**Adherence Training Manual**

**Motivational Enhancement Techniques and Principles**

**A. Basic Goals and Overview**

The basic goals of motivational enhancement (ME) are:

(1) To create in the participant an awareness of the need for change

(2) To increase the participant’s motivation to make a change

Motivation can be thought of as “the probability that a person will enter into, continue, and adhere to a specific change strategy.” Your responsibility as a counselor is to increase the likelihood that the participant will follow a recommended course of action toward change. Motivation is a central part of your task.

The participants are likely to be ambivalent about making changes in their adherence behaviors. How you respond to that ambivalence has a considerable impact on the likelihood that they will be resistant versus become committed to making a change. You want the participant to “confront reality” regarding the potential risks associated with nonadherence (e.g., developing drug resistant virus), but using confrontation and argumentation as a style is not likely to accomplish this goal. Instead, the key is to provide conditions in which the participant can safely examine him or herself and consider the possibility of change. The ME style involves the use of reflective listening, open-ended questions, and other strategies to assist the participants in working through their ambivalence and voicing their reasons for change.

**1. Participant Voices Argument for Change**

Your goal should always be to get the participant to voice the arguments for change. You should never be in the position of telling the participant why s/he needs to change. You can provide feedback and information regarding the level of riskiness of the participants’ behaviors, but they must make their own decisions about whether change is necessary. If you find yourself arguing with the participants or trying to convince them of something, that’s a clear signal that you need to change strategies. Let the participants tell you why they think change might be a good idea.

Discussions of the potential benefits and costs of making a change in adherence behavior must be individualized. Different people will have different reasons for wanting to become more adherent, and will experience different obstacles to doing so. Only by encouraging the participants to talk about their own feelings, thoughts, and concerns can you facilitate greater commitment to change. The participants will be much more likely to discuss these issues if you take a non-judgmental stance, and allow them to express both sides of any ambivalence. At the same time, take special care to reflect and encourage elaboration upon participant statements that indicate a recognition of the need for change or a desire to change.

**2. Working with Varying Levels of Commitment to Change**

It is important also to recognize that individuals come to counseling sessions with widely varying initial levels of commitment to change. Some haven’t even considered the possibility that change might be beneficial. With these individuals, your initial task will be simply to raise some doubt in the participants’ minds, and to increase their perception of the risks associated with their current behaviors. Other individuals are committed to change, and have already taken steps to change. With committed individuals, you will focus primarily on helping them take additional steps as needed, and to identify and use strategies to prevent a return to nonadherence. Most individuals you counsel will likely fall somewhere in the middle. For these people, your task is to try and “tip the balance” in the direction of change, and their assessment of the risks of not changing. Also important will be to strengthen their self-efficacy for making a change. The participant is more likely to make a commitment to change if you express confidence in his/her ability succeed once he/she has made the decision to change.

**3. What Resistance May Signify**

If you encounter resistance from the participant (e.g., the participant argues, interrupts, denies that a problem exists, or ignores you during the session), chances are that you are acting as if the participant has made a greater commitment to change than he or she really has. For instance, you may be focusing on how the participant can make a change, when he or she is still uncertain about whether change is a good idea. The best way to respond to resistance is to go back to reflective listening, hearing the participant’s concerns, and shifting focus back to the participant’s decision-making process.

Putting the ME style into practice seems, on the surface, to be simple and straightforward. However, the strategies can actually be quite complex. Proper, consistent use of the style requires the counselor, during sessions, to be very attentive, both to the participant and to the counselor’s behavior, and requires considerable practice.

**B. General Principles**

Five general principles should guide your behavior during sessions.

**1. Express Empathy**

Use skillful reflective listening to understand and accept the participant without judging, criticizing, or blaming. It is critical to recognize that ambivalence is normal.

**2. Develop Discrepancy**

Raise the participants’ consciousness and awareness of the consequences of their behavior. Working to amplify the discrepancy between the participants’ current behavior and their important goals and values will increase motivation for change. Remember that the participant should present the arguments for change.

**3. Avoid Argumentation**

Arguing is counterproductive and increases resistance to change. Your defending a position will breed defensiveness on the part of the participant.

**4. Roll with Resistance**

Use the participants’ own momentum (e.g., the direction of the argument) to shift their perceptions slightly, so that they end up reaching a different conclusion than they started toward. This can be done by reframing their statements or reflecting them in an unexpected way. Offer, but don’t impose, new perspectives. Ask the participants to be involved in problem-solving, rather than trying to provide solutions for them.

**5. Support Self-Efficacy**

Convey to the participant the message, “You can do it; you can succeed.” Belief in the possibility of change is an important motivator. Hope can be found in the range of alternative approaches available. If one hasn’t worked, the participant can try another. Also use the participant’s past successes in making changes, or the successes of other people they know.

**C. Specific Session Strategies**

The previously mentioned General Principles are implemented through the use of specific in-session strategies. These include:

**1. Ask Open-Ended Questions**

This encourages the participants to talk and to express their own concerns and reactions.

**2. Listen Reflectively**

Respond to participant’s statements with a statement (not a question) that is an educated guess at his or her underlying meaning or feelings. Use “you” rather than “I” statements.

**3. Affirm the Participant**

Express positive regard and support for the participants and their

willingness to speak openly about their concerns.

**4. Periodically Summarize the Participant’s Statements**

Repeat self-motivational statements, and reflect both sides of ambivalence. Use a collaborative tone, and check out with the participant the accuracy of your summary. This is especially useful at transition points during the session.

**5. Elicit Self-Motivational Statements**

This is the strategy for helping the participant move beyond ambivalence.

**Self-motivational statements include:**

* Problem recognition – *“I never realized the potential consequences of my behavior.”*
* Expression of concern – *“I’m really worried about this.”*
* Intention to change – *“I’ve got to do something different.” “What can I do?”*
* Optimism – *“I think I can do it.”*

**Methods for eliciting self-motivational statements include:**

* Asking questions – *“What things do you do that you think might lead to nonadherence?” “How much does that concern you?”*
* Reinforce self-motivational statements nonverbally and verbally – *“What else?”*
* Inquire about perceived costs and benefits of changing and not changing.
* Ask for elaboration of usual practices – *“Tell me about a typical day.”*
* Use extremes – *“What concerns you the most?”*
* Look back – *“How have things changed over time?”*
* Look forward – *“Where are things headed?”*
* Explore goals to increase discrepancy – *“What kinds of things are important to you?”*

**D. Handling Resistance**

As noted previously, a participant who argues, interrupts, denies problems or ignores you is evidencing resistance. Resistance is a signal to change strategies (or that you have gotten close to something s/he does not wish to look at). The following are some strategies for responding to resistance.

**Simple reflection:**

Acknowledge the participant’s feeling or perception. Respond to resistance with nonresistance.

1. I’m not the one with the communication problem, it’s my doctor who won’t give me the time of day.
2. It seems as though the reason you have trouble

making appointments has to do with problems with

your doctor.

**Amplified reflection:**

Exaggerate the participant’s statement, but not too extremely, and without sarcasm.

1. I can’t ask for support from my friends, they will think I am a burden.

**T.**  In fact, it might be hard for you to ask anyone for help.

**Double-sided reflection:**

Acknowledge the participant’s statement, and add to it participant’s previously-expressed statement of the other side of the ambivalence.

1. I don’t see how my pot smoking is any problem (with taking my meds), it’s my boyfriend who is in recovery who thinks I have a problem.
2. From what you have talked about in previous sessions, you can see that sometimes you have trouble with smoking too much pot, but it seems your boyfriend is making more of it.

**Shifting focus:**

Sidestep traps or stumbling blocks by shifting attention elsewhere.

1. OK, maybe I have some problems with pot, but I am

not a drug addict.

1. I don’t think that is the issue at all, and I don’t want you worrying about it. It’s not important to me whether or not you want to think of yourself as a drug addict. I am worried though, as you are, about some of the things that seem to be happening in your life and how this might interfere with taking your meds. Tell me a little more about…

**Emphasizing personal choice and control:**

Assure the participant that, in the end, s/he determines what

happens.

**Reframing:**

Take the participant’s observations as valid, but put them in a new light.

1. My boyfriend is always nagging me about my pot smoking. He’s always telling me I am a drug addict.
2. It sounds like he really cares about you and is very concerned about you. I guess he expresses it in a way that you’re angry about. Since you have expressed some concern about your drug use and how it might interfere with your HIV medications, maybe we can take a look at ways that we can come up with that might help you to reduce or cut down on your use (or stop altogether).

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At some point you may notice signs that the participant is leaning toward making a change, and is ready to discuss what changes to make and how to go about making those changes. It is important to recognize this readiness, because it represents a “window of opportunity” for strengthening the participant’s commitment to change.

**Signs of readiness include:**

* Decreased resistance
* Decreased questions regarding whether a problem exists
* Statements of resolve to make changes
* Self-motivational statements
* Increased questions about change
* Envisioning (the participant wondering, “what would it be like”)
* The participant’s experimenting with making changes

Be careful, however, not to underestimate ambivalence or too quickly give the participant too many “change tasks.” Otherwise, you may soon find that the participant’s resistance is on the upswing. On the other hand, providing insufficient direction can also be a problem.

**E. Facilitating Change Planning**

When you believe the participant is ready to make a change, the first step is to summarize his or her reasons for change, while acknowledging any

reluctance that remains. Then you can ask any of several key open-ended

questions, and reflect the participant’s responses. For example, ‘better

communication with health care provider’. Some examples of key questions

include:

* What does this mean about how you take your medication?
* What do you think has to change?
* What’s going to happen now? Where do we go from here?
* How would you like thing to turn out for you now, ideally?

It is appropriate to provide information and advice if the participant seems to want it, but provide these reluctantly, and make it clear to each participant that he or she is the only one who can decide what and how to change. What is important is that the participants find goals and change methods with which they are comfortable. You should also be ready to offer a cluster of options, so that the participant will be more likely to find some that are appealing. Ultimately, the plan should include options that the participant believes in. You can frame any concerns about the plan not working (or about relapse from changes made) in terms of gathering evidence that you will need to modify the plan.

Once a plan has been devised, it is important to elicit the participant’s commitment to the plan (“Is this what you want to do?”). You may also encourage them to share with others in their lives that they have made this commitment, and urge them to take immediate action on the plan, if possible.

If a participant is not ready to commit to a plan of action at a given time, don’t push! Instead, acknowledge the ambivalence, encourage the participant to defer a decision until later, and maintain contact.

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| **SESSION 1** |

OBJECTIVES:

1. Discuss the nature of the program and expectations of the patient.
2. Review patient’s history with HIV and ART, including CD4 and viral load
3. Increase motivation and commitment to medication adherence by:
4. Providing information about the importance of adherence and concepts such as drug resistance and viral load.
5. Discussing patient’s attitudes, beliefs and goals regarding treatment.
6. **Starting ART**: Introduce practice trials for use of determining adherence readiness.

***OR***

**On ART already**: Review ART regimen and its dosing instructions.

1. Tailor planned ART regimen to fit client’s daily routine.

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| Exercise 1: Introduce the Program |

The main goal at the start of the program is to establish rapport. Throughout this initial stage (and throughout the program) the client should be regularly:

1. Asked for feedback about his/her understanding
2. Encouraged to ask questions and express concerns
3. Given positive, supportive feedback

Note that it may require 2-3 meetings to establish rapport, gain trust and earn the client’s respect. The first session should be carried out as a mutual learning dialogue process that a) validates the client’s innate knowledge about health and wellness; b) provides a platform for the client and counselor to learn from each other; and c) allows the client to ask questions.

Present the goals and structure of the program, and review the agenda for this initial session.

*Thank you for coming today and welcome to the first session of this program. How are you doing today? How has your day been so far?*

*Would it be okay with you if I take a few moments to tell you about the program? The goal of this program is to give you the tools needed to adhere to the medication regimen that you will begin soon. Adherence refers to how well you are able to follow your medication’s dosing instructions, and excellent adherence is needed to receive optimal benefit from treatment.*

***The Program includes the following phases****:*

***[For patients starting ART only]:*** *The Pre-treatment training phase, which begins with today’s session, and involves the use of brief one-week practice trials in which you will practice following a pill regimen that is similar to what you will be prescribed but with vitamins. The practice trials are used to help us assess and improve your readiness for being able to adhere really well once you start your HIV medication. We’ll talk more about the practice trials later.*

*The Core adherence training phase of the program will include several sessions during the initial weeks that you are on antiretroviral therapy and will help you deal with any adherence challenges that you experience.*

*The Maintenance training phase will consist of ongoing monitoring of your adherence at your regularly scheduled clinic visits and provision of adherence support as needed.*

*Each session of the program will last about 45 minutes.*

***During these sessions, we will:***

* 1. *Identify problems that make it difficult for you to follow the regimen, and generate possible solutions to these problems.*
  2. *Help you to manage side effects that may occur.*
  3. *Talk about how the people in your life can help you improve your adherence.*
  4. *Help you to feel confident about your ability to follow the dosing instructions consistently.*

*Do you have any questions about what to expect from the program?*

Emphasize the “collaborative partnership” nature of your relationship, and the importance of the patient’s active participation.

*It’s important that you view the program as a partnership between you and I, in which we both play an active role and work together to help you prepare yourself for following your treatment plan and improving your health. Often patients are used to just listening to their health care providers and being rather passive. But in this program we want you to be very active – asking questions, and sharing your feelings and thoughts about issues we discuss. Your active participation will help the program be more rewarding and useful to you as you prepare to start treatment.*

*I think it’s great that you’ve decided to focus on how you can better manage your HIV and treatment of the disease. Through our work together, I am confident that you will continue to gain tools to help you achieve the goals you have for your health and well-being.*

*For today’s session, our objectives are:*

[Paraphrase objectives for the patient]

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| Exercise 2: Review client’s history with HIV, ART, and adherence |

Retrieve information from client’s baseline MCC assessment and review with client to ensure accuracy and common understanding.

Before we talk about HIV antiretrovirals and the importance of following the dosing regimens, would it be alright if I asked a few questions about your experiences with HIV care and treatment?

Date tested HIV+: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time receiving HIV care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current HIV care provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time seeing him/her: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual frequency of visits with provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you perceive your relationship with your provider? How well do you communicate with each other? Any challenges with regard to your relationship with your provider that you would like to discuss?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ART history: [Starting ART]:** Have you ever taken HIV antiretroviral medication before? (If yes, note type of regimen, and duration); **[On ART already]**: What antiretrovirals are you taking, and how long have you been on this regimen? Were you on prior ART regimens as well?

