Participant Centered Adherence Counseling for MTN-017

Ivan Balán, Ph.D.
Alex Carballoc-Diéquez, Ph.D.
Overview: MTN-017 Adherence Counseling

- **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
Why use a client-centered + problem solving approach
Client-centered & problem solving approaches

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

<table>
<thead>
<tr>
<th>Problem-solving approach</th>
<th>Client-centered approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directive</td>
<td>Focused on client’s perspective</td>
</tr>
<tr>
<td>Solution focused</td>
<td>Empathic</td>
</tr>
<tr>
<td>Structured</td>
<td>Strength-based</td>
</tr>
<tr>
<td>Counselor as expert</td>
<td>Client as resource to achieve goal</td>
</tr>
</tbody>
</table>
Client centeredness & therapy outcomes

- 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

- 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

- 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
Participant Centered Adherence Counseling

SESSION CONTENT
Overview

- 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

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

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

**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

- Two day training
- Recording of sessions
- Uploading sessions to SCHARP site
- Review/Rating of sessions
- Monthly coaching calls
Fidelity ratings: Intervention tasks

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

1  2  3  4  5

- Collaboration
- Respectful
- Evocative
- Empathic

Average rating of >4.0 = competence

Adapted from MITI (Moyers, et al.,)
Coaching

- 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

- 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.