

Why don't people do their treatments?

A conceptual exploration of non-adherence in chronic illness using a contextual behavioural approach



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Learning objective

Describe a conceptual model for non-adherence to treatment that can help patients overcome barriers to adherence, improve their health and achieve a fulfilling life





What is treatment adherence?

‘The extent to which a person’s behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider.’

Adherence to Long-term Therapies : Evidence for Action, WHO, 2003.



Common strategies to improve treatment adherence

- Education
- Organisational skills & tools
- Motivational interviewing
- Supportive counselling
- On-line services
- Threats, consequences



PRECISION VS ACCURACY



✓ Precision
✗ Accuracy



✗ Precision
✓ Accuracy



✗ Precision
✗ Accuracy



✓ Precision
✓ Accuracy

Behavioural science



Accuracy *and* Precision



✓ Precision
✓ Accuracy

Target behaviour

Function

Context



Accuracy *and* Precision



✓ Precision
✓ Accuracy

Target behaviour = non-adherence

Function of non-adherence for the person in their unique **context**

→ Specific behavioural strategies to address problems



Common functions of non-adherence

Fⁿ1: Avoiding uncomfortable emotions

Fⁿ2: Freeing time for other priorities

Fⁿ3: Avoiding failure

Fⁿ4: Maintaining a coherent personal narrative

Fⁿ5: Avoiding unpleasant treatment side-effects



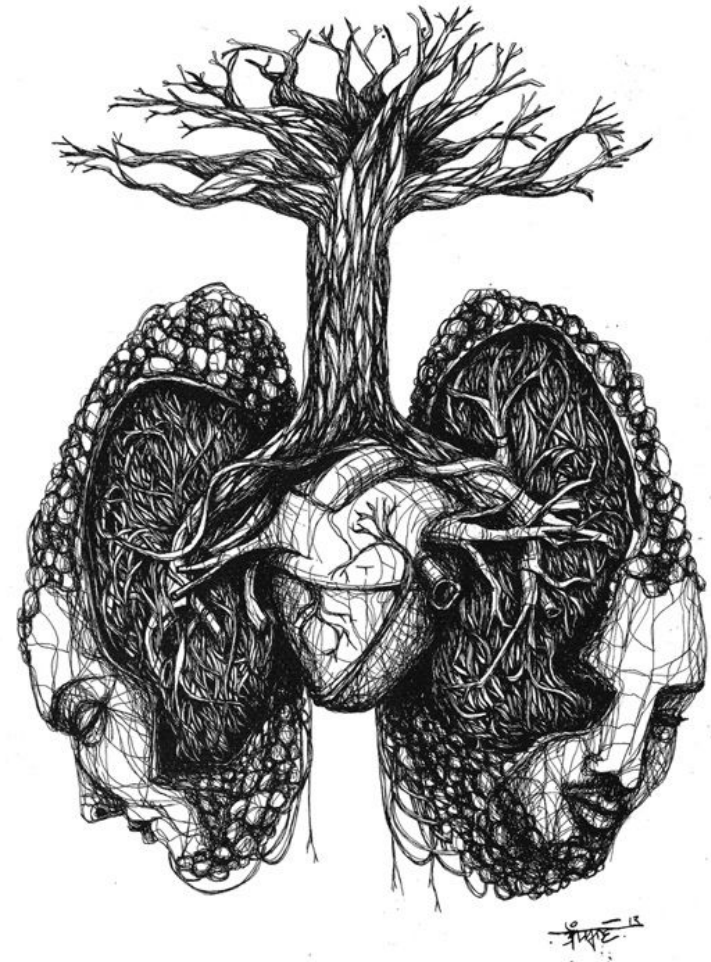
Common functions of non-adherence

Fⁿ1: Avoiding uncomfortable emotions

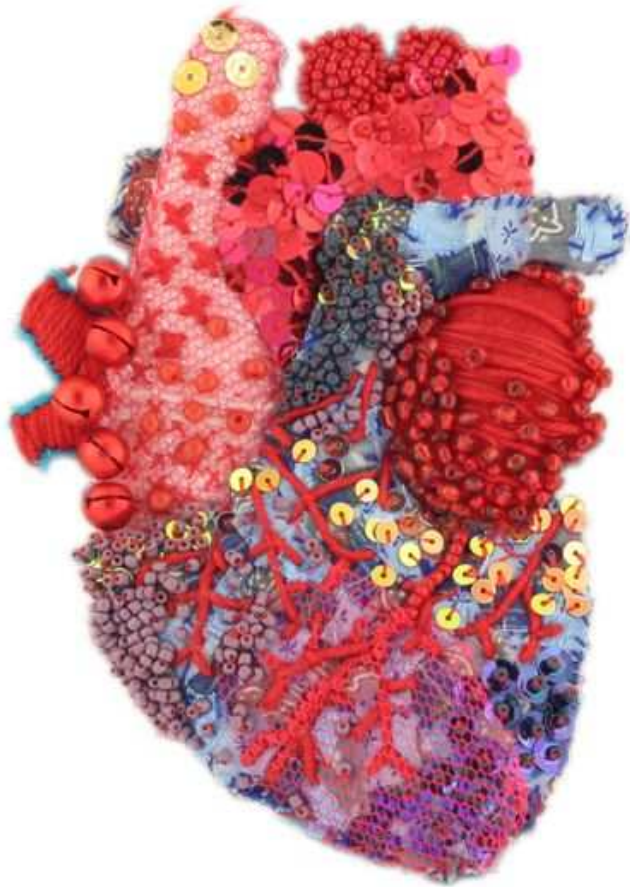


Fⁿ1: Avoiding uncomfortable emotions

- Triggers for uncomfortable emotions:
 - Thinking about the illness
 - Treatment
 - Exacerbations
 - Physical reminders
 - Reminders from others
 - Your clinic
 - **You**



Moving towards acceptance



Therapeutic goal:

Improve willingness to experience the aversive emotions generated by the illness (and treatment) to allow for new (adherent) treatment behaviours

Acceptance & treatment adherence



Greater acceptance leads
to greater treatment
adherence

(Moitra, Herbert & Forman, 2011)

Common functions of non-adherence:

Fⁿ2: Freeing time for other priorities



Fⁿ2: Freeing time for other priorities

“I don't have enough time”

“I run out of time”

“I forget when I'm busy”

“I need to get to work”



Is it this?



Or this?

A Day in the Life of a Procrastinator.

10am.
Loll about



11am.
Diddle daddle



1pm. Linger



5pm. Lollygag



7pm.
Mosey.



10pm
Lounge. Goof off.
Boondoggle. Bum around.



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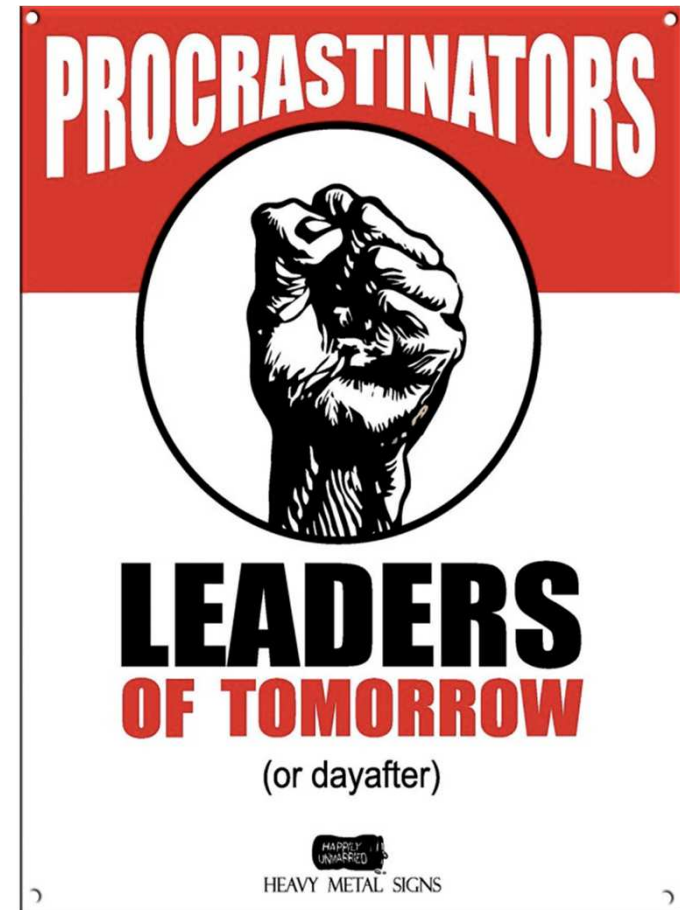
Common functions of non-adherence:

