

# THE ROLE OF SOCIAL WORK IN MEDICATION TREATMENT ADHERENCE: HIV/AIDS AS A CASE STUDY

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*Presented  
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Mental Health  
Training and  
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# OBJECTIVES

- Define adherence and understand the importance and challenges of medication adherence;
- Review key concepts to ensure culturally competent practice;
- Understand the unique role of social work in promoting adherence;
- Learn how to apply **ADHERE**, a model for application of adherence strategies.

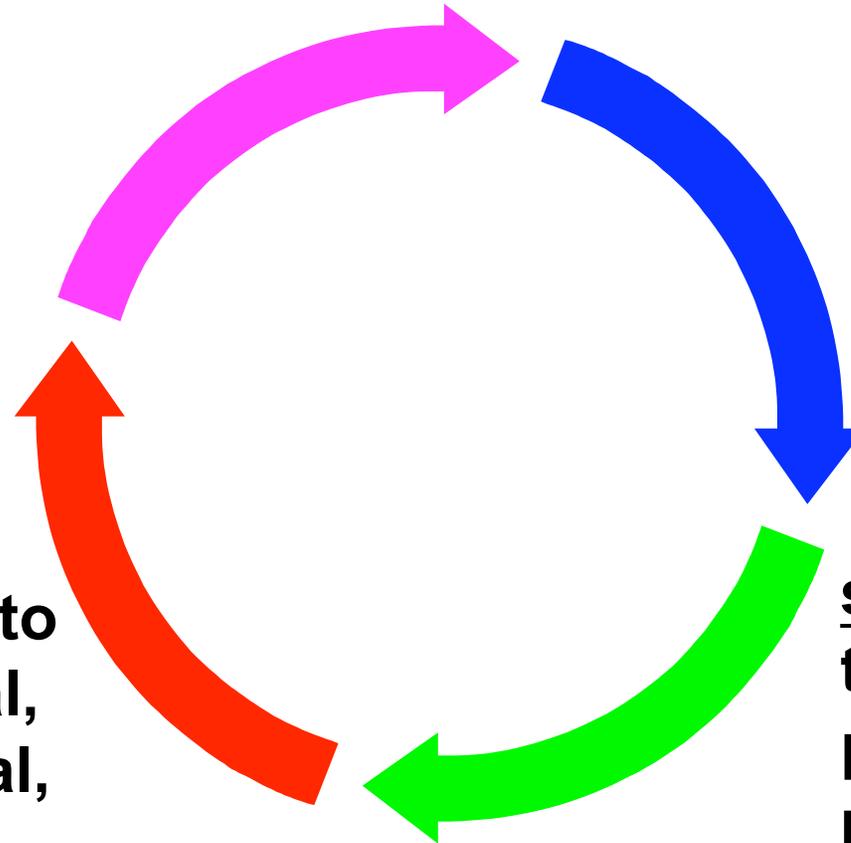
# AGENDA

- **Welcome and Introductions**
- **Key Concepts and Definitions**
- **Role of Social Work**
- **Defining Adherence**
- **Substance Use and Mental Health Issues**
- **Challenges and Determinants of Adherence**
- **Questions/Answers** [adhere@naswdc.org](mailto:adhere@naswdc.org)
- **ADHERE Model**
- **Questions/Comments**
- **Closing and Evaluation**

# BIO/PSYCHO/SOCIAL/SPIRITUAL

bio (biology)  
refers to the  
physical and  
medical  
aspects of  
ourselves

social refers to  
socio-cultural,  
socio-political,  
and socio-  
economic issues



psycho  
(psychology)  
refers to the  
emotional  
aspects of our  
lives

spiritual refers  
to the way  
people find  
meaning in their  
lives

# DIVERSITY IN PRACTICE

- **There are a variety of cultural experiences (gender, ethnicity, sexual orientation and age)**
- **Some aspects of culture and enduring (values and world views) while other aspects change (idiomatic expressions, style or mode of dress)**
- **People identify with multiple cultural identities**