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If client is currently on or has history of prior ART:

*What has been your experience in trying to follow the dosing instructions?*

Tell me about some of the problems you’ve been having with following the dosing schedule.

**Difficulties:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*What about positive experiences or successes that you have had with adherence to treatment?*

**Positive experiences:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For all patients:

What have been the effects of HIV treatment on your health and quality

of life? (If client has not been on ART, this can include HIV care in general)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Exercise 3: Educate about ART, importance of adherence and active engagement in care |

This exercise explores the client’s knowledge and attitudes regarding HIV, antiretroviral treatment, and importance of HIV care adherence. Specifically, the client’s understanding about the following will be assessed:

1. Viral replication leads to immune suppression and the development of opportunistic infections.
2. The meaning and utility of viral load measures.
3. The basics of how antiretroviral medications suppress the virus.
4. The meaning of “adherence” within the context of HIV medication
5. Excellent adherence is needed for the meds to fully suppress the virus.
6. Poor adherence leads to drug resistance and loss of treatment options.
7. Emphasize active engagement in care and partnership with one’s providers.

*It’s a challenge to do all of the things necessary to maintain your health. It requires ongoing commitment and effort. Would it be okay with you if we discuss some of the specific tasks this involves?*

1. *Keeping regular doctor appointments and being an active partner with your doctor in managing your health.*
2. *Getting regular laboratory tests (i.e., viral load, CD4+ test).*
3. *Refilling your medication prescriptions on time.*
4. *Following the strict dosing instructions associated with your meds.*

*Doing all these things consistently over time is a challenge for anyone. But doing so is very important to taking good care of yourself and your health.*

Discuss the following with the client to the point that they understand each concept. Ask the client to show their understanding of the concept by restating the concept in their own words.

*The more knowledge and understanding you have about your HIV illness and the available treatments, the more comfortable you will feel with your treatment plan and health care team. The more comfortable you feel, the more likely you will ask questions and play an active part in the management of your medical care. Moreover, taking part in your medical care and recognizing the importance of medication adherence will give you a sense of control and empowerment over your health.*

*To start with, if it’s okay with you, I’d like to find out what your understanding is of the importance of adherence to your HIV meds.*

(Probe for knowledge of importance and requirements for proper adherence)*May I share some added points that are important for you to understand about HIV, HIV medications, and medication adherence?*

1. ***HIV medications reduce the amount of HIV in your body and therefore help you to stay healthy.***

*The goal of treatment is for you to have an undetectable viral load, which means that the virus cannot be detected in your blood. By keeping the virus at very low levels, HIV medications can give you the advantage over your HIV infection. But you should recognize the importance of your role in the success of treatment, because the medication cannot work unless you take all your doses, and only you have control over whether or not you take your medication as prescribed.*

* Use line chart diagram to illustrate this point

1. ***For treatment to be successful, it is very important that the dosing instructions be followed carefully and consistently.***

*A constant high level of the drug is needed in your body to successfully fight off the virus and excellent adherence is necessary to accomplish this. Adherence refers to taking your medication as prescribed by your provider each day. Research shows that adherence to at least 90% of the doses that you are prescribed is needed for optimal treatment benefits.*

1. ***Missing doses of your medication can result in drug resistance.***

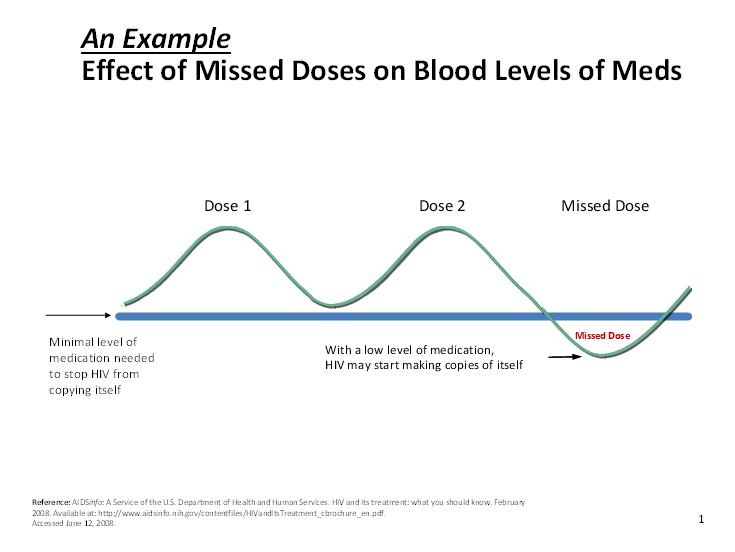
*Missing doses results in not having enough of the drug in your body, which allows the amount of virus in your body to increase and to alter itself so that it becomes resistant to the medication.*

* Use “brick wall” illustration to explain the concept of drug resistance

1. ***If the virus becomes resistant to the medication then the drug is no longer helpful to you.***

*Not only would that drug no longer be helpful to you, but it is also possible that other similar antiviral medications will not be very helpful to you as well. In short, developing drug resistance and losing treatment options makes you more vulnerable to illness.* ***BUT*** *you can prevent this from happening by taking your medication as prescribed.*

*This chart can be used to illustrate the effects of non-adherence*.

*The chart illustrates how the level of the drug in your body goes up when you take a dose and then gradually goes down until you take the next dose, which prompts the blood level to go back up. While the drug level drops over time, as long as you don’t miss a dose the level will remain high enough to prevent the viral from growing. But if you miss a dose, the level of drug drops too low and you become at risk of the virus growing faster. If this happens enough times, the virus can change. This new virus may not respond to the medications that you’re already taking. This is called drug resistance.*

*The goal of adhering to your medication as prescribed is prevent the growth of all types of the HIV virus. Taking medications just as described can be difficult to do all the time, so it’s important to note that missing one dose of your medication doesn’t cause drug resistant HIV virus; but overtime, missing doses increases this likelihood.*

*Does this make sense? Do you have any questions?*

*This brick wall diagram can be used to illustrate the concept of drug resistance.*



*Imagine that your immune system (which protects you from getting sick) is a brick wall. When you are taking your medication as prescribed, HIV has little chance of getting through the wall*



*You always need a constant amount of medication in your body to keep your wall strong. The less you take your HIV medications, the weaker your wall becomes.*



*Also HIV can weaken your wall if you are not taking your medication at the same time every day (i.e., taking it late). This is because you may not have enough medication in your body at the right times.*



*If the wall ever gets too weak, HIV learns how to get through. Overtime, the HIV that gets through the wall stops responding to the medications meant to keep it out; so that even if you start to take your medications again, it won’t work against this new HIV.*

*This is called HIV medication resistance. Medication resistance is when HIV is able to overpower the positive effects of the medication, causing the HIV medication to stop working (even if you take it perfectly!). When this happens you are not protected from HIV and are at risk for getting AIDS and other kinds of diseases. With good adherence, medication resistance is less likely to happen.*

*It’s important that you understand this information because it explains the importance of treatment and the need for excellent adherence.*

*Please tell me in your own words your understanding of these concepts?*

Reinforce correct knowledge. Clear up misunderstandings and misconceptions

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*Two ways to monitor your adherence and how well the medication is working is by looking at your T-cell (CD4) count and viral load. These are tests that are done regularly here in the clinic.*

*T-cells help your body fight off diseases and they tell you how well your immune system is functioning. The higher your T-cell count the better shape your immune system is in.*

*Viral load tells us how much HIV is in your blood. As I stated earlier, the goal is to have an undetectable or very low viral load, because the higher the viral load the more active the HIV.*

*Poor adherence and missed doses contribute to higher viral loads and lower T-cells, which makes you vulnerable to illness; whereas good adherence helps you achieve and maintain an undetectable viral load and prevent illness. The benefits of treatment on lowering viral load can usually be seen after several weeks of treatment, whereas an increase in CD4 count usually takes a few months.*

Retrieve lab data from client’s medical record, but review with client to assess their understanding and awareness with the goal of helping them to understand the importance of these laboratory markers and the need to monitor them.

*Do you know what your last viral load and T-cell counts were (and when was that)? How is it different from times before?*

Last CD4 count: \_\_\_\_\_\_\_\_\_\_\_ Last viral load: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last blood work: \_\_\_\_\_\_\_\_\_\_\_\_\_

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*Tell me your understanding of what this all means for your health.*

Reinforce correct knowledge. Clear up misunderstandings and misconceptions. Provide as much education as required for a basic understanding of disease course and significance of these markers.

*As we talk about the importance of your CD4 count and viral load as a way to monitor your health and keep tabs on how well you are managing your HIV, this brings us back to the importance of your relationship with your doctor.*

*At the start of the session I spoke about the need to view our work together as a partnership in helping you to manage your HIV treatment. In the same way, and even more so, you are partners with your doctor and other healthcare providers and need to be actively engaged in that partnership as well. Just like with any other chronic illness, it’s important to attend all of your regularly scheduled appointments with your doctor in order to maintain good health and management of your HIV disease.*

*Meeting regularly with your doctor is key for the following:*

* *Receiving up to date laboratory tests (CD4, viral load)*
* *Communicating with your doctor about any side effects, challenges to adherence, or physical symptoms you may have*
* *Providing an opportunity to ask your doctor questions and to discuss any concerns you may have about your health or treatment*

*The more you can be an active participant in the management of your health and HIV care, the easier it is for your doctor to help you get the most out of treatment, and the more you will feel in control of your health.*

HIV, Antiretroviral Treatment, & Adherence

Why is adherence important?

1. **HIV medications reduce the amount of HIV in your body and therefore help you stay healthy.**

The goal of treatment is for you to have an undetectable viral load, which means that the virus cannot be detected in your blood. By keeping the virus at very low levels, HIV medications can give you the advantage over your HIV infection. But it’s important to recognize the importance of your role in the success of treatment, because the medication cannot work unless you take all your doses, and only you have control over whether or not you take your medication as prescribed.

1. **For treatment to be successful, it is very important that the dosing instructions be followed carefully and consistently.**

A constant high level of the drug is needed in your body to successfully fight off the virus and excellent adherence is necessary to accomplish this. Research shows that at least 90% adherence is needed to receive the most benefit from treatment.

1. **Missing doses of your medication can result in drug resistance.**

Missing doses results in not having enough of the drug in your body, which allows the amount of virus in your body to increase and to alter itself so that it becomes resistant to the medication.

1. **If the virus becomes resistant to the medication than the drug is no longer helpful to you.**

Not only would that drug no longer be helpful to you, but it is also possible that other similar antiviral medications will not be very helpful to you as well. In short, developing drug resistance and losing treatment options makes you more vulnerable to illness. **BUT** you can prevent this with good adherence.

|  |
| --- |
| Exercise 4: Elicit attitudes and expectations concerning the treatment regimen and adherence |

The client’s thoughts and feelings experienced while discussing information about HIV and treatments (e.g., fear, helplessness, need for disclosure, etc.) are elicited at this point. During this discussion, correct misunderstandings or factual errors re: HIV treatments and adherence. ***Motivational enhancement techniques*** should be used to target attitudes and feelings that may interfere with adherence. Reinforce positive attitudes that they have about treatment.

*Is it ok if we talk a little about what your thoughts are regarding your prescribed HIV medication regimen? What do you see as the downsides of taking your medications? What do you like [or think you will like] about taking your medication?**What do you think about the dosing instructions that you have to follow?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What do you expect the results of treatment to be if you adhere well?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If they have already mentioned some negative attitudes or attitudes that may interfere with adherence, then skip the following examples:

*Examples of attitudes that some people have include:*

*“These medications will never work.”*

*“These meds make people sick.”*

*“I’m never going to be able to remember to take all these pills.”*

*“I’m afraid others will see me taking the meds and know that I have HIV.”*

*Do you ever find yourself thinking this way?*

Explain the link between HIV and AIDS, underscoring how the medications the client is taking are supporting rather than undermining immune health.

*I can understand why you might not be sure that the drugs will be helpful. Some drugs, like chemotherapy for cancer, can actually compromise the immune system, because that is the only way that they can work against the cancer. Steroids are another example of a drug that can suppress the immune system.*

*The antiretroviral drugs that you were prescribed do not hurt the immune system. They basically shut down the replication of the HIV virus in order to let your immune system rebuild itself. The medication is stopping your HIV progression, and preventing you from having AIDS.*

*Your proof will be on paper. You will be able to see how well you are doing. You can track your labs and see that your body responds well when you take your medications as prescribed, and does less well when you do not take your medications.*

*The CDC (Centers for Disease Control and Prevention) defines AIDS as having less than 200 T-cells. It means that your disease has progressed to the point where your immune system has been badly damaged. Antiretroviral medication can help to prevent your immune system from becoming badly damaged and developing AIDS, as well as helping to reverse the effects of HIV and raise your T-cells to a higher level if your immune system has already been badly damaged. For this reason, antiretroviral medications are helpful regardless of whether you have high or low T-cells or an AIDS diagnosis.*

*Some attitudes towards treatment can make it more difficult to take your medications as prescribed. How do you think these attitudes might affect your adherence?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use ***motivational enhancement techniques*** to address negative attitudes. With regard to attitudes that may interfere with adherence, the basic goals of motivational enhancement are: 1) to make the client aware of the need for change, and 2) to increase the client’s motivation to make a change. These techniques emphasize an empathic rather than confrontational approach to developing a discrepancy between the client’s behavior and attitudes that interferes with adherence and their goals for treatment and their health in order to facilitate change. To the extent that the client has negative attitudes towards treatment, work with the client to reframe their perspective so that they see treatment as positive and beneficial for their health.

*Can you think of ways to overcome these attitudes so that you can think of your treatment more positively?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the confidence rating to assess the client’s perception of the importance of adherence and their ability to adhere well, then use MI techniques to reinforce or build confidence.

*I want to ask you a little about your sense of the importance of adherence, and your confidence to adhere well to your medication regimen.*

*On a scale from 1 to 10, how important do you think it is to take your medications as they were prescribed to you (1 = not at all important, 10 = extremely important)?*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel it is at least a little important (1-3)/somewhat important (4-7)/very important (8-10). Tell me, what makes it important to you?*

If response is less than 10:

What would it take to get your importance level up to a \_\_ or \_\_? (add max of 4 to 5 points)

If response is a 10, support and reinforce importance.

*Now I’d like to know how confident you are that you can consistently follow the regimen’s dosing instructions.*

On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?

If response is less than 10:

What would it take to get your confidence level up to a \_\_ or \_\_? (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

This rating provides an indication of how the client views their ability to adhere from the outset of the program. This rating will be compared to ratings of self-confidence that the client reports in later sessions to track the level of improvement and change in adherence self-efficacy.

