Medication Adherence in Patients with Dual Diagnosis

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Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.
Objective

- Describe several steps in the application of strength-based strategies and motivational interventions to positively affect medication adherence in patients with dual diagnoses.
Comorbidities
- What is the significance?
- What do you treat?
- What is the approach of the practitioner?
- What are the challenges of the practitioner (case manager)?
- What are the core competencies or skills needed to increase adherence?
- What does it sound like in a dialog?
- What medication issues are most important for Co-morbidities of mental illness and substance use disorders.
Mental illness and substance use disorders\textsuperscript{2, 3}

\begin{itemize}
  \item Mental Illness - 40 million
  \item Substance Use Disorder - 22 million
  \item Co-Occurring Disorder - 7.8 million
\end{itemize}
Co-occurring disorders

Risk of also having a substance use disorder\textsuperscript{4}

- schizophrenia or bi-polar > 50%
- general population 16%

Outcomes for CODs are worse in\textsuperscript{5, 6}

- Incarceration
- Unemployment
- Hospitalization
- Homelessness
- Health
Four quadrant model for co-occurring disorders

- Quadrant I: High MI, Low SUD (Low MI, High SUD)
- Quadrant II: Low MI, Low SUD
- Quadrant III: Low MI, High SUD (High MI, High SUD)
- Quadrant IV: Integrated Dual Disorder Treatment

- Ambulatory Care

Integrated Dual Disorder Treatment
Case Management Adherence Guide (CMSA 2012)

...Engaging them in active participation:
- Patient knowledge
- Patient involvement in care
- Patient empowerment
- Improved adherence
- Improved coordination of care
Styles

- How the brain works in dialog: Consider methods of dialog that push the person to the passive versus the active role
  - Shortcuts - drops the expert message with no knowledge of the person’s desire, ability, reason, need or commitment to follow through
  - Dosing with reality: Warns the person of dire consequences if no adherence
  - Expert Resume’: No assistive collaboration
  - Advising: Teaches over top of what is already known about and not used
  - Evocative Questions: Evocation over Prescription: Learn the degree to which the person knows, has tried, has been told, and cares about the condition, treatments and medications
  - Provide: What is needed as evidenced by evocative question
  - Evoke: Find out how the prescription ties to what the person cares about
  - Affirm over prescribe
Styles

- How the brain works in dialog: Consider methods of dialog that push the person to the passive versus the active role

- Answer these questions:
  - How do you give advice?
  - How does the way in which you give advice act on the brain in dialog?
  - What does prescriptive advice sound like?
  - What reaction does it get?
  - What does “evocative” advice sound like?
  - What reaction does it get?
  - If you use evocative strategies for advising, how does it change your role?
  - How does it change the patient’s role?
Motivational Dialog

- The importance of Adherence is at stake
- The degree to which you can “influence” motivation is the key
- An understanding of how the brain works in dialog is essential
- Practicing intentionally based upon how the brain works
- Avoid intuitive practice that has not been well examined
Motivational Dialog

- Intentional dialog moves and maintains the patient in the Active Role
- The practitioner seeks to occupy and maintain the Assistive/Collaborative Partner Role
- Perfecting the art of giving advice evocatively and affirming
- Teaching only as a collaborative strategy
- Roger’s Theory of Accurate Empathy
- Kohout’s theory of empathy as gaining trust for advising
- Motivational Interviewing
Motivational Dialog

- Tying the use of Medication to the patient’s desire to recover critical life functions
- What are the critical life functions lost to the disabling symptoms or conditions of Dual Disorders?
- Shifting from the recovery “FROM” to the recovery “OF”
- The function of the dialog shifts from how medications “stop” symptoms to how medications “reacquire” meaningful functions
- What is that dialog like?
Motivational Dialog

- Intuitive dialog
- How does the brain react to these intuitive approaches

- “You need to...”
- “If you don’t... then... Will happen.”
- “You’ve got to understand...”
- “This medication is for...”
- “You should use alcohol/drugs when you are on this medication because...”
- “What ever you do...”
- “You Can’t...”
- “You shouldn’t”
Motivational Interviewing

- **Motivational Interviewing**
  - Autonomy
    - Emphasizing Choice and Control
    - Asking to provide what is not known
  - Collaboration
    - Practitioner (at any level) is the assistive collaborative partner
    - Person stays in the active role and has a collaborative partner
  - Evocation
    - What do you know
    - What have you tried
    - What has worked and not worked
    - How do you see us helping you
  - Compassion
    - Practitioner remains mindful of the stress that brought the person to treatment
    - Practitioner never uses techniques for increasing stress and worry pejoratively
Motivational Interviewing

- Rolling with Resistance (making sense of...)
  - It's not the resistance that matters
  - It is the reason for the resistance that matters
- Expressing Empathy (accurate empathy)
  - Demonstrating that you:
    - Get what's going on with the person
    - From what they say
- Developing Discrepancy (weighing and considering)
  - Where are you
  - Where did you intend to be
  - What has to happen to get from here to where you want to be
- Supporting Self-efficacy (targets that have a chance of working)
Motivational Interviewing