# CULTURAL COMPETENCE

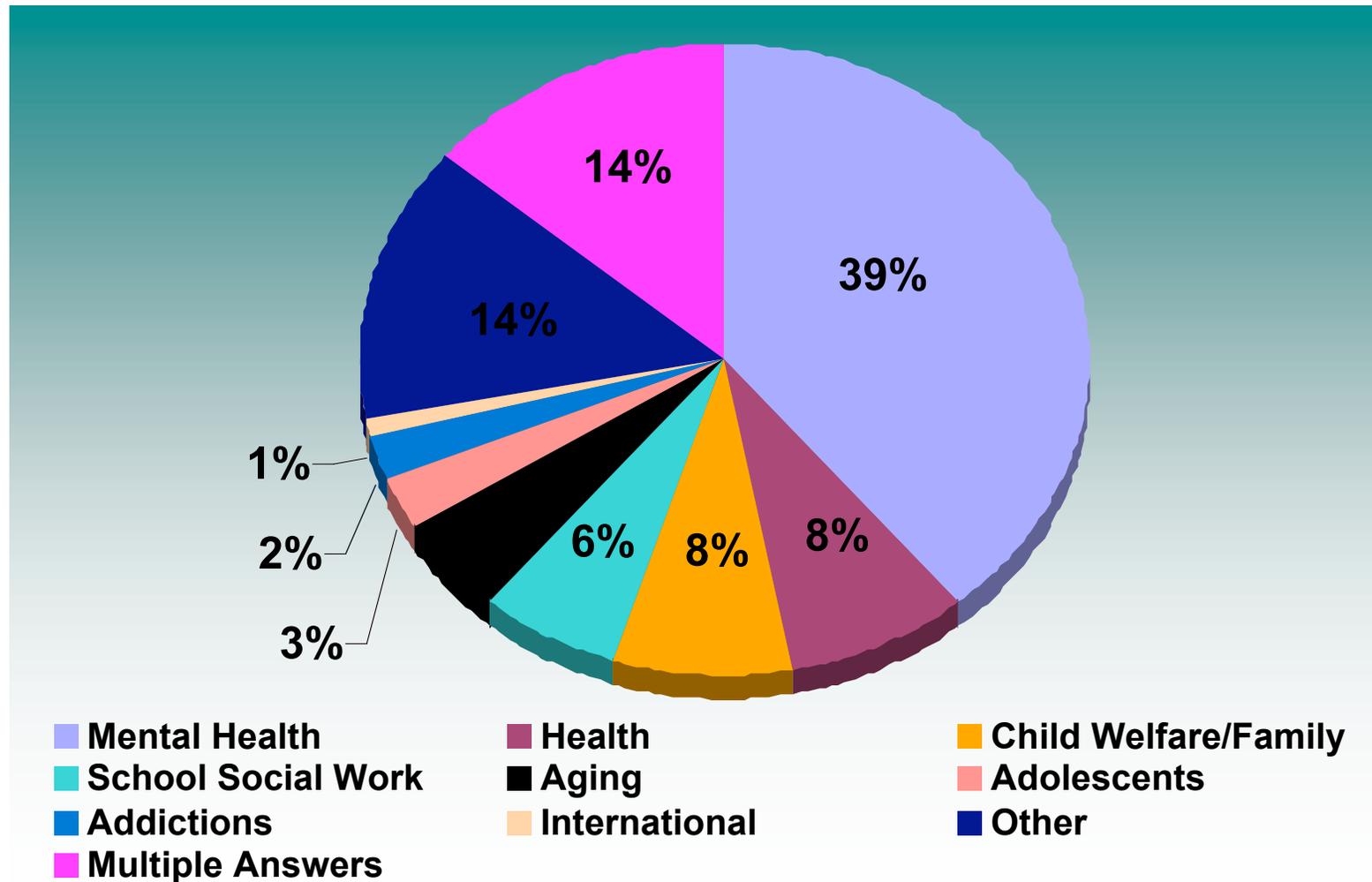
**Refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.**

