



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

Adherence

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Non-adherence Comes in Many Flavors

- **Psychotropic medications**
- **Non-psychotropic medications**
- **Self-management for** chronic disease (e.g., testing for diabetes)
- **Preventive procedures** (e.g., screening for colon health)
- **Lifestyle change for prevention** (e.g., quit smoking)

Key Areas to Assess

- **Understanding** of the requested change
 - What, why, how, when
- **Experience to date** with the requested change
- **Importance** to patient
- **Confidence** for change
- Perceived barriers: **support system**
- Perceived barriers: **resources** (e.g., access to fresh foods, parks, \$ to buy medications)

Interventions to Promote Adherence

- **Directly stems from assessment results**
 - Education (**what, why, how, when**)
 - Motivational interviewing
 - Connection to values
 - Involvement of support system
 - Problem-solving barriers

Evidence

Primary Care and Adherence

- **RCT of depressed PC** patients who received psychologist-delivered CBT and adherence
 - **91% of those electing to use meds** adhering at 4 months
- **USPSTF recommends brief counseling for:**
 - Obesity, Breastfeeding promotion, Alcohol misuse, Skin cancer prevention, Diet and activity for CVD prevention, STI prevention, Tobacco cessation (adults, peds)

Training PCPs to Involve a BHC

- **Scrub schedules** (e.g., for uncontrolled hypertension)
- Brief didactics on adherence
- Work this in to visits even when not requested
- Group medical visits (with PCP)
- **Develop pathways** for relevant conditions

Adherence is a common problem, but often missed as a PCBH referral opportunity



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