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

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Define adherence and understand the importance and challenges of medication adherence;

Review key concepts to ensure culturally competent practice;

Understand the unique role of social work in promoting adherence;

Learn how to apply ADHERE, a model for application of adherence strategies.
AGENDA

- Welcome and Introductions
- Key Concepts and Definitions
- Role of Social Work
- Defining Adherence
- Substance Use and Mental Health Issues
- Challenges and Determinants of Adherence
- Questions/Answers  adhere@naswdc.org
- ADHERE Model
- Questions/Comments
- Closing and Evaluation
bio (biology) refers to the physical and medical aspects of ourselves

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

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

spiritual refers to the way people find meaning in their lives
There are a variety of cultural experiences (gender, ethnicity, sexual orientation and age)

Some aspects of culture and enduring (values and world views) while other aspects change (idiomatic expressions, style or mode of dress)

People identify with multiple cultural identities
CULTURAL COMPETENCE

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

Cite: NASW Standards for Cultural Competence, 2001
Discuss with the client:

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

- Mental Health: 14%
- School Social Work: 39%
- Addictions: 6%
- Aging: 8%
- Other: 14%
- Health: 2%
- Adolescents: 1%
- International: 1%
- Multiple Answers: 3%

Cite: NASW (PRN1,3, 2000)
"THE ROLE OF SOCIAL WORK IN HEALTHCARE PROVISION"
ADHERENCE

- To be in a state of adherence; fidelity; steady attachment

- To follow a prescribed course of action
WHY IS ADHERENCE SO IMPORTANT FOR PERSONS LIVING WITH HIV/AIDS?

- Reduces morbidity and mortality by suppressing viral replication to as low as possible for as long as possible. Improves immune system functioning and increases CD4 levels.

- Reduces the emergence of resistance and cross-resistance to medications.

- Improves the quality of life for clients living with HIV/AIDS and other chronic illness.
Viral load is the best predictor of disease progression. The goal is to maintain undetectable level of viral load (<50)

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

Substance use may significantly impact the medication schedule

Persons actively using, as well as those in recovery, are also faced with other challenges associated with HIV/AIDS
Many providers believe substance abuse treatment must be initiated prior to beginning HAART

Clients in recovery may relapse

Recovery is a life-long event

Client capacity to remain clean and sober provides opportunity to build on current coping mechanisms and daily routines
Many clients with HIV/AIDS experience mental health concerns that affect their day-to-day functioning

• Adjustment issues
• Depression
• Feeling anxious

Other clients may be diagnosed with mental health problems that emerge as a result of stressors of a diagnosis of HIV/AIDS or other life events

• Mood and anxiety disorders
• Adjustment disorders
• Post traumatic stress
A comprehensive assessment will take into account presenting issues, longevity of symptoms, family and social history, substance use and psychiatric history.

Cultural perspectives of coping with chronic illness must be considered.
CHALLENGES TO MEDICATION ADHERENCE

**Disease Factors**
- Chronicity of illness
- Presence of symptoms
- Changes in symptoms

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

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

Cite: Linsk and Bonk, 2000
<table>
<thead>
<tr>
<th>Access/Resources</th>
<th>Social Support</th>
<th>Adherence Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Access to medication</td>
<td>• Personal support</td>
<td>• Provider/capability building</td>
</tr>
<tr>
<td>• Access to support</td>
<td>• Support for caregivers</td>
<td>• Engaging client</td>
</tr>
<tr>
<td>• services</td>
<td>• Relationship with health provider</td>
<td>• Maintaining the relationship</td>
</tr>
<tr>
<td>• Economic resources</td>
<td>• Social care: Case management, psychotherapy</td>
<td>• Ensuring client understands implications of adherence</td>
</tr>
<tr>
<td></td>
<td>• Support groups</td>
<td>• Empowering client role in selecting therapies</td>
</tr>
<tr>
<td></td>
<td>• Clients cultural and health beliefs and practices</td>
<td>• Use of Adherence Model</td>
</tr>
</tbody>
</table>

Cite: Linsk and Bonk, 2000
Sometimes primarily in caregiver roles rather than only patients/clients

Women may share their medications, often with children

Women frequently have other priorities:
- Care giving
- Food
- Housing
- Income
- Parenting

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

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

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

When you return to the interview room (after stepping out to see if the doctor is still available), Teresa startles awake, and apologizes and says she just gets so tired sometimes and it is happening more and more. Before she walks into the exam room she stares down at the floor and starts crying. She states, “I’m so sick and so overwhelmed.”
ADHERE MODEL (1)

ADHERE

ASSESS
DIALOG
HOLISTIC
EMPOWER
REINFORCE
EVALUATE
Assess client knowledge and readiness.