Fⁿ3: Avoiding failure



Fⁿ3: Avoiding failure

Procrastination & avoidance
Start-stop = repeated failure
Perfectionism



Common functions of non-adherence:

Fⁿ4: Maintaining a coherent personal narrative



Common personal narratives

Self as “sick”

Self as “damaged”

Self as “useless”



and...

Self as “normal”

Self as “a survivor”

Self as “independent”

Common functions of non-adherence:

Fⁿ5: Avoiding unpleasant treatment side-effects



Learning & reinforcement

- All treatments inherently punishing and/or reinforcing
- Incorporate reinforcement into treatment



Using reinforcement to support adherence

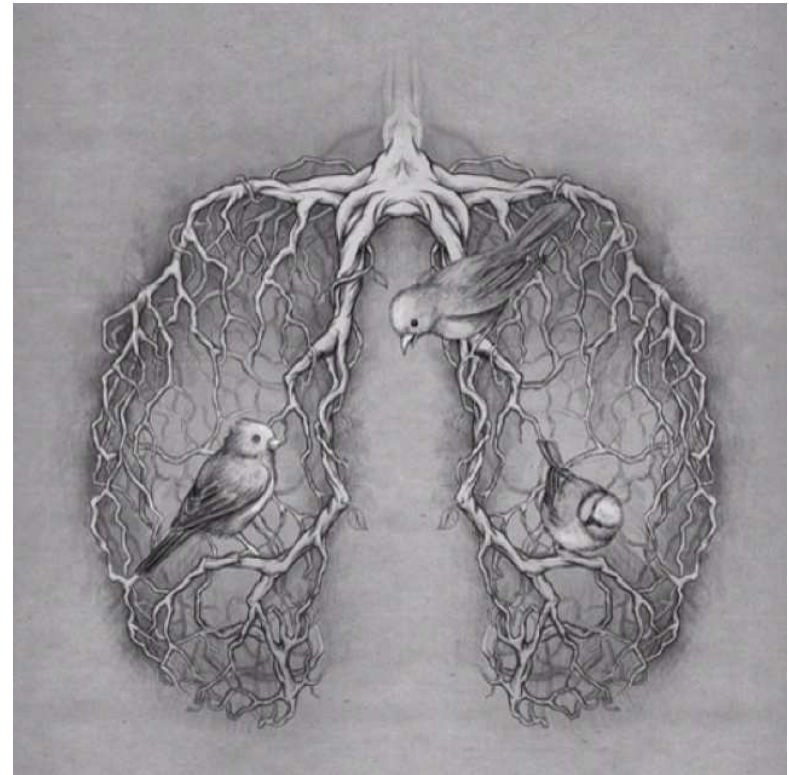


- Directly address the averseness of treatments
- Use **yourself** as the vehicle for reinforcement
- **Your** encouragement, **your** validation are key positive reinforcers
- The stronger your relationship with the patient, the greater impact of your intervention

(Martin, Garske & Davis, 2000)

In summary

- Exploring the **function of non-adherence** facilitates both precision & accuracy
- This improved precision can guide effective treatment



Thank you



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