

ADHERENCE CASE STUDIES*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 45 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Discuss the importance of adherence to HIV treatment regimens and the risks of non-adherence.
 - Identify 3 common barriers to treatment adherence.
 - Plan solutions to counteract barriers to adherence.
- ★ **Training Methods:** Case Studies, Large Group Discussion
- ✓ **In This Activity You Will...**
 - Distribute case studies to be read and discussed by groups. (5 minutes)
 - Ask groups to read and discuss each case study. (15 minutes)
 - Lead a group discussion on the points raised in each case study focusing on the role of the peer. (25 minutes)
- ✂ **Materials:**
 - Handout - Adherence Case Studies
 - Trainers Guide - Key Points for Processing Case Studies
- 🖨 **Preparation:** Print handouts

Instructions

1. Break participants into four small groups.
2. Give out Adherence Case Studies to all participants and assign each case study to 2 groups.

Give groups 10 minutes to analyze and discuss their case studies. Remind participants to consider the question “What is your role as the peer?”
3. Instruct groups to think of ways to:
 - Acknowledge how difficult adherence can be;
 - Encourage the client for the steps he or she has made toward adherence, and;
 - Strategize with the client on how to improve adherence to treatment.
4. When time is up, read case study aloud so both groups hear it.
5. In large group, discuss each case study. Give both groups a chance to explain their responses to the case study.
6. Repeat for second case study.

Summary

Wrap up session.

Source: AIDS Education and Training Center, Coping with Hope: HIV Treatment Decisions/Adherence, A Multi-Disciplinary Mental Health Services Curriculum, 2000

* 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. This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

ADHERENCE CASE STUDIES

SESSION HANDOUT # 1 of 2

CASE STUDIES

Case Study #1 – Tammy

You are the peer worker assigned to help this client with adherence issues. Tammy is a 42-year-old woman living in a large urban city. Eight months ago Tammy discovered that her husband Dante tested positive for HIV; soon after, Tammy also tested positive. Being diagnosed HIV-positive and following a HAART regimen have been challenging when caring for herself, Dante and her children. Her four children are from a previous marriage. Dante has to visit the emergency room frequently due to opportunistic infections.

Tammy has experienced many side effects associated with her HAART regimen. The side effects she finds most difficult to tolerate are the itching and nausea. Because of all the added stress, Tammy had to quit her job. Although Tammy doesn't live far from the clinic where she receives care, her compliance with clinic appointments has been suffering because of Dante's jealous fits. Dante accuses Tammy of cheating on him; often making it difficult for her to leave the house to attend her clinic appointments. Because of all the chaos at home, Tammy sometimes forgets to take her HIV medications.

Her most frequent missed dose of medication is usually in the morning when preparing the kids for school and caring for her husband. The pressure of keeping her HIV status a secret from her mother, sister, and children is becoming a heavy burden. There are times when she feels alone in this world; she has no one to turn to for support. She no longer attends support groups because of Dante's jealousy; however, she prays often and attends church services as a form of support in dealing with her illness.

How would you address Tammy's concerns and work with her on adherence issues?

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SESSION HANDOUT # 1 of 2 (cont.)

CASE STUDIES (CONT.)

Case Study #2 – Jesse

Jesse is a 22 year-old man who tested positive for HIV two years ago. His suspicions are that he's been HIV positive since his adolescence. You are the peer worker assigned to help Jesse with adherence issues. You have been seeing him for the past nine months. During the sessions, he has shared his concerns about his increasing alcohol/drug use and depression. Over the past month, Jesse has frequently mentioned his fear of failing his HAART regimen. The thought of having to switch medications because of failing his current regimen has caused Jesse to feel depressed; he has been on the current regimen for one year. The combination of fear of failing his HIV treatment in addition to disappointing his doctor has caused Jesse's depression to worsen.

Over the past nine months, Jesse has also been concerned with his body image. Although he works out in the gym regularly with weights, he's never satisfied with his physique. He has noticed changes in body fat buildup throughout his body, loss of fat in the face area, and his limbs have thinned. Jesse has also expressed concern about the effects of long-term treatment. Jesse recently read an article in a HIV/AIDS magazine that heart disease is another side effect of long-term treatment.

Besides his cousin, Jesse does not have anyone else he can talk to about his HIV status. But he rarely shares with cousin his sex life involving men he meets at parks or in clubs. He admits to his peer worker that he often finds extra pills in his bottles at the end of the month. Jesse feels healthy, but his doctor has told him that his CD4 count (T-cells) are dropping and his viral load is increasing.

How would you address Jesse's concerns and work with him on adherence issues?

ADHERENCE CASE STUDIES

SESSION TRAINERS GUIDE # 2 of 2

KEY POINTS FOR PROCESSING CASE STUDIES

Key Points for Case Study #1 (Tammy)

- Assess Tammy's beliefs about HIV, treatment, and the impact that missing doses may have on her health.
- Congratulate Tammy for her many strengths and for how well she is handling her situation, including taking care of Dante, her four children, and herself.
- Acknowledge and validate the ways in which she gets support – through prayer, for example.
- Help Tammy to develop strategies that she thinks will improve adherence. Help Tammy to think about ways she can incorporate taking her medicines into her daily routine. For example, getting up 15 minutes earlier to take some time for herself and to take her medication; putting the medication and water and/or food on her bedside table every night after the kids are in bed so that it is the first thing she sees in the morning. Let her brainstorm and see what other solutions might work for her.

Key Points for Case Study #2 (Jesse)

- Assess how Jesse is currently coping with his treatment plan and ask what his biggest concerns are (drug use, treatment plan, depression) and goals. Review treatment plan and discuss goals. Discuss barriers to treatment.
 - If drug use is a concern of his, offer referrals for substance abuse treatment programs
 - Offer Jesse referrals for mental health services for his depression
- Assess how Jesse might develop more support for himself (he has a supportive cousin he lives with, but others do not know about his HIV status).
- Help Jesse identify the barriers to a frank discussion with his doctor (e.g., wanting to be the “perfect patient”) and help him develop the skills and strategies to be more open with his doctor.
- Help Jesse strategize about ways to account for missed doses, like using a pill box, which will help identify when missed doses are occurring, or find out if the pharmacy is providing “extra” pills in the prescription. Offer adherence tools to improve adherence. Demonstrate how to use tools effectively for optimum benefits.
- Think about what exactly your role as a peer is: giving information, rather than offering advice helps Jesse make choices he can “own” and is more likely to follow through on.