We’ll continue to chart your confidence level throughout the program.

|  |
| --- |
| Exercise 5 for **patients starting ART**: Introduce practice trial |

Introduce the practice trial with vitamins. Emphasize the importance of practicing the patient’s planned ART regimen because the goal is to train the patient to integrate the regimen into their daily routine and to be ready to adhere well before starting treatment. The practice trial will assess the patient’s readiness to adhere well, as well as improve their readiness by helping to identify specific problems that the patient may encounter with following the dosing instructions. Solutions to these problems will be generated in future study visits. Also note with the patient that a big difference between the practice trial and the real medication regimen is that they will not experience medication side effects with the vitamins.

*If it’s OK with you, before you start taking your planned ART regimen, I want to give you an opportunity to practice following the dosing schedule and assess your readiness to closely adhere to the type of pill regimen that is planned for you.*

*I am going to give to you today a 1-week supply of vitamins pills. These pills will not cause any side effects. I want you to take these pills according to dosing instructions that will be the same as those that will be prescribed for you by your doctor.*

*I want you to view this practice trial as an opportunity to see what it is like to follow the dosing schedule. I want you to give your best effort at taking the pills as directed, so that you have a more accurate sense of how the regimen will fit into your life and how ready you are to start treatment.*

*Research has shown that taking 85% of your prescribed doses is needed for you to get the most benefit from treatment. Therefore, if you take 85% of your doses during this 1st practice trial, you will have shown that you are ready to adhere well and you will start the treatment regimen prescribed by your doctor. Otherwise, we will help you to improve your adherence skills with the help of additional practice trials.*

*After each 1-week practice trial, we will:*

*1. Review your adherence results over the past week.*

*2. Identify problems that make it difficult to adhere, and generate possible solutions to these problems.*

*Do you have any questions about the practice trials?*

*Here is a one-week pill box and supply of vitamins for you to take.*

Show the patient the pill box and vitamins, and instruct the patient to put the vitamins into the pill box according to the dosing instructions for the ART regimen that their doctor plans to prescribe. Provide written instructions for each “medication” in the planned ART regimen. Review the dosing instructions with the patient.

**Medication A**

* 2 capsules per dose
* take 2 doses per day, at 12 hour intervals

**Medication B**

* 1 capsule per dose
* take 2 doses per day, at 12 hour intervals

Discuss the importance of consistent and proper timing of when to take the medication doses. Emphasize the importance of having a steady and sufficient amount of drug in the body for effectively combatting the virus and preventing drug side effects.

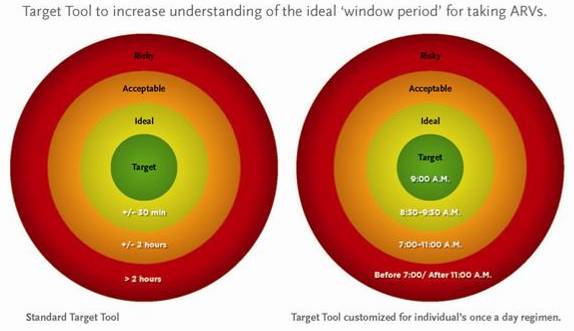
*Is it OK if I take some time to explain why the timing of when you take your medication is important? The only way that you can get the most benefit from your HIV medications is to maintain a consistently proper level of the drug in your body. To accomplish this, it is very important that you take all your doses, and complete doses rather than partial doses.*

*It is also important that you try to take the doses as close as possible to 12 hours a part (24 hours for QD drugs). Doing so will enable you to keep a constant, consistent level of the drug in your body, which will help prevent drug resistance from developing.*

*If you take your 2nd dose of the day too close to your 1st dose, than the level of the drug in your body after taking the 2nd dose may be too high and may this may cause toxicity because there is too much drug or side effects, plus there will be a longer period of time prior to taking the 1st dose the following day, which may cause the drug level to drop too low.*

*Decide for yourself, when is the best time for you to take the pills—for example, 8 AM and 8 PM, or 10 AM and 10 PM—depending on your typical daily routine. For the purposes of this program, we will then consider a dose taken on schedule if it is taken within a 4-hour window of those times—that is, the dose is taken sometime between 2 hours before and 2 hours after the chosen time. This is because the drugs are potent and allow a little bit of flexibility, but not too much. For example, if you decide to take your pills at 8 AM and 8 PM, then it will be acceptable to take your morning dose between 6 AM and 10 AM, and your evening dose between 6 PM and 10 PM, although you should try to take your doses as close to 8 AM and 8 PM as possible.*

*This bulls-eye diagram might also help to understand this concept.*



*If you remember a dose, but it’s outside the intended window of time,* ***still take the dose.*** *However,* ***do not*** *double up doses or take 2 doses at once because you forgot a prior dose.*

*If you forget a prior day’s dose,* ***leave the missed dose in the pill box*** *so that the pill box can inform us when you missed a dose. Our memory of when we take or miss doses can sometimes be faulty, so the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed.*

*If you remove a dose from the pill box in advance of when you plan to take it, but then forget to take the dose, please return it to the pill box so that we know when a dose was missed.*

*Do you have any questions about the practice trial regimen?*

Ask the patient to summarize the dosing instructions in their own words to make sure they understand them clearly; clarify or correct them when misunderstandings are apparent.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*I want you to begin the practice trial tomorrow morning. When you return for next week’s visit, be sure to bring the pill box and any remaining pills.*

The regimen has a lot of requirements in terms of the number and timing of the doses. It is normal for patients to have some problems introducing the regimen into their daily life routine.

*As you practice on these pills, we’ll be talking about your experience in following the regimen and try to identify problems that arise. Therefore, it is important for you to monitor how well you are doing at following the dosing instructions and taking note of things that make it more difficult to take the pills as prescribed.*

PRACTICE TRIAL

**DOSING** **INSTRUCTIONS**

**(based on planned ART regimen to be prescribed)**

**Medication A**

* \_\_\_ capsules per dose
* take \_\_\_ doses per day, at \_\_\_ hour intervals

**Medication B**  (if applicable)

* \_\_\_ capsules per dose
* take \_\_\_ doses per day, at \_\_\_ hour intervals

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

If you remember a dose, but it’s outside the intended window of time, **STILL TAKE THE DOSE.** However, **DO NOT** double up doses or take 2 doses at once because you forgot a prior dose.

If you forget a prior day’s dose, leave the missed dose in the pill box so that the pill box can inform us when you missed a dose.

# REMEMBER TO BRING THE PILL BOX AND ANY REMAINING PILLS

# TO THE NEXT SESSION!

|  |
| --- |
| Exercise 5 for **PATIENTS ON ART**: Review patient’s ART regimen |

Review with the patient their ART regimen’s dosing instructions. Go over the specific dosing instructions of each of the medications in the regimen, including number of pills per dose, number of doses per day, the time interval between doses, and any special dietary or storage requirements. Ask the patient to summarize the dosing instructions in their own words to make sure they understand them clearly; clarify or correct any apparent misunderstandings. Provide the patient with written instructions to take home.

*The medication regimen that your doctor has prescribed is as follows:*

*Medication A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I am going to ask you to use a pill box to organize your ART medications, at least for the next month or so. We will use the pill box to monitor your adherence, as it can let us know when you miss a dose. So if you find that you missed a prior day’s dose, leave the dose in the pill box, and bring the pill box with you to see each of our sessions.*

Discuss the importance of consistent and proper timing of when to take the medication doses. Emphasize the importance of having a steady and sufficient amount of drug in the body for effectively combatting the virus and preventing drug side effects.

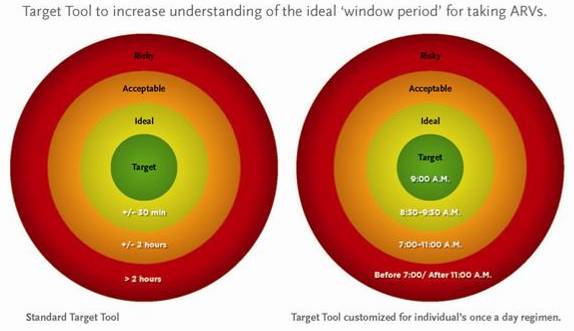
*Is it OK if I take some time to explain why the timing of when you take your medication is important? The only way that you can get the most benefit from your HIV medications is to maintain a consistently proper level of the drug in your body. To accomplish this, it is very important that you take all your doses, and complete doses rather than partial doses.*

*It is also important that you try to take the doses as close as possible to 12 hours a part (24 hours for QD drugs). Doing so will enable you to keep a constant, consistent level of the drug in your body, which will help prevent drug resistance from developing.*

*If you take your 2nd dose of the day too close to your 1st dose, than the level of the drug in your body after taking the 2nd dose may be too high and may this may cause toxicity because there is too much drug or side effects, plus there will be a longer period of time prior to taking the 1st dose the following day, which may cause the drug level to drop too low.*

*Decide for yourself, when is the best time for you to take the pills—for example, 8 AM and 8 PM, or 10 AM and 10 PM—depending on your typical daily routine. For the purposes of this program, we will then consider a dose taken on schedule if it is taken within a 4-hour window of those times—that is, the dose is taken sometime between 2 hours before and 2 hours after the chosen time. This is because the drugs are potent and allow a little bit of flexibility, but not too much. For example, if you decide to take your pills at 8 AM and 8 PM, then it will be acceptable to take your morning dose between 6 AM and 10 AM, and your evening dose between 6 PM and 10 PM, although you should try to take your doses as close to 8 AM and 8 PM as possible.*

*This bulls-eye diagram might also help to understand this concept.*



*If you remember a dose, but it’s outside the intended window of time,* ***still take the dose****. However,* ***do not*** *double up doses or take 2 doses at once because you forgot a prior dose.*

*If you forget a prior day’s dose,* ***leave the missed dose in the pill box*** *so that the pill box can inform us when you missed a dose. Our memory of when we take or miss doses can sometimes be faulty, so the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed.*

*If you remove a dose from the pill box in advance of when you plan to take it, but then forget to take the dose, please return it to the pill box so that we know when a dose was missed.*

*Do you have any questions?*

Ask the patient to summarize the dosing instructions in their own words to make sure they understand them clearly; clarify or correct them when misunderstandings are apparent.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*When you return for next week’s visit, be sure to bring the pill box and any remaining pills.*

The regimen has a lot of requirements in terms of the number and timing of the doses. It is normal for patients to have some problems introducing the regimen into their daily life routine.

*In each session that we meet we’ll be talking about your experience in following the regimen and will try to identify problems that arise. Therefore, it is important for you to monitor how well you are doing at following the dosing instructions and take note of things that make it more difficult to take the pills as prescribed.*

ART REGIMEN

**DOSING** **INSTRUCTIONS**

**Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* \_\_\_ capsules per dose
* take \_\_\_ doses per day, at \_\_\_ hour intervals

**Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* \_\_\_ capsules per dose
* take \_\_\_ doses per day, at \_\_\_ hour intervals

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

If you remember a dose, but it’s outside the intended window of time, **STILL TAKE THE DOSE.** However, **DO NOT** double up doses or take 2 doses at once because you forgot a prior dose.

If you forget a prior day’s dose, leave the missed dose in the pill box so that the pill box can inform us when you missed a dose.

# REMEMBER TO BRING THE PILL BOX AND ANY REMAINING PILLS

# TO THE NEXT SESSION!

|  |
| --- |
| Exercise 6: Tailor the regimen to patient’s daily routine |

Assist the client in making a plan to effectively integrate the ART regimen into their daily habits and lifestyle. Help the client to identify cues for medication taking by linking it with regular daily activities. It is likely that some clients’ lives will be unstructured, in which case you will need to assist the client in identifying or introducing at least some basic structures necessary for consistent medication adherence.

Use the ***Tailoring Regimen to Lifestyle*** worksheet to assist with this exercise. A copy of this worksheet should be given to the client to take home for reference during the week.

Under the column “Medication,” write out the ART regimen, including: a) when each dose should be taken; b) what pills are to be consumed? c) how many pills per dose? and d) other requirements? (e.g. with food). Then ask the client to describe his or her daily life routine.

*How do you spend a typical day?*

*How about other days such as weekends and holidays?*

**Pay special attention to and note on worksheet under “activity”:**

* Frequently recurring activities
* Activities which occur regularly, but only on certain days, such as weekends or weekdays
* Events that take place in the morning
* Events that take place in the evening
* Events that take place in the middle of the day

Also note how reliably these activities occur (e.g. if the participant says s/he “always” watches a certain soap opera, find out if this means 5 days per week or most days).

Make sure you cover both major and minor events. A list of examples is provided below. Please prompt for these as appropriate and add to the activities column as you learn about new activities that can be cues to medication taking.

* Getting up
* Brushing teeth
* Breakfast
* Going to work (if employed)
* Going to an appointment (for example, for mental health counseling)
* Having lunch
* Watching TV program
* Taking dog for a walk
* Calling someone daily
* Getting home from work
* Making and eating dinner
* Going to bed
* Waiting in line for shelter and/or food lines
* Use of drugs or alcohol

After completing the worksheet, design an individual plan for using the regularly occurring habits as cues for medication taking. Also discuss the possible need to alter the plan for changes in routine, such as weekends and holidays.

**Example of cues:**

* Posting reminder notes or other cues on the door, on the fridge, in the calendar, on the bathroom mirror, etc. depending on the event that is to be linked to medication taking – these can be obvious cues such as a “post-it” that says “take X pill” or a more neutral cue that has a meaning only to the participant, such as a colored “dot”, a “code” word, etc.
* Leaving the pill container itself near one of those sites, such as right by one’s keys if they are an item the person reliably grabs every morning when getting dressed.

**Additional reminder strategies:**

* Alarm watches (assess whether privacy is important, since all these devices also alert others nearby)
* Using other people to help remind and support the person (by asking them to call or check in at regular intervals)

**Tailoring Regimen to Lifestyle**

**Weekdays**

(use with tailoring instruction outline)

|  |  |  |
| --- | --- | --- |
| **Time** | **Medication** | **Activity** |
| **Morning**  **Noon**  **Afternoon**  **Evening** |  |  |

**Tailoring Regimen to Lifestyle**

**Weekends/Holidays**

(use with tailoring instruction outline)

|  |  |  |
| --- | --- | --- |
| **Time** | **Medication** | **Activity** |
| **Morning**  **Noon**  **Afternoon**  **Evening** |  |  |

|  |
| --- |
| Closing Remarks |

End the session by giving the patient an opportunity to ask questions about the material covered in the session or about what will be coming up in future sessions. Make sure to end with an affirmation that shows the client your appreciation for how difficult it is to adhere well, your gratitude for the client’s willingness to work with you on adherence issues, and your optimism for the client to improve, based on what he or she has agreed to do.