# WORKING WITH DIVERSE POPULATIONS EXAMPLES OF CULTURALLY COMPETENT PRACTICE

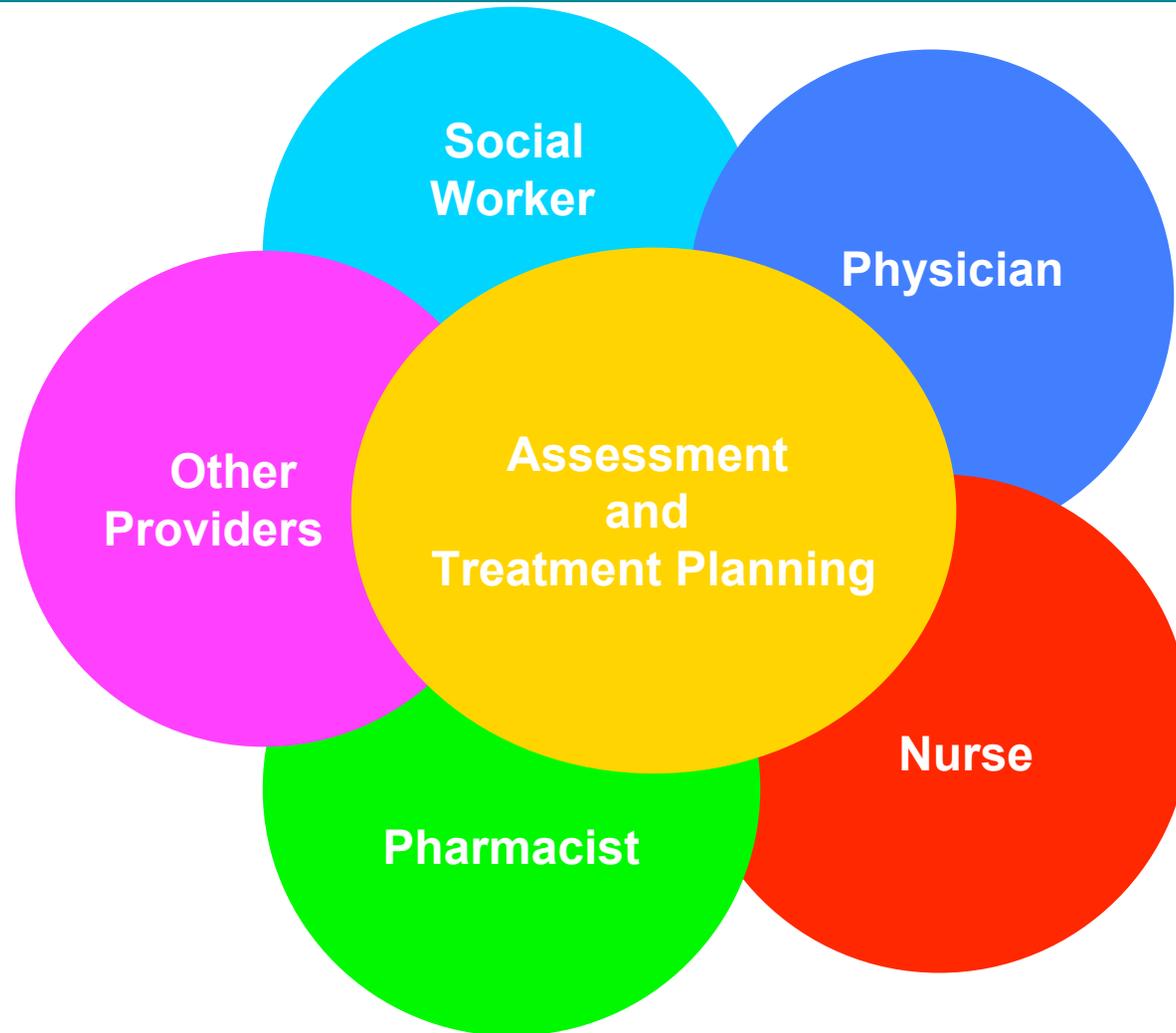
## **Discuss with the client:**

- **What are their primary cultural beliefs and values?**
  - **Individualism versus collectivism**
  - **What is their concept of time**
- **How do they view or conceptualize disease?**
  - **What are the cultural beliefs about the cause and treatment of disease**
- **Is there a historical context of culture and healthcare (that may lead to mistrust)?**
  - **For example: Tuskegee syphilis study or blood banks' refusal to accept blood from MSMs**

# SOCIAL WORK PRIMARY PRACTICE AREAS



# “THE ROLE OF SOCIAL WORK IN HEALTHCARE PROVISION”



# ADHERENCE

- **To be in a state of adherence; fidelity; steady attachment**
- **To follow a prescribed course of action**

