

# ADHERENCE VERSION 1\*

## ▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 60 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
  - List factors that may be barriers for people to do what is good for them.
  - Brainstorm ways to help peers address those barriers and solve adherence problems.
  - Follow a peer-centered approach for discovering what motivates another person to change.
- ★ **Training Methods:** Small Group Activity, Large Group Discussion
- ✓ **In This Activity You Will...**
  - Facilitate a group discussion on what adherence is and why it is difficult (20 minutes)
  - Conduct a small group activity on creative strategies to overcome barriers to adherence (20 minutes)
  - Share creative strategies with the larger group (20 minutes)
- ✂ **Materials:**
  - Flip chart
  - Markers
  - Masking tape
  - Colored paper clips for breaking people into groups (5 paper clips in four different colors—20 total)
- 🚫 **Preparation:** None

## Instructions

1. Ask the group why it is important to have access to an HIV care provider.

*We have discussed being a partner with our provider. Why is it important to have access to an HIV care provider?*
2. Allow for responses. Responses may include:
  - Folk medicine is not always safe; we need to make sure that it does good and does not cause harm.
  - Health care is expensive; care through an HIV care provider may in the long run be cheaper.
  - The community cannot pay for emergency room care for too many of its citizens.
  - HIV providers may also be linked to other services that the clients might need.
  - A single HIV provider better provides continuity of care. Although wellness is the ideal, we all get sick. Only doctors and specialists can treat illness.

3. Begin the discussion on adherence.

*What does adherence mean to you?*

4. Allow for responses and record on flip chart.

*Adherence can mean doing your best to be faithful to a plan or agreement set by you and your HIV provider to take your medicine as prescribed, keep and make appointments, eat right, exercise and do what is necessary to feel your best.*

*Basically adherence means sticking to whatever you and your provider decide for you to have the best health possible. It is just like this tape that is sticking or adhering to this piece of paper/wall. That is what adherence can mean.*

\* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

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## ▶ TRAINING TIP

### Things to stress:

- Remember that the number one reason for lack of adherence is depression.

5. Ask the group why it is important to continue treatment and adhere to the medication schedule that your provider has prescribed.

*Why is it important to continue treatment and adhere to the medication schedule that your provider has prescribed?*

6. Allow for responses.

*Many people know that it is important to go to the doctor and to take prescribed medication but there are many things that make it difficult.*

Some possible answers suggested by the pilot group include:

- Medications keep us healthy.
  - It's important not to miss doses of medications because we can build up drug resistance.
  - It's important to avoid drug resistance because then the medications won't work.
  - It will keep us from losing services. It's hard to get these services, so we don't want to lose them.
  - It will keep the doctors and other health care providers from yelling at us or being mad at us.
  - It will help us to avoid side effects or help tolerate side effects.
  - It helps us to know the difference between "normal" side effects and life threatening ones.
  - It helps you feel better about yourself by meeting your goals and being responsible and accountable to yourself.
  - It helps you live longer and have better quality of life.
7. Ask the group to brainstorm some of the things that make adherence difficult.

*Based on HIV research, we know that there are some factors that do not influence adherence. These include: patient demographics such as race, gender, history of substance abuse, socioeconomic status, educational level, culture or ethnicity and marital status.*

*What are some of the things that make adherence difficult?*

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Allow for responses and record on the flip chart. Record one “barrier” per page.

Some possible answers include:

- Being uninsured;
- Not knowing where to go;
- Having had bad experiences in the past;
- Not being ready;
- Having/fearing negative side effects/Bad taste of medications;
- Having to change activities to take pills;
- Not making it a habit;
- Being homeless or lacking resources;
- Feeling healthy and not wanting to take medications until sick;
- Being sick with other diseases;
- Finding it hard to get medications/costs;
- Dealing with complex drug regimens;
- Having disclosure issues;
- Feeling tired of taking medications;
- Having mental illness/active drug use;
- Traveling;
- Believing drugs won't work or body won't tolerate;
- Wanting to avoid chemicals in your body (thinking that medicines are poison chemicals);
- Lacking social support.