*We’ve gone over a lot of information in a short amount of time.*

*Do you have any questions about what we covered today or what’s ahead for us in our work together?*

*It’s been a good first session. Before we end, I’d like to take a moment to hear what, if anything, you got out of today’s session.*

*If it’s okay with you, I’d also like to mention some things that struck me as important from our discussion today. You have come up with great ideas about how to adhere better such as* ***[list client’s ideas****]. I believe that your health will continue to improve if you are able to start working on the things we discussed today.*

*Next week we’ll talk more about specific things that make adherence a challenge for you, and we’ll start to address those things.*

**Session 1**

**Session 1**

*Next week we’ll talk about your experience with trying to follow the dosing instructions between now and the next session.*

*Anything else before we stop?*

*See you next week.*

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|  |
| --- |
| **SESSION 2** |

OBJECTIVES:

1. Review the patient’s adherence since the last session.
2. Identify barriers and facilitators to adherence.
3. Introduce steps to problem solving solutions to adherence barriers
4. Problem solve solutions to a specific identified barrier.

**For patients starting ART:**

***If 85+% adherence to the preceding practice trial (start ART):***

5. Review planned ART regimen

6. Instruct patient on side effect management strategies

**For patients already on ART:**

5. Side effect management

|  |
| --- |
| Exercise 1: Welcome the patient back and go over the objectives of today’s session |

The first item on the agenda in every session after the first is to put the objectives of the current session in context with what has taken place since the prior session. It is important to re-establish rapport and convey continuity, so that the intervention is perceived as an ongoing process.

*Welcome back. Last session we talked about why adherence is so important to the success of treatment. Your experience with adherence since our last session will be a large focus of this session.*

*The objectives of today’s session are….*

[briefly review the objectives as listed above]

|  |
| --- |
| Exercise 2: Review the patient’s adherence since the last session |

Review the patient’s adherence to the medication regimen since the last session. The goal is to identify daily patterns of adherence, as well as barriers that get in the way of full adherence. Patients will vary widely in how well they adhere to the regimen. Because patients may be sensitive about your judgment of their performance, help the patient to understand that problems with adherence are common and normal, especially at the start of the program. Adherence lapses are used as an opportunity for examining the reasons why lapses occur.

*Before we discuss how well you were able to adhere to the regimen, tell me what it was like for you to try and follow the dosing instructions? Was it as you had expected, or easier or more difficult?*

Use the pill box to review adherence since the last session. Any missed doses should be represented by pills remaining in the pill box compartments, and will also inform you as to what day the dose(s) were missed. Confirm with the patient that the pill box and remaining pills reflect their adherence over the past week. Reinforce correct pill taking behavior, as well as identify patterns of missed doses*.*

*If it’s ok with you, I would like for us to look at the pill box and discuss how things went with taking the pills over the past week.*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

*It will be normal for us to find that you’ve been having some problems with following the dosing instructions, but keep in mind that our goal is to get you to do the best possible.* ***Before we look at the pill box, tell me how well you think you did with following your regimen over the last couple of weeks.***

Looking at the pill box, any missed doses should be revealed by a dose of pills remaining in one of the compartments. Am I correct in making that assumption, or did you remove any pills that were missed from the pill box?

As I mentioned last week, our memory of when we take or miss doses can sometimes be faulty, so the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed. In doing so it helps to show us when you were doing well and when you were having some difficulties.

Review the patient’s adherence performance. Make sure to review success before moving to problem areas. The idea is to help the client build motivation before problem solving the problem areas. Support motivation by inquiring what provided motivation for adherence on the days when he or she did well. The client will likely raise problem days on their own, but if not, you should point to good days that are adjacent to missed dose days when inquiring about their motivation for success. Then the client will likely be unable to resist commenting on the misses. If they don't, then ask permission to talk about the days that aren't going as well.

*Okay let’s see how you’ve been doing.*

It looks like you did really well on these days (point to days where there are no pills remaining in the pill box compartment). What is it that motivated to you take your pills on those days?

You missed some doses on these days, would you mind if I ask you about those days as well? It seems that the (morning/evening) dose is where you usually miss a dose. What are your thoughts about that?

Do these results seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

The pill box does not reveal the times of the day that you took the medication. Can you tell me the times that you typically took the medication? How consistent were you in taking the pills at that time?

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence.

# of missed doses: \_\_\_\_\_\_\_\_ % of prescribed doses taken: \_\_\_\_\_\_

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

To the extent warranted by the patient’s adherence performance, reinforce the need to take all doses at consistent time intervals to maintain optimal levels of the medication in the body and effectively suppress the virus.

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| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult. |

Identify factors that helped the patient adhere as well as barriers to following the regimen. When eliciting barriers to adherence, it is important that the patient be as specific as possible about things that make it difficult to adhere, as this will make it easier to generate solutions to the problem that are realistic and effective. Also, encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

In the case of the adherence “aids” (e.g., strong motivation to succeed, use of beepers or significant others as reminders, contextual cues) the patient is encouraged to continue to use them. Emphasize the point that these aids can be used not only to improve their adherence, but also to compensate for some of the problems making it difficult to adhere. For example, a weak memory for details or events can be compensated for by using strong organizational skills to arrange a reliable routine or asking a partner to remind you to take the evening dose before going to bed. This perspective tends to increase hope and self-efficacy, in contrast to the sense of hopelessness that can be associated with the recognition of problems and limitations.

*Now that we’ve identified some missed doses or timing problems, would it be OK with you if we focus on some of things that made it difficult to follow the dosing schedule?*

*As you think about the things that make it difficult to adhere to your regimen, consider the larger context in which you take your medication. The #1 reason people cite for missed doses is forgetting the dose. But it’s useful for us to consider the context in which a dose was forgotten.*

*Think about the last time you missed a dose. What was going on right before or during the time you intended to take the dose? Do you remember what you were doing then? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?*

Optional probe questions include:

* *Many people find there are times or places/situations when it is more difficult to take medicine. Are there particular times of the day you have found to be the most difficult to take the pills?*
* *Let’s talk about one of the days you missed a dose. What was going on for you that made it difficult for you to take the pills?*
* *Any distractions or events that disrupted your daily routine? How does the regimen fit with your daily schedule?*

*What were some of things that made it difficult to follow the dosing schedule of the pill regimen over the past week?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*It’s also important to take note of things that helped you to follow the regimen so that you can continue to use such strategies. What worked well for you? Or what made things easier? Anything about what was going on at home at the time of the doses that helped?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change is the rating is low.

*Giving your experience with the pill regimen, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

*We’ll continue to chart your confidence level throughout the program.*

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| Exercise 4: Review the steps of problem solving |

Introduce the steps to problem solving that will be used throughout the program to generate solutions to adherence barriers reported by the client.

*If it’s ok with you, in a minute, we will take one of the barriers to adherence that you mentioned, and spend some time problem solving solutions to overcome that problem.*

*Let’s briefly discuss the steps involved in successful problem solving. I think you will find that these steps are pretty much “common sense” and we use these steps in our everyday lives without really thinking about it.*

**STEPS IN PROBLEM SOLVING**

1. **DEFINE THE PROBLEM.**

In this situation, you will have identified the problem or barrier that makes it more difficult for you to adhere or follow the dosing instructions of the medication. It’s important to be as specific as possible when describing these adherence barriers.

1. **DECIDE ON YOUR GOAL.**

The goal is to remove the problem or barrier so that your adherence improves and you are able to closely follow the dosing instructions.

Our problem solving exercises will focus on the following steps of problem solving:

1. **GENERATE A LIST OF POSSIBLE SOLUTIONS TO THE PROBLEM.**
2. **COMPARE AND SELECT A SOLUTION TO TRY.**
3. **PLAN HOW TO IMPLEMENT THE SOLUTION.**
4. **EVALUATE WHETHER THE SOLUTION WORKED.**

*The final step, evaluating the solution, will be done after you’ve had some time to try out the solution you’ve chosen to use. That is part of what we will do in next week’s session.*

***Are these steps clear to you?***

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| Exercise 5: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming week.

*Would it be OK with you if we problem solved solutions to one of the barriers you listed earlier?**What barrier on the list is having the greatest impact on your ability to take the pills as directed?*

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out. Be prepared for resistance toward using the strategies, especially early in the program.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming week, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.

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| **For PATIENTS STARTING ART:**  Evaluation of Practice Trial Adherence and Readiness for ART |

**If the patient achieved at least 85% adherence during the past week’s practice trial:**

Provide the patient with positive reinforcement related to their excellent adherence displayed during the practice trial. Inform them that they have demonstrated that they are ready to adhere well and start treatment.

You’ve done very well during the practice trial and your adherence demonstrates that you are ready to start treatment.

Complete the sessions with the final exercise (side effect management) to help prepare the patient for starting ART.

###### SKIP to Exercise 6 (ART Baseline Section)

**If the patient did not achieve at least 85% adherence during the past week’s practice trial:**

Remind the patient that 85% adherence is needed to demonstrate readiness to start treatment. Therefore, because they did not achieve 85% they should complete another practice trial.

*As you know, we consider 85% adherence to be the indicator for being ready to adhere well and start treatment. Because you weren’t quite able to achieve that level of adherence during this practice trial, I’m going to ask you to do another practice trial. This will provide you with another opportunity to practice and iron out any barriers to adherence before you start treatment. This will help to ensure you get the most benefit from treatment and minimize any risk of developing drug resistance. Are you OK with that?*

Give the patient a new one-week supply of vitamins for the next practice trial.

End the session by giving the patient a chance to ask questions and share any thoughts.

*We’re at the end of today’s session. Do you have any questions about what we covered in today’s session?*

During next week’s practice trial, remember to use the strategies we came up with today to deal with the problem you identified. Next week we’ll discuss whether the strategies were helpful, and we’ll tackle some of the other problems that make it difficult to follow the regimen.

*Have a good week, and I’ll see you at the next session.*

**ART- Baseline Section (patient is about to start ART)**

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| Exercise 6: Review the ART regimen prescribed for the patient |

Once the patient has demonstrated adherence readiness during the practice trial, they will be referred to their provider to pick up their ART prescription and to return with the prescription filled. Review the regimen’s dosing instructions with the patient. Go over the specific dosing instructions of each of the medications in the regimen, including number of pills per dose, number of doses per day, the time interval between doses, and any special dietary or storage requirements. Ask the patient to summarize the dosing instructions in their own words to make sure they understand them clearly; clarify or correct any apparent misunderstandings. Provide the patient with written instructions to take home.

*The medication regimen that your doctor has prescribed is as follows:*

*Medication A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medication D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*# of pills per dose: \_\_\_\_\_\_\_*

*# of doses per day: \_\_\_\_\_\_\_ (take doses every \_\_\_\_ hours)*

*Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If you continue to use a pill box to organize your ART meds, continue to leave any missed doses in the pill box, and bring the pill box with you to see each of our sessions. We will use the pill box to monitor your adherence, much like we did during the practice trial(s).*

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| Exercise 7 for **patients starting ART**:Discuss how to manage anticipated side effects |

Now that the patient is about to start ART, it is important to discuss how to cope with and manage potential side effects that the patient may experience. Most patients experience some side effects from antiviral combination therapy-- mild for some, moderate to severe for others. Find out from the patient what side effects they have had from other HIV medications, or any other medication, in the past and how they managed the side effects then. Discuss the side effects the patient is most likely to experience, depending on the regimen about to be initiated, and plan strategies for managing those side effects.

Remind the patient that side effects are typically most severe in the first couple of weeks of treatment initiation, that there are ways to reduce or cope with the side effects which will be covered in this program, and reinforce the need to “stick it out” during this time as well as the belief that the benefits of treatment to their health are worth staying on treatment. Side effects are one of the main reasons why patients discontinue treatment or decide to skip doses, so it is crucial that the patient feels that they can effectively deal with side effects should they occur.

*Now that you’ve shown you’re ready to adhere well, and you are about to start treatment, it’s important that we talk about the side effects that you may experience when you start your medications and how to reduce or cope with these side effects should they occur.*

*Side effects are often the one thing that patients are most concerned about, but it’s important to know the following:*

1. Most patients (about 80%) do not have any noticeable side effects to any one HIV medication.
2. *Side effects that you do experience are likely to be relatively minor, not serious, and often diminish within the first 2-4 weeks of treatment as your body gets used to the drug. Most side effects that your body cannot adjust to will go away once the medication is stopped.*
3. *There are things you can do to help reduce or cope with side effects, which we will discuss today.*

*Have you had problems with side effects to medications in the past? If yes, what were the side effects?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*How did you deal with these side effects in the past? What helped reduce the side effects or make them more tolerable?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*The key to coping with side effects is knowing what kinds of things to watch out for and having a plan in place to respond when problems occur. Side effects often seem worse if they are unexpected*

Use the ***Possible Side Effects for New Medications*** form to cover the remainder of this exercise and provide the patient with a copy to take home to reference during the week.

*The medications you will be taking are:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Refer to ***Common Side Effects of HIV Antiretrovirals*** handout to identify the most common side effects associated with the patient’s prescribed medications.

*The most common side effects associated with these meds are:*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Give the patient the ***Side Effect Management*** handouts. Review the handouts, including strategies to manage side effects. Together with the patient, select strategies from the handouts as well as those generated with the patient that are most feasible for the patient to implement should side effects occur.

*We’ve just gone over a number of strategies that can be used to help you reduce or cope with side effects. Which strategies do you think could be most useful for you in the event that you experience side effects during the first week of treatment?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

So as you can see, there are a number of strategies that you can use to manage side effects should they occur. It’s important to remember that side effects often diminish after a few days or weeks, so try to be patient with the treatment and stick with it as best you can. Remember that things can be done to alleviate the side effects. Refer to the handouts during the week if you need to,

Also, be sure to inform your doctor about any side effects that you experience, even those that seem minor. Your doctor can help you manage your side effects by changing medications, lowering the dose, prescribing other medications to alleviate the side effects, or by giving you tips on how to manage your side effects. Remember that your doctor and other members of your health care team are your partners in managing your health.

**Possible Side Effects for New Medications**

**Managing Medication Side Effects**

|  |  |  |
| --- | --- | --- |
| Name of Medication | Common side effects for this medicine | Things that could help deal with these side effects |
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| Exercise 6 for **patients on ART**: Side Effect Management |

Elicit information about the presence of side effects during the past 2 weeks of treatment. If the patient has not already mentioned side effects (as a barrier to adherence during the previous exercise), directly ask the patient if they have experienced any side effects since starting treatment. Ask the patient to describe the nature of the side effect, when the side effect began, the severity of the side effect, and which medication they attribute it to. Then discuss strategies that the patient used to alleviate the symptom, how successful these strategies were, and what new alternative strategies could be used if the problem persists.