# WHY IS ADHERENCE SO IMPORTANT FOR PERSONS LIVING WITH HIV/AIDS?

- **Reduces morbidity and mortality by suppressing viral replication to as low as possible for as long as possible. Improves immune system functioning and increases CD4 levels**
- **Reduces the emergence of resistance and cross-resistance to medications**
- **Improves the quality of life for clients living with HIV/AIDS and other chronic illness**

# UNDERSTANDING HIV/AIDS PROMOTES ADHERENCE

***Viral load is the best predictor of disease progression. The goal is to maintain undetectable level of viral load (<50)***

- **The virus mutates rapidly and may become resistant to the drugs**
- **Successful adherence (95-99%) to be consistent.**
- **Ensure use of 3 drug combination therapy of Highly Active Antiviral Therapies (HAART)**
- **Work with health provider to monitor status and change regiment if needed**

# SUBSTANCE USE AND ADHERENCE

- **Continued drug/alcohol use after infection with HIV**
- **Substance use may significantly impact the medication schedule**
- **Persons actively using, as well as those in recovery, are also faced with other challenges associated with HIV/AIDS**

# CLINICAL ISSUES

- **Many providers believe substance abuse treatment must be initiated prior to beginning HAART**
- **Clients in recovery may relapse**
- **Recovery is a life-long event**
- **Client capacity to remain clean and sober provides opportunity to build on current coping mechanisms and daily routines**

# MENTAL HEALTH

- **Many clients with HIV/AIDS experience mental health concerns that affect their day-to-day functioning**
  - Adjustment issues
  - Depression
  - Feeling anxious
- **Other clients may be diagnosed with mental health problems that emerge as a result of stressors of a diagnosis of HIV/AIDS or other life events**
  - Mood and anxiety disorders
  - Adjustment disorders
  - Post traumatic stress

# MENTAL HEALTH CLINICAL ISSUES AND ADHERENCE

- **A comprehensive assessment will take into account presenting issues, longevity of symptoms, family and social history, substance use and psychiatric history**
- **Cultural perspectives of coping with chronic illness must be considered**

# CHALLENGES TO MEDICATION ADHERENCE

## Disease Factors

- Chronicity of illness
- Presence of symptoms
- Changes in symptoms

## Treatment Regime

- Frequency of dosing
- Convenience/inconvenience
- Complexity/difficulty
- Number of medications prescribed
- Side effects
- Perceived efficacy of drugs
- Degree of behavior change required

## Individual and Family Context

- Client cultural and health beliefs
- Client/provider relationship
- Mental health or substance abuse history
- Life stressors

# DETERMINANTS OF SUCCESSFUL ADHERENCE

## Access/Resources

- Access to medication
- Access to support services
- Economic resources

## Social Support

- Personal support
- Support for caregivers
- Relationship with health provider
- Social care: Case management, psychotherapy
- Support groups
- Clients cultural and health beliefs and practices

## Adherence Techniques

- Provider/ capability building
- Engaging client
- Maintaining the relationship
- Ensuring client understands implications of adherence
- Empowering client role in selecting therapies
- Use of Adherence Model

# WOMEN AND ADHERENCE: WHAT DO WE NEED TO KNOW?

- **Often primarily in caregiver roles rather than only patients/clients**
- **Women may share their medications, often with children**
- **Women frequently have other priorities:**
  - **Care giving**
  - **Food**
  - **Housing**
  - **Income**
  - **Parenting**
- **Limited social support system of their own**
- **Best support is other HIV positive women's network**

# CASE OF TERESA

**You are a social worker staffing the “drop in” clinic at a tri-county community health clinic. You have just met Teresa for the first time, and she appears anxious and extremely gaunt. During the initial tells you that she has been living in the homeless shelter for two weeks, having left he home to get away from her abusive partner. She then explains the shelter staff told her she needed to see a doctor in order to continue staying at the shelter.**

**As you ask her more questions about her health history, she starts to get agitated and tells you, “I know I’m sick and that no-good boyfriend of mine probably gave me this.” She then tells you she is so stressed at times she gets chest pains. Teresa also discloses that she has AIDS, and used to see an “AIDS doctor” in another state who, “kept telling me I had to take all sorts of pills.” You notice that Teresa has what appears to be old “track marks” on her arms.**

