

# Participant Centered Adherence Counseling for MTN-017

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# Overview: MTN-017 Adherence Counseling

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- Goal
  - Help participants adhere to product use regimen as specified in study protocol
  - To reach a more accurate estimate of product use
  
- Contacts
  - Weeks 0, 4, and 8 of each Study period
  - A total of 9 contacts per participant
  
- Elements
  - Convergence Interview
  - Adherence Counseling
    - Client Centered + Problem solving approaches



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Why use a client-centered +  
problem solving approach



# Client-centered & problem solving approaches

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- Evidenced-based approaches to changing behavior
- Synergistic: they address each others' weaknesses

## **Problem-solving approach**

Directive

Solution focused

Structured

Counselor as expert

## **Client-centered approach**

Focused on client's perspective

Empathic

Strength-based

Client as resource to achieve goal



# Client centeredness & therapy outcomes

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- A consistent finding is that the stronger the patient-provider alliance the greater the therapeutic change  
(Horvath & Bedi 2002, Orlinsky et al. 2004)
- Directive therapies often have lower ratings of therapeutic alliance other therapies  
(Malik, et al., 2003)
- Therapists who are more empathic and supportive vs. directive and authoritative obtain better therapeutic outcomes  
(Karno & Longabaugh, 2005; Keijsers, et al., 2000; Miller, et al., 1993)

# Client centeredness & medical outcomes

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- Improved outcomes using in MI in:
  - treatment of high blood pressure, asthma, obesity, cholesterol  
(Rubak, et al., 2005)
  - retention in psychopharmacological treatment  
(Lewis-Fernandez, et al., in press; Balan, et al., in press)
  
- Consistent with calls for patient-centered care
  - Greater involvement of patient in care, shared decision making, improved communication, greater personalization of care  
(Charles, et al., 2006; Deegan & Drake, 2006; Hamann, et al., 2003; Robinson, et al., 2008)
  - participatory approaches to healthcare have been associated with greater patient satisfaction and improved outcomes  
(Swanson, Bastani, Rubenstein, Meredith, & Ford, 2007; Alegría, et al., 2008; Clever, et al., 2006; Ludman et al., 2003).

# Role of Patient-provider Interaction

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- MI process studies have found that:
  - Advising, confronting, directing, and warning clients was associated with poorer drinking outcomes  
(Moyers, et al., 2009; Apodaca, et al., 2009)
  - Affirming, emphasizing client control, and supporting were associated with improved drinking outcomes  
(Moyers, et al., 2009; Vader, et al., 2010)
- The former often evokes resistance from patients
  - Silent dismissals of advice and warnings
  - Arguing against confrontations
- The latter fosters greater engagement in the change process



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# Participant Centered Adherence Counseling

## **SESSION CONTENT**





# Overview

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- Initial Visit
  - Discuss purpose and content of the sessions
  - Importance of accurate reporting
  - Explore obstacles to adherence
  
- Mid-Period Visit
  - Convergence Interview
  - Adherence Counseling
  
- Period End Visit
  - Convergence Interview



# Initial Visit

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- STEP 1:** Welcome participant; present overview of client centered adherence counseling
- STEP 2:** Set structure for session
- STEP 3:** Assess understanding of product use regimen
- STEP 4:** Assess confidence of using the product as indicated
- STEP 5:** Identify plan for using product as indicated
- STEP 6:** Identify & problem-solve potential obstacles to using the product as indicated
- STEP 7:** Close session



# Mid-Period Visit

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- STEP 1:** Welcome participant and set structure for session
- STEP 2:** Conduct convergence interview
  - SMS, returned product count (Period wk 1-4)
  - SMS, returned products, PK level (Prior Period wk 4-8)
- STEP 3:** Explore what has helped participant adhere to product use
- STEP 4:** Explore participant's thoughts re their adherence
- STEP 5:** Explore ways to improve adherence
- STEP 6:** Close the session



# Period End Visit

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- STEP 1:** Welcome participant and set structure for session
- STEP 2:** Conduct convergence interview
  - SMS, returned product (Period wk 4-8)
  - SMS, returned product, PK level (Period wk 0-4)
- STEP 3:** Explore what has helped participant adhere to product use
- STEP 4:** Close the session



# Logistics of training

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- Two day training
- Recording of sessions
- Uploading sessions to SCHARP site
- Review/Rating of sessions
- Monthly coaching calls



# Fidelity ratings: Intervention tasks

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*Poor*    1        2        3        4        5        6        7    *Excellent*

## Mid-period Visit

- Welcome participant to the session; set structure for session
- Review and converge adherence data
- Explore what helped participant adhere to product use
- Assess participant's thoughts on current adherence
- Explore ways to improve adherence (if indicated by participant)
- Close session



# Fidelity ratings: Global Scales

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1            2            3            4            5

- Collaboration
- Respectful
- Evocative
- Empathic

Average rating of  $>4.0$  = competence

Adapted from MITI (Moyers, et al.,)



# Coaching

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- Ratings used to identify challenges and models to competency in adherence counseling
- Coaching calls scheduled at least monthly, can be more frequent if necessary
- Calls consist of:
  - Role plays
  - Review recordings





# Outcomes

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- Assess fidelity to adherence counseling
  - Drift over time
  - Differences across sites
- Understand the process of learning and sustaining a new counseling approach
  - Assess number of coaching sessions to bring counselors to competency
- Provide insights into adherence counseling infrastructure necessary for future trials



Thank you.