Reinforce the need to “stick it out” during this time as well as the belief that the benefits of treatment to their health are worth staying on treatment. Side effects are one of the main reasons why patients discontinue treatment or decide to skip doses, so it is crucial that the patient feels that they can effectively deal with side effects.

Have you been experiencing any adverse effects or side effects from the medication?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What about positive effects of the treatment? Have you been feeling better in any way since you started the medication?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the ***Side Effect Management*** worksheets to review each reported side effect and discuss strategies to reduce or cope with each side effect. A single Worksheet is used for each side effect. A copy of the worksheet should be given to the patient to take home for reference during the coming weeks.

If the patient reports having had side effects over the past 2 weeks, encourage them to discuss with their doctor if they have not already done so, in addition to you noting it in their chart and/or discussing with the patient’s provider. Side effects are often a cause for patient’s discontinuing treatment, so ask the patient if they stopped or are thinking about stopping their medication because of side effects.

Avoid arguing with the patient about whether or not to stop or restart the medication. Instead, use ***motivation enhancement techniques*** to help the patient see the discrepancy between stopping treatment and their goals for treatment and their health. Affirm any statements suggesting a willingness to resume treatment, and call on the potential long-term benefits of treatment and the positive effects of treatment that they reported earlier in the session to encourage the patient to become more adherent. If they are thinking about stopping their medication, encourage them to stick with treatment at least another week as long as the side effects are not too severe and intolerable.

*Have you stopped the medication for any period of time due to the side effects? If not, have you thought about stopping the medication?*

Encourage the patient to think of their treatment plan as a strategy to maximize their health and minimize discomfort. If treatment is not working for them, help them to see the need to discuss this with their medical team so that adjustments can be made to their regimen.

Make sure you do not find yourself in the “expert” role—telling patients what to do. You need to make sure that the plan they set out for themselves comes from them and that they are committed to it.

**Side Effects Worksheet**

**Managing Medication Side Effects**

Date:

Side Effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how Rating:

long: 1 (mild) to 10 (severe)

mins/hrs/days/weeks/months

Medicine

causing

side effect:

What

makes it

better/worse:

Other things

to try:

|  |
| --- |
| Closing remarks |

Give the patient a chance to ask questions and share their impressions about the exercises covered today. Provide them with positive reinforcement about their ability to adhere well.

We’re at the end of today’s session. Before we end, I’d like to take a moment to hear what, if anything, you got out of today’s session.

Do you have any questions about what we covered in today’s session?

***[Patients about to start ART]****: You’ve done a good job using the strategies we’ve worked on during the practice trial(s) and I want you to use these strategies to help you follow the regimen associated with your HIV medications. Next session we’ll discuss how helpful they were and review your experience during your first weeks on treatment.*

***[Patients already on ART]****: I want you to use the strategies we came up with today to help you follow your dosing regimen. Next session we’ll discuss how helpful they were and review your experience during the next couple of weeks of treatment.*

*If you decide to continue to use the pill box, remember to bring your pill box with you to the session.*

*OK, I’ll see you in two weeks.*

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| **FOR PATIENTS STARTING ART:**  **(additional pre-ART sessions as needed)** |

In these session(s), the core exercises (review of practice trial adherence, identification of barriers, use of problem solving to identify strategies to overcome barriers) are repeated. These core pre-treatment training exercises, together with the practice trials, compose the remainder of the pre-treatment sessions until the patient achieves 85+% adherence to a single practice trial—at which point, the patient has demonstrated readiness to adhere well to ART and thus completes exercises 6 and 7 and starts ART.

OBJECTIVES:

1. Review the patient’s adherence to the practice trial over the past week.

2. Identify barriers to adherence.

3. Problem solve solutions to a specific identified barrier.

***If 85+% adherence to the preceding practice trial (start ART):***

4. Review planned ART regimen

5. Instruct patient on side effect management strategies

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| Exercise 1: Welcome the patient back and go over the objectives of today’s session |

Start the session off by putting the objectives of the current session in context with what has taken place since the prior session. It is important to re-establish rapport and convey continuity, so that the intervention is perceived as an ongoing process.

*Welcome back. I’m curious to know how things went with the latest practice trial. If it’s OK with you, your experience with the practice trial will be the focus of this session, as we continue to work towards preparing you to be ready to start ART.*

*The objectives of today’s session are….*

[briefly review the objectives as listed above]

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| Exercise 2: Review the patient’s adherence during the practice trial |

Remind the patient that the practice trial and review of their adherence to the trial will help assess their readiness for treatment, and identify daily patterns of adherence, as well as barriers that get in the way of full adherence. Patients will vary widely in how well they adhere to the practice trial regimen. Because patients may be sensitive about your judgment of their performance, help the patient to understand that problems with adherence are common and normal, especially when first starting the regimen. Adherence lapses are used as an opportunity for examining the reasons why lapses occur.

So tell me how things went with the practice trial over the past week. How did your experience with this trial compared to the previous one? Tell me how well you think you did with following your regimen over the last week.

Use the pill box to review adherence over the past week. Any missed doses should be represented by pills remaining in the pill box compartments, and will also inform you as to what day the dose(s) were missed. Confirm with the patient that the pill box and remaining pills reflect their adherence over the past week. Reinforce correct pill taking behavior, as well as identify patterns of missed doses*.*

*If it’s OK with you, let’s look at the pill box and discuss how things went with taking the pills over the past week.*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

*Looking at the pill box, any missed doses should be revealed by a dosage of pills remaining in one of the compartments. Am I correct in making that assumption, or did you remove any pills that were missed from the pill box?*

As I’ve mentioned before, our memory of when we take or miss doses can sometimes be faulty, so the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed. In doing so it helps to show us when you were doing well and when you were having some difficulties.

**Example:** It looks like you did really well on these days (days where no pills remain in the pill box). Good job. You missed some doses on these days (days where pills remain in the pill box), and it seems the (morning/evening) dose is the one you usually miss (for drugs taken more than once a day).

Does this seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

The pill box does not reveal the times of the day that you took the medication. Can you tell me the times that you typically took the medication? How consistent were you in taking the pills at that time?

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence over the past week.

# of missed doses: \_\_\_\_\_\_\_\_ % of prescribed doses taken: \_\_\_\_\_\_

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

To the extent warranted by the patient’s adherence performance over the past week, reinforce the need to take all doses at consistent time intervals to maintain optimal levels of the medication in the body and effectively suppress the virus.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult |

Review the effectiveness of the strategies discussed in the previous session. If strategies were effective, provide positive reinforcement for their ability to successfully implement the strategies, and encourage them to continue to use the strategies. If strategies were not helpful, discuss possible reasons why they were not successful and how to overcome those barriers, as well as suggest alternative strategies that other clients have successfully utilized.

*Now that we’ve identified some missed doses or timing problems, if it’s OK with you I’d like us to focus on some things that made it difficult to follow the regimen. But let’s first review how well the strategies we discussed in the last session were in helping your adherence.*

*In the last session we worked on (*adherence barrier). *Has that been a problem for you over the past week?*

*To address that problem, you had decided to try* (primary and alternative strategies). *How well did that strategy work?*

Discuss with the client other barriers that made it difficult for them to follow the dosing schedule over the past week, as well as things that made it easier to adhere. When eliciting barriers to adherence, it is important that the client be as specific as possible about things that make it difficult to take a dose as directed, as this will make it easier to generate solutions to the problem that are realistic and effective. Encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

*What kinds of challenges did you have following the dosing schedule of the pill regimen this past week?*

*What got in the way of always taking your medication on time?*

*Think about the last missed dose. What was going on right before or during the time you intended to take the dose? Do you recall what you were doing? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*In a few minutes we’ll try to come up with strategies to overcome one of those barriers. What were some of the things that made it easier to follow the regimen? What worked well for you?*

*Was there anything going on at home (who was with you, the TV show that was on, what you were doing just before the dose) that helped you to remember to take your pills?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change is the rating is low.

*Giving your experiences with the treatment and adherence, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

*We’ll continue to chart your confidence level throughout the program.*

|  |
| --- |
| Exercise 4: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming weeks.

*If it’s OK with you, let’s problem solve solutions to one of the barriers you think is important.* ***What barrier would you like for us to work on today?***

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*During the next few weeks, try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming weeks, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.

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| Evaluation of Practice Trial Adherence and Readiness for ART |

**If the patient achieved at least 85% adherence during the past week’s practice trial:**

Provide the patient with positive reinforcement related to their excellent adherence displayed during the practice trial. Inform them that they have demonstrated that they are ready to adhere well and start treatment.

You’ve done very well during the practice trial and your adherence demonstrates that you are ready to start treatment.

Complete the sessions with the final exercise (side effect management) to help prepare the patient for starting ART.

###### SKIP to Exercise 6 (ART Baseline Section)

**If the patient did not achieve at least 85% adherence during the past week’s practice trial:**

Remind the patient that 85% adherence is needed to demonstrate readiness to start treatment. Therefore, because they did not achieve 85% they should complete another practice trial.

*As you know, we consider 85% adherence to be the indicator for being ready to adhere well and start treatment. Because you weren’t quite able to achieve that level of adherence during this practice trial, I’m going to ask you to do another practice trial. This will provide you with another opportunity to practice and iron out any barriers to adherence before you start treatment. This will help to ensure you get the most benefit from treatment and minimize any risk of developing drug resistance. Are you ok with this plan?*

Give the patient a new one-week supply of vitamins for the next practice trial.

End the session by giving the patient a chance to ask questions and share any thoughts.

*We’re at the end of the session. Do you have any questions about what we covered today? How did it go for you? Did you find it helpful?*

*You had some really good ideas about how to overcome some of the challenges you’ve been having, so I think if you are able to apply some of these strategies over the coming week, you will do well. Next week we’ll discuss whether the strategies were helpful, and we’ll tackle some of the other problems that make it difficult to follow the regimen.*

*Have a good week, and I’ll see you at the next session.*

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| **SESSION 3** |

OBJECTIVES:

1. Review the patient’s adherence to the ART regimen over the past 2 weeks.
2. Identify barriers to adherence to the ART regimen.
3. Problem solve solutions to an identified barrier.
4. Discuss treatment side effects and strategies to reduce and manage these symptoms.
5. Discuss strategies to improve social support for adherence and treatment.

As in the previous session, the goal is to review the patient’s adherence, and to continue to supply the patient with skills needed to resolve problems that arise in trying to meet the challenges of adherence to their medication regimen. Strategies for side effect management should be evaluated and altered, as needed, while reinforcing the attitude that “treatment and adherence are worth it.” This session will also address the patient’s social support network and how it can be used to support adherence and treatment.

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| Exercise 1: Review the objectives of today’s session |

Welcome back. We’ve been working together for several weeks now. Can you tell me what your impressions of the program and our work together have been thus far?

Today’s session will focus on your experience over the past couple of weeks and whether the strategies we came up with last time were helpful.

*The objectives of today’s session are….*

[briefly review the objectives as listed above]

**[For patients already on ART]**: Continue with Exercise 2

**[For patients who just started ART]**: continue with the following…

Elicit the patient’s general impressions of their experience being on the actual ART regimen. Ask how their experience with the ART regimen differed from the practice trial. Use ***Motivational Enhancement technqiues and principles*** to address negative attitudes and bolster motivation and commitment to continue treatment and maintain adherence.

*I’d like to hear your general impressions of having started treatment. Did it differ from your experience during the practice trial? If so, how?*

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| --- |
| Exercise 2: Review the patient’s adherence to the ART regimen; reinforce good adherence; identify lapses in adherence. |

Use the patient’s self-report of adherence, and remaining pills in the their pill box if they are using one, to review adherence over the past 2 weeks.Any missed doses should be represented by pills remaining in the pill box compartments, and will also inform you as to what day the dose(s) were missed. Confirm with the patient that the pill box and remaining pills reflect their adherence over the past week. Reinforce correct pill taking behavior, as well as identify patterns of missed doses.

*If it’s OK with you, I’d like us to spend some time reviewing how well you were able to adhere to your medication regimen over the last 2 weeks.*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

First, tell me how well you think you did with following your regimen.

*Now let’s look at the pill box and see what information it tells us about your adherence. It will be normal for us to find that you’ve been having some problems with following the dosing instructions, but keep in mind that our goal is to get you to do the best possible.*

Any missed doses should be revealed by a dosage of pills remaining in one of the compartments. Am I correct in making that assumption, or did you remove any pills that were missed from the pill box? As we’ve discussed before, the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed. In doing so it helps to show us when you were doing well and when you were having some difficulties.

**Example:** It looks like you did really well on these days (days where no pills remain in the pill box). Good job. What do you find helpful in motivating yourself to do well in taking your meds?

You missed some doses on these days (days where pills remain in the pill box), And it seems that the (morning/evening) dose is where you usually miss a dose (for drugs taken more than once a day).

Do these results seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

The pill box does not reveal the times of the day that you took the medication. Can you tell me the times that you typically took the medication? How consistent were you in taking the pills at that time?

To the extent warranted by the patient’s adherence performance over the past 2 weeks, reinforce the need to take all doses at consistent time intervals to maintain optimal levels of the medication in the body and effectively suppress the virus.

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence over the past week.

# of missed doses: \_\_\_\_\_\_\_\_ % of prescribed doses taken: \_\_\_\_\_\_

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

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Compare the patient’s adherence to the ART regimen over the past 2 weeks with his/her adherence during the first two weeks of the program (whether on ART or practice trials). If their adherence to ART was significantly different (by 10% or one dose, more or less), ask the patient to consider how following the ART regimen was more or less difficult, and incorporate these factors into the list of barriers or facilitators to adherence that is generated in the next exercise.

% of doses taken during first two weeks of the program: \_\_\_\_\_

% of doses taken over the last 2 weeks: \_\_\_\_\_

There’s a difference in your adherence to the ART regimen over the past 2 weeks compared to your adherence over the first few weeks of the program. So it will be interesting to hear your thoughts on what might have contributed to this difference. We’ll get a chance to discuss this as we move now to talking about what helped you to take your medication as well as what is causing some challenges for adherence.

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| --- |
| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult |

Review the effectiveness of the strategies discussed in the previous session. If strategies were effective, provide positive reinforcement for their ability to successfully implement the strategies, and encourage them to continue to use the strategies. If strategies were not helpful, discuss possible reasons why they were not successful and how to overcome those barriers, as well as suggest alternative strategies that other clients have successfully utilized.