**When you ask Teresa about how she has managed to support herself, she shrugs and says, “whatever it takes.” When you ask about other supports or family, you learn that her mother threw her out when she learned Teresa had AIDS, forcing Teresa to leave behind her (then) 3 year old daughter. Teresa says she is 26 years old and used to have in a childcare center.**

**When you return to the interview room (after stepping out to see if the doctor is still available), Teresa startles awake, and apologizes and says she just gets so tired sometimes and it is happening more and more. Before she walks into the exam room she stares down at the floor and starts crying. She states, “I’m so sick and so overwhelmed.”**

# ADHERE MODEL<sup>(1)</sup>

<b>A</b>	<b>ASSESS</b>
<b>D</b>	<b>DIALOG</b>
<b>H</b>	<b>HOLISTIC</b>
<b>E</b>	<b>EMPOWER</b>
<b>R</b>	<b>REINFORCE</b>
<b>E</b>	<b>EVALUATE</b>

# ADHERE MODEL

## ASSESS

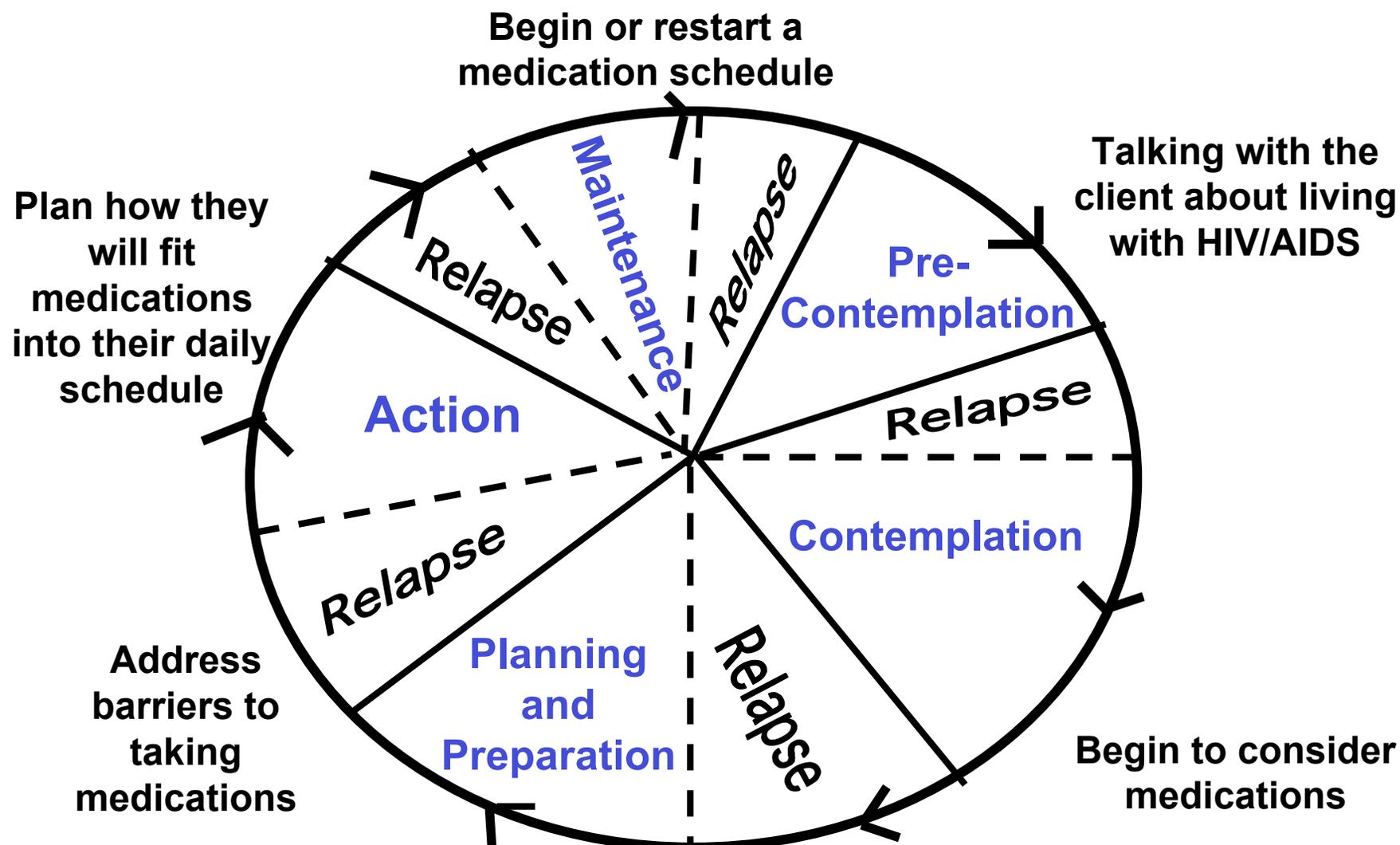
**Assess client knowledge and readiness.**