- Knowledge level of HIV/AIDS and related drug therapies.
- Is information accessible and linguistically appropriate
- Culturally competent assessments
- Use the stages of change to help client understand his/her readiness
What are your short and long term goals for treatment?

Tell me what you know about HIV/AIDS. What are your current medicines and medication doses (including non-HAART medicines)?

What do you feel or believe about the services of your current HIV treatment?

Tell me about how you have made decisions in the past? Who helps you with these decisions?

Where and who do you draw your personal strengths from?

Begin or restart a medication schedule

Plan how they will fit medications into their daily schedule

Talking with the client about living with HIV/AIDS

Address barriers to taking medications

Planning and Preparation

Contemplation

Pre-Contemplation

Maintenance

Action

Relapse

Relapse

Relapse

Relapse

Source: Prochaska & Di Climente (1986); NASW (2002)
Dialog

- Dialog with your client(s) about their health belief and options.
- Clarify possible consequences of non-adherence
- Inform of costs and relative benefits
- Review the purpose of HAART and names of each medicine
- Review side effects and self-care strategies
DIALOG WITH CLIENTS ABOUT THE CHALLENGES AND BENEFITS OF ADHERENCE

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

- Increased side effects of medications
- Pill burden
- Challenge to daily routine
- Disclosure issues
A holistic approach includes culture

- Think environmental
- Work with clients to identify adherence “social support list”
- Share resources to help with all aspects of adherence (e.g., mental health services, child card, support groups, financial assistance)
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Eating Habits</td>
<td>(when and how many times a day do you eat)</td>
</tr>
<tr>
<td>My Sleeping Patterns</td>
<td>(when, how often and how long you sleep)</td>
</tr>
<tr>
<td>My Daily Commitments</td>
<td>(include paid employment, child care, volunteer work or school)</td>
</tr>
<tr>
<td>My Regular Exercise</td>
<td>(walking, aerobics, dance or going to the gym)</td>
</tr>
<tr>
<td>My Social Supports</td>
<td>(include your friends, family partner, spiritual organization or support group)</td>
</tr>
<tr>
<td>My Financial/Legal Situation</td>
<td>(include all related issues, such as income, insurance, citizenship or prison)</td>
</tr>
<tr>
<td>My Housing Situation</td>
<td>(stable housing, safety or homelessness)</td>
</tr>
</tbody>
</table>

Cite: AIDS Action Committee MA (2003)
Empower

- Empower all clients to implement action plan

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

- Strengths based focus
HIV AND ADHERENCE
EMPOWERING CLIENTS AND SYSTEMS
TO CREATE SUCCESS

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

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

For a client who has not yet chosen medical treatment
- Complete an “adherence checklist”
- Help client to assess the relative benefits and costs
- Assess current perception of health status

For a client who is currently on HAART:
- Review with your client the treatment plan
- Ask directly, “How are you currently coping with this plan?”
- Complete an adherence checklist
- Ask your client to be specific regarding non-adherence
ADHERE

- Access to Resources
- Use of Adherence Tools
- Individualized Adherence Planning
- Culturally Competent Services
- Strong Provider Capability Building
- Mental Health & Substance Abuse Services
- Support Systems
- Client-Centered
- Nutritional Counseling

ADHERE: Advancing Disease Prevention and Treatment through Engagement and Retention in Healthy Environments.
Thank you for your participation.

Please remember to complete the evaluation.
References


Coping with Hope: HIV/AIDS Treatment Decisions/Adherence. (2001) [Multiple authors]. Center for Mental Health Services (CMHS) Mental Health Care Provider Education in HIV/AIDS Programs. Rockville: MD


In reproducing this material, please contact NASW.

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