*Now that we’ve reviewed your pill taking behavior over the past 2 weeks, and identified some missed doses or timing problems, I’d like us to focus on some things that made it difficult to follow the regimen. Is that ok with you? But let’s first review how well the strategies we discussed in the last session were in helping your adherence.*

*In the last session we worked on (*adherence barrier). *Has that been a problem for you over the past 2 weeks?*

*To address that problem, you had decided to try* (primary and alternative strategies). *How well did that strategy work?*

Discuss with the client other barriers that made it difficult for them to follow the dosing schedule over the past 2 weeks, as well as things that made it easier to adhere. When eliciting barriers to adherence, it is important that the client be as specific as possible about things that make it difficult to take a dose as directed, so that it will be easier to generate solutions to the problem that are realistic and effective. Also, encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

*What kinds of challenges did you have following the dosing schedule of the pill regimen this past 2 weeks?*

*What got in the way of always taking your medication on time?*

Think about the last missed dose. What was going on right before or during the time you intended to take the dose? Do you recall what you were doing? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*In a few minutes we’ll try to come up with strategies to overcome one of those barriers. What were some of the things that made it easier to follow the regimen? What worked well for you?*

*Was there anything going on at home (who was with you, the TV show that was on, what you were doing just before the dose) that helped you to remember to take your pills?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change is the rating is low.

*Given your experiences with the treatment and adherence, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

*We’ll continue to chart your confidence level throughout the program.*

|  |
| --- |
| Exercise 4: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming weeks.

*If it’s ok with you, let’s problem solve solutions to one of the barriers you listed earlier.* ***What barrier would you like to work on today?***

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*During the next few weeks, try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming weeks, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.

|  |
| --- |
| Exercise 5: Side Effect Management |

Elicit information about the presence of side effects during the past 2 weeks of treatment. If the patient has not already mentioned side effects (as a barrier to adherence during the previous exercise), directly ask the patient if they have experienced any side effects since starting treatment. Ask the patient to describe the nature of the side effect, when the side effect began, the severity of the side effect, and which medication they attribute it to. Then discuss strategies that the patient used to alleviate the symptom, how successful these strategies were, and what new alternative strategies could be used if the problem persists.

Reinforce the need to “stick it out” during this time as well as the belief that the benefits of treatment to their health are worth staying on treatment. Side effects are one of the main reasons why patients discontinue treatment or decide to skip doses, so it is crucial that the patient feels that they can effectively deal with side effects.

Have you been experiencing any adverse effects or side effects from the medication?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What about positive effects of the treatment? Have you been feeling better in any way since you started the medication?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Use the ***Side Effect Management*** worksheets to review each reported side effect and discuss strategies to reduce or cope with each side effect. A single Worksheet is used for each side effect. A copy of the worksheet should be given to the patient to take home for reference during the coming weeks.

If the patient reports having had side effects over the past 2 weeks, encourage them to discuss with their doctor if they have not already done so, in addition to you noting it in their chart and/or discussing with the patient’s provider. Side effects are often a cause for patient’s discontinuing treatment, so ask the patient if they stopped or are thinking about stopping their medication because of side effects.

Avoid arguing with the patient about whether or not to stop or restart the medication. Instead, use ***motivation enhancement techniques*** to help the patient see the discrepancy between stopping treatment and their goals for treatment and their health. Affirm any statements suggesting a willingness to resume treatment, and call on the potential long-term benefits of treatment and the positive effects of treatment that they reported earlier in the session to encourage the patient to become more adherent. If they are thinking about stopping their medication, encourage them to stick with treatment at least another week as long as the side effects are not too severe and intolerable.

*Have you stopped the medication for any period of time due to the side effects? If not, have you thought about stopping the medication?*

Encourage the patient to think of their treatment plan as a strategy to maximize their health and minimize discomfort. If treatment is not working for them, help them to see the need to discuss this with their medical team so that adjustments can be made to their regimen.

Make sure you do not find yourself in the “expert” role—telling patients what to do. You need to make sure that the plan they set out for themselves comes from them and that they are committed to it.

**Side Effects Worksheet**

**Managing Medication Side Effects**

Date:

Side Effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how Rating:

long: 1 (mild) to 10 (severe)

mins/hrs/days/weeks/months

Medicine

causing

side effect:

What

makes it

better/worse:

Other things

to try:

|  |
| --- |
| Exercise 6: Increase social support for adherence |

This exercise will focus on the social supports available to the client, and how to best use and expand these supports for improving adherence. Individuals in the patient’s life can also be a negative influence on adherence, so we will also discuss ways of dealing with those who are not supportive of treatment. Also, assess the extent to which the patient has disclosed their HIV status to people, and explore with the patient whether disclosure to specific individuals could be beneficial with regard to accessing support for adherence. Use the ***Social Supports for Adherence*** worksheet to complete this exercise and give a copy to the client to take home.

Before discussing which individuals could provide support for the patient’s treatment adherence, assess what kind of support system is in place for the client. Explore the extent to which the patient has disclosed their HIV status to their family and friends, and how this might pose a barrier to accessing support.

*Would it be ok if we now talked about how the people in your life can be useful in providing support for you and your treatment? To start with, tell me what your social support network looks like-- who are the people that you usually rely on when you are going through something difficult?*

*You could think about friends and family, as well as people in your community, like neighbors, ministers, others in the church and friendly staff at the beauty parlor or barber shop. You could also think about people who are especially helpful in community organizations that provide support services to people living with HIV, like counselors and case managers.*

*Have you been able to talk about your HIV with these people? Who have you told about your HIV status?*

*What kinds of things have you talked about? Do you discuss treatment and adherence issues with these people?*

*Let’s take a closer look at the people around you who could be useful in providing support for you and your treatment. You already know that following the medication regimen means changes in your life. These changes affect not only you, but also the people that are in your day-to-day life. These people can help you make your schedule of appointments and follow your medication dosing instructions, as well as provide you with emotional support and encouragement, but they can also get in the way and make things more difficult if they are intrusive or overprotective.*

**SOCIAL SUPPORTS FOR ADHERENCE**

***Who are the people in your life that could be helpful in supporting your being on treatment, and help you follow the dosing instructions?***

*I’d like you to think about people from different situations and setting in your life – for example, family, friends, and people in your community, like neighbors, storekeepers, ministers, etc. You could also think about people who are especially helpful, like counselors and case managers.*

**First name Relation to client**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some ways in which they could be helpful?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Are there ways you can think of in which these people can make it difficult for you to follow your treatment regimen?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*How could you approach people who know about your status to talk about how they can be helpful and supportive regarding your treatment?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explore with the patient whether there are people in their life who they have not disclosed their HIV status too, but for whom disclosure could be beneficial with regard to accessing support for adherence. At the same time that you want to help build supportive social networks, it is also important to be sure that the client is ready and prepared for any possible response if they decide to disclose. Emphasize the need to weigh possible advantages and disadvantages to disclosure when discussing this disclosure decision process with the patient.

*You might not have told everyone who is close to you about your HIV. As you think about different people in your life who could be helpful, you might decide that it would be best to tell certain people about your HIV status, because then you would be more able to ask for support and help from them.*

*Is there anyone in your life who does not know your HIV status that you think could be helpful in supporting your treatment and adherence?*

*Why have you not yet told them you are HIV-positive?*

*What do you think about the possibility of telling them your HIV status?*

*Keep in mind that once you do tell somebody about your HIV status you cannot take it back. So it is important to be careful about any decision to disclose your HIV status.*

If the client has not disclosed HIV status to anyone in his or her network, then there may be good reasons for this. You can help the client explore these reasons, but do not feel like you need to ‘help’ the client disclose. Suggest that you or a counselor can be there to talk about treatment issues with them if needed.

*That’s why we’re here- so you can have a place to come that is a safe space where you can talk about it.*

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| --- |
| Closing remarks |

Give the patient a chance to ask questions and share their impressions about the exercises covered today. Provide them with positive reinforcement about their ability to adhere well.

Do you have any questions about what we covered in today’s session?

We’re at the end of today’s session. Before we end, I’d like to take a moment to hear what, if anything, you got out of today’s session.

You’ve done a good job coming up with strategies to help overcome your challenges with adherence. During the next few weeks, I’d like you to try to use the strategies we came up with today to deal with the problem you identified. Next session we’ll discuss whether the strategies we discussed today were helpful, and we’ll try and tackle some of the other problems that make it difficult for you to follow the regimen.

Also, talk to some of the people in your life who you think could be supportive of your treatment. Discuss with them some concrete ways in which they could help you adhere to treatment.

*If you decide to continue to use the pill box, remember to bring your pill box with you to the session.*

*I’ll see you at the next session.*

**[Patients who just started ART]**: Next session is in 2 weeks

**[Patients who have been on ART for awhile]**: Next session is in 2 months

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| --- |
| **SESSION FOR PATIENTS STARTING ART (Week 4 of ART)** |

OBJECTIVES:

1. Review the patient’s adherence to the ART regimen over the past 2 weeks.

2. Identify barriers to adherence to the ART regimen.

3. Problem solve solutions to an identified barrier.

4. Discuss treatment side effects and strategies to reduce and manage these symptoms.

5. Review and discuss patient attitudes towards treatment and adherence.

As in the previous session, the goal is to review the patient’s adherence, and to continue to supply the patient with skills needed to resolve problems that arise in trying to meet the challenges of adherence to their medication regimen. Reinforce their efforts to work hard at improving their adherence and the ideas they’ve been coming with to overcome barriers, as a way to support their motivation. Strategies for side effect management should be evaluated and altered, as needed, while reinforcing the attitude that “treatment and adherence are worth it.” In this session, the patient’s attitudes and beliefs about treatment and adherence will be revisited as well to see if they have changed at all since the beginning of the program and now that they are on treatment.

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| --- |
| Exercise 1: Review the objectives of today’s session |

*Welcome back. You’ve now finished the first month of treatment.*

*You’ve been working really hard in our sessions together and we’ve been seeing some real results.*

*The objectives of today’s session are….*

[briefly review the objectives as listed above]

Elicit the patient’s general impressions of their experience of the first month of being on the ART regimen. Use ***Motivational Enhancement technqiues and principles*** to address negative attitudes and bolster motivation and commitment to continue treatment and maintain adherence.

*I’d like to start by hearing your general impressions of the treatment now that it’s been a month.*

|  |
| --- |
| Exercise 2: Review the patient’s adherence to the ART regimen; reinforce good adherence; identify lapses in adherence. |

Use the patient’s self-report of adherence, remaining pills in their pill box if they are using one, and pharmacy data regarding on-time drug refill (if available) to review adherence over the past 2 weeks.Any missed doses should be represented by pills remaining in the pill box compartments, and will also inform you as to what day the dose(s) were missed. Reinforce correct pill taking behavior, as well as identify patterns of missed doses.

*If it’s OK with you, I’d like us to spend some time reviewing how well you were able to adhere to your medication regimen over the last 2 weeks.*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

First, tell me how well you think you did with following your regimen.

*Now let’s look at the pill box and see what information it tells us about your adherence. It will be normal for us to find that you’ve been having some problems with following the dosing instructions, but keep in mind that our goal is to get you to do the best possible.*

Any missed doses should be revealed by a dosage of pills remaining in one of the compartments. Am I correct in making that assumption, or did you remove any pills that were missed from the pill box? As we’ve discussed before, the pill box can be really useful in not only telling us whether a dose was missed, but also the day the dose was missed. In doing so it helps to show us when you were doing well and when you were having some difficulties.

**Example:** It looks like you did really well on these days (days where no pills remain in the pill box). Good job. You missed some doses on these days (days where pills remain in the pill box), and it seems that the (morning/evening) dose is where you usually miss a dose (for drugs taken more than once a day).

Does this seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

According to the pharmacy records, you did get your refill on time (or conversely, refill was not retrieved on time, which would warrant a discussion on importance of timely refills to ensure access to medication to avoid missed doses).

The pill box does not reveal the times of the day that you took the medication. Can you tell me the times that you typically took the medication? How consistent were you in taking the pills at that time?

To the extent warranted by the patient’s adherence performance over the past 2 weeks, reinforce the need to take all doses at consistent time intervals to maintain optimal levels of the medication in the body and effectively suppress the virus.

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence over the past week.

# of missed doses: \_\_\_\_\_\_\_\_ % of prescribed doses taken: \_\_\_\_\_\_

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Compare the patient’s adherence to the ART regimen over the past 2 weeks with his/her adherence during the first two weeks of treatment. If their recent adherence to ART was significantly different (by 10% or one dose, more or less), ask the patient to consider how following the ART regimen was more or less difficult, and incorporate these factors into the list of barriers or facilitators to adherence that is generated in the next exercise.

% of doses taken during first two weeks of ART: \_\_\_\_\_

% of doses taken during last 2 weeks of ART: \_\_\_\_\_

There’s a difference in your adherence to the regimen between the first 2 weeks you were on treatment, and the last 2 weeks. So it will be interesting to hear your thoughts on what might have contributed to this difference. We’ll get a chance to discuss this as we now move to talking about what helped you to take your medication as well as what is causing some challenges for adherence.

|  |
| --- |
| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult |

Review the effectiveness of the strategies discussed in the previous session. If strategies were effective, provide positive reinforcement for their ability to successfully implement the strategies, and encourage them to continue to use the strategies. If strategies were not helpful, discuss possible reasons why they were not successful and how to overcome those barriers, as well as suggest alternative strategies that other clients have successfully utilized.

*Now that we’ve reviewed your adherence over the past 2 weeks, and identified some missed doses or timing problems, is it ok if we review how well the strategies we discussed in the last session were in helping your adherence?*

*In the last session we worked on (*adherence barrier). *Has that been a problem for you over the past 2 weeks?*

*To address that problem, you had decided to try* (primary and alternative strategies). *How well did that strategy work?*

Discuss with the client other barriers that made it difficult for them to follow the dosing schedule over the past 2 weeks, as well as things that made it easier to adhere. When eliciting barriers to adherence, it is important that the patient be as specific as possible about things that make it difficult to adhere, as this will make it easier to generate solutions to the problem that are realistic and effective. Also, encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

*What kinds of challenges did you have following the dosing schedule of the pill regimen this past 2 weeks?*

*What got in the way of always taking your medication on time?*

*Think about the last missed dose. What was going on right before or during the time you intended to take the dose? Do you recall what you were doing? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In a few minutes we’ll try to come up with strategies to overcome one of those barriers. What were some of the things that made it easier to follow the regimen? What worked well for you?*

*Was there anything going on at home (who was with you, the TV show that was on, what you were doing just before the dose) that helped you to remember to take your pills?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change is the rating is low.