- **Knowledge level of HIV/AIDS and related drug therapies.**
- **Is information accessible and linguistically appropriate**
- **Culturally competent assessments**
- **Use the stages of change to help client understand his/her readiness**

# **SAMPLE ADHERENCE ASSESSMENT CHECK-LIST**

- **What are your short and long term goals for treatment?**
- **Tell me what you know about HIV/AIDS. What are your current medicines and medication doses (including non-HAART medicines)?**
- **What do you feel or believe about the services of your current HIV treatment?**
- **Tell me about how you have made decisions in the past? Who helps you with these decisions?**
- **Where and who do you draw your personal strengths from?**

# STAGES OF CHANGE BEHAVIOR



# ADHERE MODEL

## Dialog

- **Dialog with your client(s) about their health belief and options.**
- **Clarify possible consequences of non-adherence**
- **Inform of costs and relative benefits**
- **Review the purpose of HAART and names of each medicine**
- **Review side effects and self-care strategies**

# DIALOG WITH CLIENTS ABOUT THE CHALLENGES AND BENEFITS OF ADHERENCE

- Improved health and energy
- Minimize episodes of health problems and side effects
- Clinical results (CD4 ↑, viral load ↓)
- Possible reduced side-effects
- Achieve other personal goals

- Increased side effects of medications
- Pill burden
- Challenge to daily routine
- Disclosure issues

# ADHERE MODEL

## Holistic

**A holistic approach includes culture**

- **Think environmental**
- **Work with clients to identify adherence “social support list”**
- **Share resources to help with all aspects of adherence (e.g., mental health services, child card, support groups, financial assistance)**

# FITTING TREATMENT INTO OUR LIFESTYLE: A WORKSHEET

- **My Eating Habits** → (when and how many times a day do you eat)
- **My Sleeping Patterns** → (when, how often and how long you sleep)
- **My Daily Commitments** → (include paid employment, child care, volunteer work or school)
- **My Regular Exercise** → (walking, aerobics, dance or going to the gym)
- **My Social Supports** → (include your friends, family partner, spiritual organization or support group)
- **My Financial/Legal Situation** → (include all related issues, such as income, insurance, citizenship or prison)
- **My Housing Situation** → (stable housing, safety or homelessness)

# ADHERE MODEL

## Empower

- Empower all clients to implement action plan
- Work with clients to identify cues, reminders and current activities (e.g. television or radio programs or current daily self-care regiments) that will increase adherence success or help prepare them for medications
- Strengths based focus

# HIV AND ADHERENCE EMPOWERING CLIENTS AND SYSTEMS TO CREATE SUCCESS

- **Outline daily schedule (meals, activities)**
- **Match treatment plan with habits**
- **Utilize timed reminders (watch, phone, friend, TV, beepers, timers)**
- **Use pill boxes, *individualized* pre-packaging**
- **Make plan for weekends, holidays, “exceptions”**
- **Identify community resources that “fit” the clients schedule; work with current resources to accommodate clients work schedule.**
- **Promote client – centered contracting**

# ADHERE MODEL

## Reinforce

- Reinforce strategies, reassess successful options, and revise as needed
- Reinforce the message that the ADHERE Model is client-centered: the client determines strategies that work best for them
- Reeducate as needed
- Acknowledge that medication side-effects can create adherence challenges
- Review and reinforce wellness plans