8. Explain that we are now going to explore creative approaches to overcoming barriers.

*We are now going to think of creative ways to overcome these barriers.*

9. Divide the large group into 4 small working groups by passing out different colored paper clips. Co-trainer can count these soon after session has begun.

*We are going to get into groups and discuss ways to overcome some of these barriers.*

*Please take a colored paper clip and all the people with the same color will form a group.*

10. Give each small group a piece of flip chart paper with a barrier from the brainstorm session. Ask each group to think about what clients can do to overcome these barriers. Encourage the group to “think outside the box” and to be creative. Give the groups 15 minutes to come up with some creative and specific solutions for their barriers.

*On this paper provided, you will have a barrier listed. You will have 15 minutes to discuss your barrier. Please think of creative ways to overcome this barrier. You need to be specific in your solutions to the barrier.*

*Think of places you may suggest they go, things that could make adherence easier.*

11. Ask that each group assign a recorder to write the group's responses on a piece of flip chart paper and a reporter to share the small group's work with the larger group.

*You will need to have someone serve as a recorder for the group, and someone who will share it with the larger group when time is called. You have five minutes to complete this.*

12. Circulate among the groups to make sure they understand the instructions and are on task. At the end of 10 minutes, give them a 5-minute warning.

13. Call the large group back together and ask each group, one by one, to report out on their barriers and solutions. Ask that subsequent groups not repeat strategies that have already been mentioned by another group.

*Okay, time is up. Let's get started with our ways to overcome barriers to adherence. Try not to repeat anything that another group has stated.*

Some examples of suggestions from the pilot group include the following:

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## Examples of Flip Chart Barriers

### Suggestions for Helping Clients Seek Service

#### **BARRIER – Client is not ready.**

- Find out why s/he's not ready.
- Respect client's decision to postpone seeking wellness care.
- Provide acceptable options for clients in need of attention.
- Depending on her/his reasons, share other people's examples of how they have overcome these fears or beliefs.
- Make a referral in case s/he needs professional help.

#### **BARRIER – Negative side effects.**

- Let the doctor know. If it is a case of nausea, there are medications available that may be helpful. As a peer educator, you can say, "there are medications out there that can help. Why don't we ask the doctor what some might be."
- Provide advice (nutrition advice, alternative therapies, suggest relaxation, teas (herbs,), suggest diet changes, cut down work hours).
- Always consult with a health care provider if these side effects are severe.
- Go to the hospital if symptoms persist or are incapacitating.

#### **BARRIER - Mental illness/active drug use.**

- Let the client know the risks of taking drugs with medications (interactions, hard to remember when high).
- Refer client for the treatment of substance abuse.
- Avoid chemicals; explain to the client that all medications, foods, and drinks have chemicals that may interact or cause problems with judgment or memory.
- Increase your social support; state role of peer educator is to provide support.

- Seek out support groups and counseling services for referrals.
- Let the client know that he is not alone, that there are resources available (self-help and support groups): find buddies (mentors in AA, NA).

#### **BARRIER – Lack of Motivation**

- Constantly monitor the clients' progress and reward it.
- Give them examples of positive effects of taking medications.
- Remind them to remember their loved ones.
- Remind client that medications reduce the chance of getting infections.

## Summary

During the report out, ask clarifying questions that encourage participants to think very specifically about ways to address barriers.

Wrap up with key points:

- Taking your medications regularly and as prescribed by your doctor will keep your viral load down and avoid drug resistance.
- Adherence is important for your own health and the health of others.
- Adherence is a challenging process and we should understand how hard it is.

Thank everyone for their creative and good thinking.

*Thank you for your creativity and good thinking. You may be able to use these strategies as a peer educator.*

Some responses adapted from US Mexico Border Health Association Promoters Training Program, September 1999.

\* This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.