*Giving your experiences with the treatment and adherence, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

|  |
| --- |
| Exercise 4: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming weeks.

*If it’s ok with you, let’s problem solve solutions to one of the barriers you listed earlier.* ***What barrier would you like us to work on today?***

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*During the next few weeks, try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming weeks, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.

|  |
| --- |
| Exercise 5: Side Effect Management |

Elicit information about the presence of side effects during the past 2 weeks of treatment. If the patient has not already mentioned side effects (as a barrier to adherence during the previous exercise), directly ask the patient if they have experienced any side effects since starting treatment. Ask the patient to describe the nature of the side effect, when the side effect began, the severity of the side effect, and which medication they attribute it to. Then discuss strategies that the patient used to alleviate the symptom, how successful these strategies were, and what new alternative strategies could be used if the problem persists.

Remind the patient that side effects are typically most severe in the first few weeks of treatment, and that the side effects should diminish or stop over the next few weeks as the body adjusts to the medications and with the help of the strategies we are discussing in this program. Reinforce the need to “stick it out” during this time as well as the belief that the benefits of treatment to their health are worth staying on treatment. Side effects are one of the main reasons why patients discontinue treatment or decide to skip doses, so it is crucial that the patient feels that they can effectively deal with side effects.

*How has your health changed since you started the medication? Have you experienced any adverse effects or side effects from the medication?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*What about positive effects of the treatment? Have you been feeling better in any way since you started the medication?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Use the ***Side Effect Management*** worksheets to review each reported side effect and discuss strategies to reduce or cope with each side effect. A single Worksheet is used for each side effect. A copy of the worksheet should be given to the patient to take home for reference during the coming weeks.

If the patient reports having had side effects over the past 2 weeks, encourage them to discuss with their doctor if they have not already done so, in addition to you noting it in their chart and/or discussing with the patient’s provider. Side effects are often a cause for patient’s discontinuing treatment, so ask the patient if they stopped or are thinking about stopping their medication because of side effects.

Avoid arguing with the patient about whether or not to stop or restart the medication. Instead, use ***motivation enhancement techniques*** to help the patient see the discrepancy between stopping treatment and their goals for treatment and their health. Affirm any statements suggesting a willingness to resume treatment, and call on the potential long-term benefits of treatment and the positive effects of treatment that they reported earlier in the session to encourage the patient to become more adherent. If they are thinking about stopping their medication, encourage them to stick with treatment at least another week as long as the side effects are not too severe and intolerable.

*Have you stopped the medication for any period of time due to the side effects? If not, have you thought about stopping the medication?*

Encourage the patient to think of their treatment plan as a strategy to maximize their health and minimize discomfort. If treatment is not working for them, help them to see the need to discuss this with their medical team so that adjustments can be made to their regimen.

Make sure you do not find yourself in the “expert” role—telling patients what to do. You need to make sure that the plan they set out for themselves comes from them and that they are committed to it.

**Side Effects Worksheet**

**Managing Medication Side Effects**

Date:

Side Effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how Rating:

long: 1 (mild) to 10 (severe)

mins/hrs/days/weeks/months

Medicine

causing

side effect:

What

makes it

better/worse:

Other things

to try:

|  |
| --- |
| Exercise 6: Discuss Attitudes Towards Treatment and Adherence |

Now that the patient has been on ART for 4 weeks, elicit their thoughts and feelings about treatment and adherence to the regimen. During this discussion, correct factual errors or misunderstanding re: HIV treatments and adherence. ***Motivational enhancement techniques*** should be used to target attitudes and feelings that may interfere with adherence. Reinforce positive attitudes that they have about treatment.

*Now that you’ve been taking the medication for 4 weeks, what are your current thoughts and feelings about the medications and the dosing instructions that you need to follow?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

If they have already mentioned some negative attitudes or attitudes that may interfere with adherence, than skip the following examples:

*Examples of attitudes that some people have include:*

*“These medications will never work.”*

*“The dosing schedule is too hard.”*

*“These meds make me feel sick.”*

*“I’m never going to be able to remember to take all these pills.”*

*“Someone might see me taking these pills and know I am HIV+.”*

*Do you ever find yourself thinking this way?*

*Some attitudes towards treatment can make it more difficult to take your medications as prescribed. How do you think these attitudes that you’ve described might affect your adherence?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Use ***motivational enhancement techniques*** to address negative attitudes. With regard to attitudes that may interfere with adherence, the basic goals of motivational enhancement are: 1) to make the patient aware of the need for change, and 2) to increase the patient’s motivation to make a change. These techniques emphasize an empathic rather than confrontational approach to developing a discrepancy between the patient’s behavior and attitudes that interferes with adherence and their goals for treatment and their health in order to facilitate change. To the extent that the patient has negative attitudes towards treatment, work with the patient to reframe their perspective so that they see treatment as positive and beneficial for their health.

*Can you think of ways to overcome these attitudes so that you can think of your treatment more positively?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Use the confidence rating to assess the client’s perception of the importance of adherence, then use MI techniques to reinforce or build motivation for adherence.

*I want to ask you a little about your sense of the importance of adherence.*

*On a scale from 1 to 10 how important do you think it is to take your medications as they were prescribed to you (1 = not at all important, 10 = extremely important)?*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel it is at least a little important (1-3)/somewhat important (4-7)/very important (8-10). Tell me, what makes it important to you?*

If response is less than 10:

*What would it take to get your importance level up to a \_\_ or \_\_?* (add max of 4 to 5 points*)*

If response is a 10, support and reinforce importance.

|  |
| --- |
| Closing remarks |

Give the patient a chance to ask questions and share their impressions about the exercises covered today.

Do you have any questions about what we covered in today’s session?

Our next session is in 2 months. You’ve come up with some great ideas for how to overcome the challenges you face with adherence, so during these next two months be sure to draw on those strategies—the one’s we came up today and in our prior sessions as well.

Next session we’ll discuss how well the strategies have been working over a longer span of time as you will be have been on treatment for 3 months by that time.

*I’ll see you at the next session.*

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| **MAINTENANCE MODULE: SESSION 1** |

**(To be administered at each routine clinic visit)**

OBJECTIVES:

1. Review the patient’s adherence to the ART regimen since the last session

2. Identify barriers to adherence to the ART regimen.

3. Problem solve solutions to an identified barrier.

4. Discuss treatment side effects and strategies to reduce and manage these symptoms.

5. Review and discuss strategies to enhance social support for adherence and treatment.

1. Review and discuss patient attitudes towards treatment and adherence.

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| --- |
| Exercise 1: Review the objectives of today’s session |

*Welcome back. It’s been a few months since our last session, and you’ve been on treatment for several months now.*

*Tell me how things have been going. What have your impressions been of the treatment and following the regimen?*

The objectives of today’s session are….

[briefly review the objectives as listed above]

|  |
| --- |
| Exercise 2: Review adherence to ART since last session |

With the patient being on ART for several months now, there may be several different sources of data available to assess adherence. These include the following:

* **Self-reported adherence** from the patient (how many missed doses do they report in past week and past month? How would they rate their adherence on a scale of 0-100%?)
* **Pill box**: if they are using a pill box, remaining pills in any compartment would reveal missed doses; however, data will be limited by the time period covered by the pill box.
* **Pharmacy data**: if the patient gets their medication from the clinic’s pharmacy, retrieve data on dates of filled prescriptions to assess timeliness of refills.
* **Viral load data**: compare viral load level at treatment onset (or last assay) and the most recent viral load level. Once undetectable level has been achieved, is it maintained?

Review the available data with the patient. Reinforce correct pill taking behavior, as well as identify patterns of missed doses when possible.

*Now that you’ve been on treatment for several months, there are several sources of data with which we can assess how well you are doing with adherence to your ART regimen. Is it ok if we spend some time reviewing these data about your adherence?*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

Based on pill box and self-report, summarize the patient’s adherence in terms of missed doses.

**Example:** It looks like you did really well on these days (days where no pills remain in the pill box). Good job. You missed some doses on these days (days where pills remain in the pill box), and it seems the (morning/evening) dose was the one you usually missed (for drugs taken more than once a day).

Pill box: Any missed doses? \_\_\_\_\_\_\_\_\_ If so, on what days? \_\_\_\_\_\_\_\_\_\_\_\_\_

Does this seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

*How many doses do you think you have missed recently. Keep in mind that I recognize that many patients miss doses occasionally, so it’s ok to tell me if you have missed some doses.*

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence over the past month.

How many doses missed in the past week? \_\_\_\_\_\_\_

How many doses missed in the past month? \_\_\_\_\_\_\_

Estimated % of prescribed doses taken in past month? \_\_\_\_\_\_

Can you tell me the times that you have typically been taking the medication? How consistent were you in taking the pills at that time?

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

I also checked with the pharmacy regarding refills and your clinic record to examine recent viral load and CD4 count data.

Any missed or late refills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Latest HIV viral load (and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Latest CD4 count (and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example:** According to the pharmacy records, you were late getting one of your refills by 7 days, which would have left you with a few days without medication (or conversely, refill was on time and patient had full access to medication). Does this seem accurate to you?

**Example:** As for your recent lab tests, your CD4 has remained about the same, but your viral load is no longer undetectable and is at 50,000 copies, which is likely related to your report of having missed a few doses recently.

In just a few minutes we’ll talk about what has been causing you some challenges in taking your meds as prescribed, and together we’ll try to come up with some solutions to overcome these challenges.

Ask about scheduled clinic appointments over past 3 months, and whether they have had any challenges in attending these appointments or in communicating with their providers.

*In addition to reviewing your recent medication adherence, I’d also like to ask you about how things are going with your doctor and other healthcare providers. Would that be ok with you?*

Have you missed any healthcare provider’s/doctor’s appointments over the past 3 months?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you find it a challenge to regularly attend clinic and see your healthcare provider/doctor?

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*What about your communication with your providers? Are you satisfied with how you communicate?*

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| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult |

Review the effectiveness of the strategies discussed in the previous session. If strategies were effective, provide positive reinforcement for their ability to successfully implement the strategies, and encourage them to continue to use the strategies. If strategies were not helpful, discuss possible reasons why they were not successful and how to overcome those barriers, as well as suggest alternative strategies that other clients have successfully utilized.

*Now that we’ve reviewed your recent adherence, and identified some missed doses or timing problems, if it’s ok with you, I’d like us to focus on some things that made it difficult to follow the regimen. But let’s first review how well the strategies we discussed in the last session were in helping your adherence.*

*In the last session we worked on (*adherence barrier). *Has that been a problem for you recently?*

*To address that problem, you had decided to try* (primary and alternative strategies). *How well did that strategy work?*

Discuss with the client other barriers that have made it difficult for them to follow the dosing schedule, as well as things that made it easier to adhere. When eliciting barriers to adherence, it is important that the patient be as specific as possible about things that make it difficult to adhere, as this will make it easier to generate solutions to the problem that are realistic and effective. Also, encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

*What kinds of challenges have you had recently in following the dosing schedule?*

*What got in the way of always taking your medication on time?*

*Think about the last missed dose. What was going on right before or during the time you intended to take the dose? Do you recall what you were doing? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*In a few minutes we’ll try to come up with strategies to overcome one of those barriers.*

*What were some of the things that made it easier to follow the regimen? What worked well for you?*

*Was there anything going on at home (who was with you, the TV show that was on, what you were doing just before the dose) that helped you to remember to take your pills?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change if the rating is low.

*Given your experiences with the treatment and adherence, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

|  |
| --- |
| Exercise 4: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming months.

*If it’s ok with you, let’s problem solve solutions to one of the barriers you listed earlier.* ***What barrier would you like us to work on today?***

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming weeks, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.

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| Exercise 5: Side Effect Management |

Elicit information about the presence of side effects during the past week. Ask the patient to describe the nature of the side effect, when the side effect began, the severity of the side effect, and which medication they attribute it to. Then discuss strategies that the patient used to alleviate the symptom, how successful these strategies were, and what new alternative strategies could be used if the problem persists.

Reinforce the need to “stick it out” during this time as well as the belief that the benefits of treatment to their health are worth staying on treatment. Side effects are one of the main reasons why patients discontinue treatment or decide to skip doses, so it is crucial that the patient feels that they can effectively deal with side effects.

*Have you experienced any adverse effects or side effects from the medication over the past week?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*What about positive effects of the treatment? Have you been feeling better in any way over the past month compared to before you started the medication?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Use the ***Side Effect Management*** worksheets to review each reported side effect and discuss strategies to reduce or cope with each side effect. A single Worksheet is used for each side effect. A copy of the worksheet should be given to the patient to take home for reference.

If the patient reports having had side effects over the past week, encourage them to inform their doctor, if they have not already done so. Side effects are often a cause for patient’s discontinuing treatment, so ask the patient if they stopped or are thinking about stopping their medication because of side effects.

Avoid arguing with the patient about whether or not to stop or restart the medication. Instead, use ***motivation enhancement techniques*** to help the patient see the discrepancy between stopping treatment and their goals for treatment and their health. Affirm any statements suggesting a willingness to resume treatment, and call on the potential long-term benefits of treatment and the positive effects of treatment that they reported earlier in the session to encourage the patient to become more adherent. If they are thinking about stopping their medication, encourage them to stick with treatment at least another week as long as the side effects are not too severe and intolerable.

*Have you stopped the medication for any period of time due to the side effects? If not, have you thought about stopping the medication?*

Encourage the patient to think of their treatment plan as a strategy to maximize their health and minimize discomfort. If treatment is not working for them, help them to see the need to discuss this with their medical team so that adjustments can be made to their regimen.

Make sure you do not find yourself in the “expert” role—telling patients what to do. You need to make sure that the plan they set out for themselves comes from them and that they are committed to it.

**Side Effects Worksheet**

**Managing Medication Side Effects**

Date:

Side Effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how Rating:

long: 1 (mild) to 10 (severe)

mins/hrs/days/weeks/months

Medicine

causing

side effect:

What

makes it

better/worse:

Other things

to try:

|  |
| --- |
| Exercise 6: Increase social support for adherence |

Receiving positive support for treatment and adherence from family, friends and health care providers is an important factor in helping clients meet the challenge of maintaining positive health behaviors, including medication adherence. This exercise will review the social support that the client has been receiving for their treatment and adherence and will discuss how to best use and expand these supports for the purpose of improving their adherence. Use the ***Social Supports for Adherence*** worksheet completed in the early-treatment session as reference.

