; Grisso, 1986; President's Commission, 1982; Roth, Meisel, & Lidz, 1977). Of these different standards of decision-making competence, ability to rationally integrate information has been recommended as the most appropriate standard for important decisions such as medical and pharmacological treatment (e.g., President's Commission, 1982).

Most empirical research with psychiatric patients, however, has only studied ability to recall information disclosed on informed consent protocols (see Lidz et al., 1984, for a review of this research). Studies have typically reported deficits in psychiatric patients' ability to recall such information, although deficits have also been reported in non-mentally-ill medical patients (Lidz et al., 1984). Recently researchers have begun to address more complex conceptualizations of decision making, such as ability to rationally integrate information, but this research typically relies on self-report and introspection about decision-making processes (Janofsky, McCarthy, & Folstein, 1992). Little research has focused on what may be a more relevant aspect of decision-making competence: ability to integrate information about risks, benefits, and probabilities in an internally consistent manner.

The decision-making processes of normal subjects, in contrast, have been the focus of experimental research for several decades, which has yielded methods and results that could be useful in helping to understand decision making in clinical populations. One notable result from this body of research is the consistent finding that introspection and self-report measures often yield inaccurate information about normal subjects' decision-making processes (Abelson & Levi, 1985; Nisbett & Wilson, 1977). Reported decision-making processes often do not explain actual behavior, which is better accounted for by other, unreported factors such as biases and stereotypes. In response to the shortcomings of self-reported decision-making processes, empirical models of behavior have been developed to identify factors that influence decisions and quantify the degree to which information is processed in an internally consistent manner (e.g., DeSarbo, Oliver, & DeSoete, 1986; Payne, 1982).

Rosenfeld, Turkheimer, and Gardner (1992) recently described the results of an experimental study of decision making among inpatient and outpatient subjects diagnosed with schizophrenia and a non-mentally-ill control group composed of family members. Using a paired-comparison gambling paradigm analogous to those used in experimental studies of normal decision making (Payne, 1982), the