# ADHERE MODEL

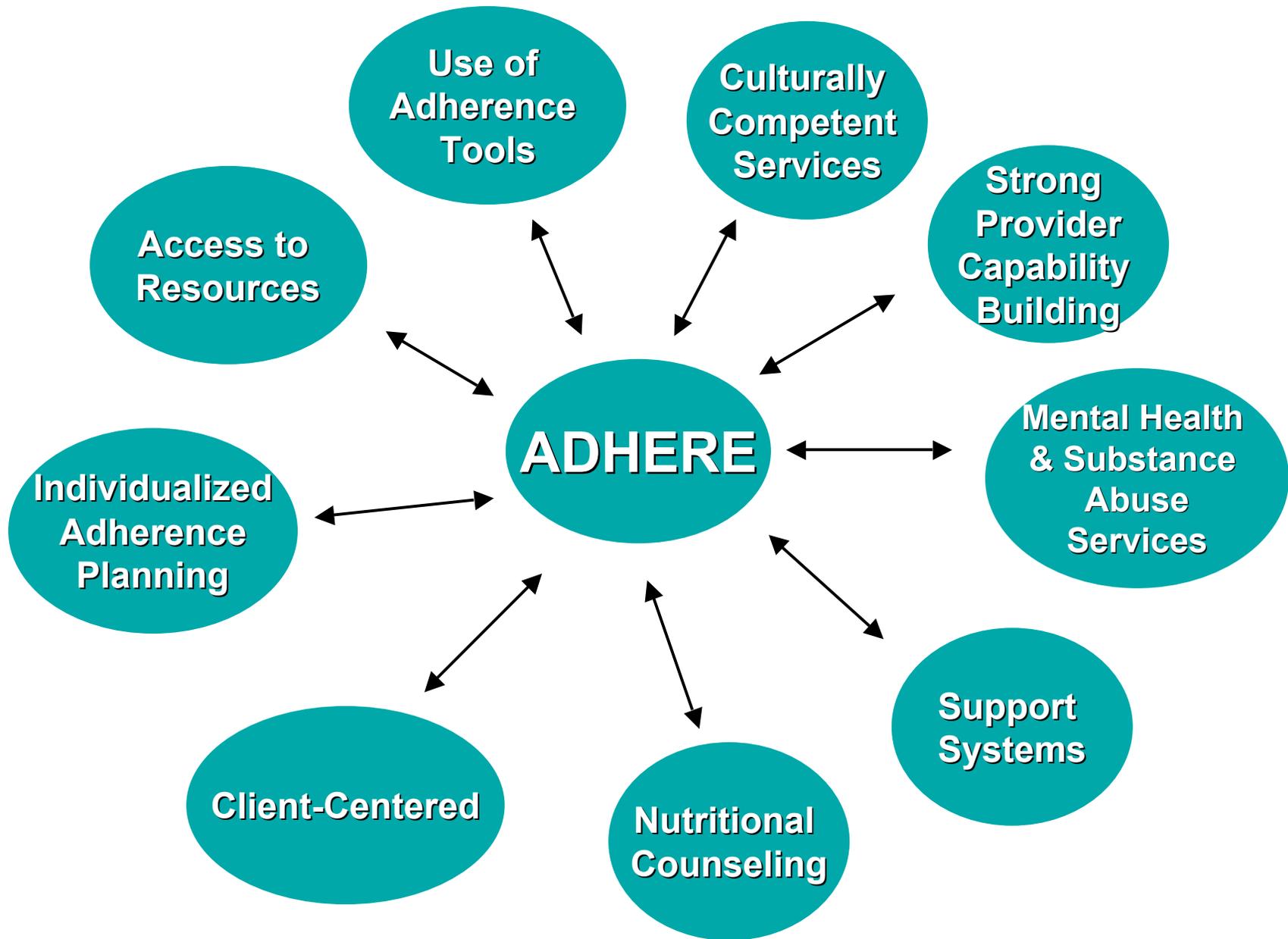
## Evaluate

For a client who has not yet chosen medical treatment

- Complete an “adherence checklist”
- Help client to assess the relative benefits and costs
- Assess current perception of health status

For a client who is currently on HAART:

- Review with your client the treatment plan
- Ask directly, “How are you currently coping with this plan?”
- Complete an adherence checklist
- Ask your client to *be specific regarding non-adherence*



**Thank you for your  
participation.**

**Please remember to  
complete the evaluation**

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