- Open Ended Questions
  - Evocation
  - Learn what matters
  - Learn what is already known, tried, worked and didn’t work
- Affirmations
  - Support
  - Build Ego Strength
- Reflections
  - Highly Specialized
  - Demonstrates Accurate Empathy
- Summary
  - Binding dialog
  - Affirming Change Talk
  - Guiding dialog to plan for adherence
Motivational Interviewing

Evocative Questions
- What are you trying to accomplish?
- What keeps you from being able to do that?
- How does drinking effect that goal?
- How does your anxiety effect that goal?
- How do they go together?
- How does drinking or smoking and you medication go together?
- What do you know about this medication?
- How does alcohol affect this medication?
- What happens when you take your medication when you drink or smoke week?
- What happens when you take your medication and you aren’t using?
- What happens when you drink or smoke weed and you don’t take your medication?
- How do these things help you with your goals for getting and keeping your job?
Motivational Interviewing

Open ended (evocative questions)

- Can you tell me what happens when you drink and you aren’t taking your medication
- Tell me what happens when you drink and you aren’t taking your medication
- What happens when you drink and you aren’t taking your medication
- There are times when you drink and aren’t taking your medication
Motivational Interviewing

- Affirmations
  - Not stopping
  - Starting
  - Looks for efficacy
  - Avoids compliments as a strategy to get change
  - Requires the practitioner to believe that the person has knowledge and wisdom from their personal orientation
  - The practitioner highlights knowledge and wisdom when it is revealed
  - Centers the dialog on efficacious statements
  - Guides the dialog from efficacious statements to get behavior change
Motivational Interviewing

- Reflections
  - Simple
    - Mirroring
    - Paraphrasing
    - Rephrasing
  - Complex
    - Double Sided
    - Reframing
    - With a twist
    - Metaphors and Similes
    - Amplified
    - Empathetic
Motivational Interviewing

- Summaries for listening
  - Getting yourself into the game
  - Keeping Pace
  - Showing you are listening
- Summaries for guiding dialog
  - DARN
  - Tying themes (change talk) together to enhance and strengthen motivation for change
  - Shifting the dialog to planning for change
How does drinking and smoking weed effect your medication

Well I know it doesn’t help it
  You can see that for yourself

Yeah. But I know it helps a little even when I’m drinking
  Yup. You want all the help you can get for the anxiety. Drinking doesn’t stop you from taking your medication

No. It’s a lot worse when I don’t take it
  And you want things to get better

I really do
  To really get better, you would have to go a bit further into the issue of drinking

Yeah. But I’m not sure I’m ready for that
  So its about getting ready
Motivational Interviewing  
(Resistance)

- Well. I don’t always take it like I should
- Well. Its up to you to take your medication. What is it for?
  - It’s supposed to help me with my anxiety. But it gives me a tight feeling in my head and makes my stomach feel funny. Like weak.
- The feeling it gives you is worse than the anxiety
  - Kinda. I’m not always anxious, but when I take the medication I always have those weird feelings.
- If we found a medication that helped you with the anxiety and didn’t give you feelings like that what would happen
  - Well I’d take that medication.
- What would your reasons for that be?
  - Well. I could work and go places and stuff
Motivational Interviewing
Resistance

- I’m not taking this medication. It’s for Schizophrenia and I don’t have Schizophrenia. Besides, weed works better.
- If you are going to take medication, it has to be for the right thing and it has to work
  - Yeah. And my case manager told me I can’t smoke weed if I’m on that medication because it might hurt me.
- You’re not ready to quit smoking weed.
  - I’ve been smoking weed a lot longer than I’ve been taking the medication
- What happened when you were doing both
  - Well, I was doing good. I had a my job and I was even going to school sometimes.
- So. Until she told you that, you were doing both and it was better.
  - Yeah. But I don’t want to hurt myself.
- Okay if I make a suggestion?
  - Sure
- If the doc says you can do both if you let us watch it with you, what would you say about getting back on the medication
  - Well. As long as I don’t hurt myself.
- Okay. If we (you, the doc and I) watch it and we decide it’s bothering you to do both, what could you do.
  - I guess quit or find something else or something.
Medication Adherence for DD

- The idea for increasing adherence is based upon the shifting of roles
- The Case manager seeks to occupy the role of the assistive collaborative partner
- The Case Manager uses accurate empathy to form the tool for change which is the assistive collaborative relationship
- The Case Manager uses a formula in dialog that makes use of the way the brain acts in dialog
- What do you know; What have you been told; What have you tried; what worked; What didn’t work; How do you see us working with you
- Can I make a suggestion
- What can we do now
Medication Adherence with DD

- The patient is helped to remain in the active role
- The patient is helped to recall and use what they know
- The medication is tied to what the patient cares about recovering
- The patient is helped to recover critical life functions lost to the symptoms and condition their dual disorders
- The case manager sees resistance as meaningful and seeks to understand its function
- The patient is helped to overcome the reason for the resistance
- Motivational interventions are the key to changing health behaviors and is influenced by the Case Manager
References