*In the past we have talked about the important people in your life and ways in which they could be helpful and supportive to you in your attempts to closely follow your treatment regimen. If it’s ok with you, let’s review how helpful these people have been in this regard.*

*As we discussed before, I’d like you to think about specific people in your life who might be able to support your adherence, as well as those who might do things, even unintentionally, that could interfere with your adherence. I’d like you to think about people from different situations and setting in your life – for example, family, friends, and people in your community, like neighbors, storekeepers, ministers, etc. You could also think about people who are especially helpful in HIV care organizations like counselors and case managers.*

*You might not have told everyone who is close to you about your HIV. As you think about different people in your life who could be helpful, you might decide that it would be helpful to tell certain people, because then you would be more able to ask for support and help from them.*

*Have you been able to talk about your HIV with other people? Who have you told about your HIV status?*

*What kinds of things have you talked about?*

*How about discussing adherence issues with these people?*

***Who are the people in your life that have been helpful and supportive of you being on treatment and following the dosing instructions?*** (Get first names and relation to client)

**First name Relation to client**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some ways in which they have been helpful or supportive?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Are there ways in which they have made it more difficult for you to follow your treatment regimen?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Have you spoken to them about how they can be most helpful and supportive of you regarding your treatment?*

*Can you think of ways to improve the support you get for your treatment?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examples:**

* significant others can remind the client to take their medication
* schedule meals around dosing schedule for regimens which have food requirements
* project a positive attitude about the potential benefits of treatment and the need for good adherence

*Who in your life does not know about your HIV, but who you think could be supportive to you if they did know?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What are two advantages of telling these people about your HIV?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What are two disadvantages of telling these people about your HIV? What has kept you from telling them?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the client does feel that there is someone he or she could talk with about HIV, be supportive and let the client know that you are happy to continue talking about this. At the same time that you want to help build supportive social networks, it is also important to be sure that the client is ready and prepared for any possible response. If the client has not disclosed HIV status to anyone in his or her network, then there may be good reasons for this. You can help the client explore these reasons, but do not feel like you need to ‘help’ the client disclose.

|  |
| --- |
| Exercise 7: Discuss attitudes towards treatment and adherence |

*Having been on treatment for a few months now, tell me what your current attitudes and expectations are concerning the treatment’s ability to help your health and your ability to adhere well to the regimen’s dosing instructions?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Some attitudes towards treatment can make it more difficult to take your medications as prescribed. How do you think these attitudes that you’ve described might affect your adherence?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Use ***motivational enhancement techniques*** to address negative attitudes. With regard to attitudes that may interfere with adherence, the basic goals of motivational enhancement are: 1) to make the patient aware of the need for change, and 2) to increase the patient’s motivation to make a

change. These techniques emphasize an empathic rather than confrontational approach to developing a discrepancy between the patient’s behavior and attitudes that interferes with adherence and their goals for treatment and their health in order to facilitate change. To the extent that the patient has negative attitudes towards treatment, work with the patient to reframe their perspective so that they see treatment as positive and beneficial for their health.

*Can you think of ways to overcome these attitudes so that you can think of your treatment more positively?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Use the confidence rating to assess the client’s perception of the importance of adherence, than use MI techniques to reinforce or build motivation for adherence.

*Now I want to ask you a little about your sense of the importance of adherence.*

*On a scale from 1 to 10 how important do you think it is to take your medications as they were prescribed to you (1 = not at all important, 10 = extremely important)?*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel it is at least a little important (1-3)/somewhat important (4-7)/very important (8-10). Tell me, what makes it important to you?*

If response is less than 10:

*What would it take to get your importance level up to a \_\_ or \_\_?* (add max of 4 to 5 points*)*

If response is a 10, support and reinforce importance.

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| Evaluation of Adherence to ART in Past Month and Need for Additional Maintenance Training in this Module |

**Patient achieved > 85% adherence during the past month AND undetectable viral load:**

Provide the patient with positive reinforcement related to their excellent adherence displayed during the past month.

You’ve done very well with adherence to your medication regimen over the past month and your viral load is undetectable. All along we’ve talked about the importance of taking at least 85% of your doses, and you’ve been able to achieve that and its showing up in your good viral load results. Keep up the good work and I’ll see you at your next regularly scheduled clinic visit to check in and see how you are doing.

**Patient adherence over past month was < 85% OR viral load is detectable:**

Remind patient of the importance of high adherence and that at least 85% adherence is the goal. Since their adherence was < 85% or their viral load is detectable, another session is scheduled.

*As you know, we consider 85% or greater adherence to be the goal that we are striving to help you achieve and sustain with this program. Because you weren’t quite able to achieve that level of adherence during the past month, and/or your viral load is not yet undetectable, I’m going to ask you to come back in two weeks for another session. By continuing to work together, I’m confident that you will soon be ready to adhere well and to get the most benefit from treatment. Are you ok with this plan?*

In that session we’ll discuss whether the strategies we came up with today were helpful, and we’ll try and tackle some of the other problems that make it difficult for you to follow the regimen.

We’ll continue with these biweekly training sessions, and provide you with the training and support you need, until you are able to achieve at 85% adherence over a 2-week period between sessions.

*Do you have any questions about this or others thing that we covered in today’s session?*

*I’ll see you at the next session.*

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| **MAINTENANCE MODULE: ADDED SESSION** |

In the added maintenance session(s), the core exercises (review of adherence, identification of barriers, use of problem solving to identify strategies to overcome barriers) are repeated.

OBJECTIVES:

1. Review the patient’s adherence to the ART regimen over the past 2 weeks.

2. Identify barriers to adherence to the ART regimen.

3. Problem solve solutions to an identified barrier.

As in the previous session, the goal is to review the patient’s adherence, and to continue to supply the patient with skills needed to resolve problems that arise in trying to meet the challenges of adherence to their medication regimen.

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| Exercise 1: Review the objectives of today’s session |

*Welcome back. As you know, our goal in our work together right now is to help you to improve your adherence level so that you can get optimal benefit from treatment.*

*Today we will focus on your adherence over the past 2 weeks, and to assess the need for additional adherence support.*

*The objectives of today’s session are….*

[briefly review the objectives as listed above]

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| Exercise 2: Review the patient’s adherence to the ART regimen; reinforce good adherence; identify lapses in adherence. |

Use the patient’s self-report of adherence, remaining pills in their pill box if they are using one, to review adherence over the past 2 weeks.Any missed doses should be represented by pills remaining in the pill box compartments, and will also inform you as to what day the dose(s) were missed. Reinforce correct pill taking behavior, as well as identify patterns of missed doses.

*If it’s OK with you, I’d like us to spend some time reviewing how well you were able to adhere to your medication regimen over the last 2 weeks.*

If permission is not granted, discuss with the client his/her reasons for not wanting to (e.g., wanting to discuss other things like the medication, physical symptoms they are having, etc). If permission is granted, continue.

First, tell me how well you think you did with following your regimen.

*Now let’s look at the pill box and see what information it tells us about your adherence. It will be normal for us to find that you’ve been having some problems with following the dosing instructions, but keep in mind that our goal is to get you to do the best possible.*

Any missed doses should be revealed by a dosage of pills remaining in one of the compartments. Am I correct in making that assumption, or did you remove any pills that were missed from the pill box?

**Example:** It looks like you did really well on these days (days where no pills remain in the pill box). Good job. You missed some doses on these days (days where pills remain in the pill box), and it seems that the (morning/evening) dose is where you usually miss a dose (for drugs taken more than once a day).

Does this seem right to you? Is this what you were thinking as well in terms of the number of doses taken and missed?

The pill box does not reveal the times of the day that you took the medication. Can you tell me the times that you typically took the medication? How consistent were you in taking the pills at that time?

To the extent warranted by the patient’s adherence performance over the past 2 weeks, reinforce the need to take all doses at consistent time intervals to maintain optimal levels of the medication in the body and effectively suppress the virus.

Discuss any discrepancies between the pill box and the patient’s self-report, with the goal of reaching a consensus or agreement about the patient’s adherence over the past week.

# of missed doses: \_\_\_\_\_\_\_\_ % of prescribed doses taken: \_\_\_\_\_\_

Typical time dose(s) were taken: \_\_\_\_\_\_\_\_

How consistent has dose timing been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any special requirements associated with the prescribed regimen, enquire about any difficulties with adherence to those requirements.

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Compare the patient’s adherence to the ART regimen over the past 2 weeks with his/her adherence during the month prior to the start of this maintenance period. If their recent adherence to ART was significantly different (by 10% or one dose, more or less), ask the patient to consider how following the ART regimen was more or less difficult, and incorporate these factors into the list of barriers or facilitators to adherence that is generated in the next exercise.

% of doses taken during month prior to Session 1 of this maintenance period: \_\_\_\_\_

% of doses taken during last 2 weeks of ART: \_\_\_\_\_

There’s a difference in your adherence to the regimen between the month prior to the last session, and the last 2 weeks. So it will be interesting to hear your thoughts on what might have contributed to this difference. We’ll get a chance to discuss this as we now move to talking about what helped you to take your medication as well as what is causing some challenges for adherence.

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| Exercise 3: Identify what made it easier to take the pills as directed (what worked) and what problems arose that made it difficult |

Review the effectiveness of the strategies discussed in the previous session. If strategies were effective, provide positive reinforcement for their ability to successfully implement the strategies, and encourage them to continue to use the strategies. If strategies were not helpful, discuss possible reasons why they were not successful and how to overcome those barriers, as well as suggest alternative strategies that other clients have successfully utilized.

*Now that we’ve reviewed your adherence over the past 2 weeks, and identified some missed doses or timing problems, if it’s ok with you I’d like us to review how useful the strategies we discussed in the last session were in helping your adherence.*

*In the last session we worked on (*adherence barrier). *Has that been a problem for you over the past 2 weeks?*

*To address that problem, you had decided to try* (primary and alternative strategies). *How well did that strategy work?*

Discuss with the client other barriers that made it difficult for them to follow the dosing schedule over the past 2 weeks, as well as things that made it easier to adhere. When eliciting barriers to adherence, it is important that the patient be as specific as possible about things that make it difficult to adhere, as this will make it easier to generate solutions to the problem that are realistic and effective. Also, encourage the patient to be mindful of contextual factors surrounding missed doses, such as events that took place, people who were around, or emotional states that were present right before or during the intended dose time.

*What kinds of challenges did you have following the dosing schedule of the pill regimen this past 2 weeks?*

*What got in the way of always taking your medication on time?*

*Think about the last missed dose. What was going on right before or during the time you intended to take the dose? Do you recall what you were doing? Did something happen? Who was around at the time? How were you feeling both emotionally and physically?*

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*In a few minutes we’ll try to come up with strategies to overcome one of those barriers. What were some of the things that made it easier to follow the regimen? What worked well for you?*

*Was there anything going on at home (who was with you, the TV show that was on, what you were doing just before the dose) that helped you to remember to take your pills?*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the patient to rate their confidence in being able to adhere well to the regimen. This will help gauge how self-efficacy is evolving over the course of the program. It also gives an indication of the need for more positive reinforcement and/or behavioral change is the rating is low.

*Giving your experiences with the treatment and adherence, how confident are you that you will be able to consistently follow your treatment regimen’s dosing instructions?*

*On 1-10 scale, rate your confidence in being able to closely follow the dosing instructions over a long period of time:*

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence about following your regimen?*

If the rating is high, and adherence has been good, provide positive reinforcement. If the rating is low, but adherence has been good, challenge their perceived low self-efficacy by highlighting their good adherence. If rating and adherence performance are low, use this together with motivational interviewing techniques to motivate the patient to make the necessary behavioral and attitudinal changes in the following exercises to bolster adherence.

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

If response is a 10, support and reinforce confidence.

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| Exercise 4: Select a barrier and apply the problem solving steps |

Ask the client to select one of the problems from the list above to apply the problem solving steps to generate strategies to overcome or reduce the problem. Use the ***Strategies to Overcome Barriers to Adherence*** worksheet to execute this exercise and give a copy of the worksheet to the client to take home for reference during the coming weeks.

*If it’s alright with you, let’s problem solve solutions to one of the barriers you listed earlier.* ***What barrier would you like us to work on today?***

**Selected Barrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Let’s get specific about how this barrier affects your adherence. For example, in what situations does it affect your pill taking? (Where? When? How?)*

*Now that you’ve explained the nature of the problem, let’s see how you might solve the problem so that you have an easier time following the dosing instructions.*

Proceed through the problem solving steps, generating possible solutions, having the client select one of the solutions and planning how to implement the solution into their daily routine. If the subject is having difficulty generating a list of potential solutions to the problem, you can suggest appropriate solutions from the following list. It’s important that the client feels that this is their exercise; if they feel like you’re doing all the work, they will not take any pride in this accomplishment and may be less motivated to use the strategies.

*What kind of strategies do you think might work to overcome this barrier?*

POTENTIAL SOLUTIONS TO HELP IMPROVE ADHERENCE:

* Use a self-monitoring form to record when you take your medication
* Have a friend remind you to take your meds
* Post reminders about the house
* Set an alarm
* Place the medication bottles in a place that you will easily and repeatedly see them
* Schedule doses with regularly scheduled daily activities

From the strategies we’ve discussed, choose the strategy that has the greatest likelihood for success in reducing the barrier.

**Primary Strategy:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***On a scale of 1-10, how confident are you that you will be able***

***to use this strategy to reduce or remove the barrier?***

1 ----- 2----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

*So you feel at least a little confident (1-3)/somewhat confident (4-7)/very confident (8-10). Tell me what gives you that confidence?*

If response is less than 10:

*What would it take to get your confidence level up to a \_\_ or \_\_?* (add max of 4 to 5 points)

Work with the client to either improve their confidence level by pointing out there strengths or successes achieved in other exercises during the program, or have the client consider choosing a strategy that they feel confident in being able to carry out.

If response is a 10, support and reinforce confidence.

**Alternative Strategies:**

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*During the next few weeks, try to implement the primary strategy you selected and next session we’ll discuss how successful it was in helping you to follow the dosing instructions. You can also use the alternative strategies as well if needed.*

# STRATEGIES TO OVERCOME BARRIERS TO ADHERENCE

**Selected Barrier:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Strategy**:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Strategies**:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the coming weeks, try to use these strategies to overcome the barrier and improve your adherence. Monitor how well you are able to implement the strategy and how effective the strategy is in overcoming the barrier.*

Continue to monitor your pill taking behavior and take note of factors that contribute to missed or late doses so that these barriers to adherence can be discussed in the next session.