

# Adolescent Health GP Resource Kit

# Practice Points

section two - chapter twelve

## Enhancing Compliance

**The key to enhancing compliance in adolescents lies in:**

- ◆ establishing a trusting relationship with the young person
- ◆ actively involving them in the development of an individualised treatment plan
- ◆ engaging the active support of the family (with the consent of the young person)
- ◆ understanding their cultural background and any traditional treatments and explanations of illness in their culture

### **Information and Education** *see page 135*

- ◆ Adolescents are more likely to adhere to a treatment plan if:
  - they understand the nature of and reasons for medications/treatments
  - treatment is given in the context of an effective doctor-patient relationship
  - some choice is offered with respect to treatment where possible
- ◆ Enquire about any cultural factors which may impact on their level of compliance and discuss with the young person and their parents
  - e.g. there may be particular cultural beliefs about the illness or certain treatments that act as a barrier to compliance
- ◆ Provide treatment options and, where possible, give the young person a choice in selecting treatments
- ◆ Give reasons for selecting a particular course of treatment
- ◆ Communicate and provide instructions in a way that is appropriate to the age and developmental stage of the young person

### **Strategies for Enhancing Compliance** *see page 135*

- ◆ **Listen to the young person's perspective and concerns – e.g.**
  - concern about how a treatment regime might disrupt their school or social life
  - embarrassment about the reactions of peers
- ◆ **Negotiate a mutually acceptable and flexible management plan**
  - involve the young person in developing a treatment plan that is flexible and takes into account their lifestyle, and the broader priorities and realities of their everyday life (e.g. school, sports, peers)
  - keep it simple and minimise the amount of medications that the young person needs to carry with them

◆ **Build motivation to comply**

- identify the pros and cons of different treatment options

◆ **Promote and support the young person's decision-making**

- encourage autonomy and responsibility for following the treatment plan through

◆ **Educate the young person about the tasks to be performed in plain, jargon-free language**

- keep instructions brief, clear and simple
- repeat important points and check understanding by asking questions

◆ **For CALD young people** – ensure that their (and their parents') level of English is proficient enough for them to understand the instructions

- use the Translating and Interpreter Service (TIS) if you feel the instructions need to be explained in the patient's language

*See Section 4 for contact details*

◆ **Set short-term goals**

- personalised goals provide motivation for complying with the treatment
- set goals that are concrete and relevant to their current circumstances – such as being able to play sport; go on a camp; or attend a social event

*Example:*

*"Michael you said that you really want to go on the school camp this year. Let's work on getting your asthma under control so that you will be able to attend the camp."*

◆ **Provide anticipatory guidance**

- identify obstacles and situations where it may be difficult to comply (e.g. pressure from friends; social situations)
- identify strategies for dealing with barriers to compliance

◆ **Involve other key people**

- where appropriate, involve parents and other family members in supporting the young person to carry out their treatment regime

◆ **Maintain contact**

- provide follow-up support via regular consultations, telephone contact, or by letter

◆ **Respond to non-adherence**

- acknowledge in a non-judgmental way that there may be non-adherence
- help the young person to identify strategies for overcoming their difficulties to compliance
- re-negotiate an alternative treatment regime if necessary

# chapter twelve

## Enhancing Compliance

### *The key to enhancing compliance in adolescents lies in:*

- ◆ establishing a trusting relationship with the young person
- ◆ actively involving them in the development of an individualised treatment plan
- ◆ engaging the active support of the family (with the consent of the young person)
- ◆ understanding their cultural background and any traditional treatments and explanations of illness in their culture

See Chapter 1 – Conducting a Youth Friendly Consultation – for approaches to communicating with adolescents

*The GP needs to devote as much time to developing a mutually acceptable treatment plan and promoting compliance as to other aspects of the consultation. Research suggests that young people are more likely to comply with treatment regimes if<sup>1</sup>:*

- they understand the nature of and reasons for medications/treatments
- treatment is given in the context of an effective doctor-patient relationship
- some choice is offered with respect to treatment where possible

### **Information and Education<sup>2,3</sup>**

Young people are unlikely to adhere to a treatment plan if they do not understand why they should. Simply providing instructions on the required course of treatment is not sufficient. It is essential to:

- ◆ discuss with them their condition/problem
- ◆ enquire about any cultural factors which may impact on their level of compliance and discuss with the young person and their parents
  - e.g. there may be particular cultural beliefs about the illness or certain treatments that act as a barrier to compliance
- ◆ provide treatment options and, where possible, give the young person a choice in selecting treatments
- ◆ give reasons for selecting a particular course of treatment
- ◆ discuss the likely outcomes of treatment

- ◆ discuss possible side-effects of treatment
- ◆ educate them about correct use of medication/ treatment procedures
- ◆ communicate and provide instructions in a way that is appropriate to the age and developmental stage of the young person

### **Strategies For Enhancing Compliance<sup>1, 2, 3</sup>**

The following are practical strategies for promoting compliance with adolescent patients:

- ◆ **Listen to the young person's perspective and concerns** – e.g.
  - concern about how a treatment regime might disrupt their school or social life
  - embarrassment about the reactions of peers
- ◆ **Negotiate a mutually acceptable and flexible management plan**
  - consider the adolescent's development stage and concerns (e.g. peer pressure; need for independence from parents)
  - involve the young person in developing a treatment plan that is flexible and takes into account their lifestyle, and the broader priorities and realities of their everyday life (e.g. school, sports, peers)
  - be prepared to accept a less than optimal treatment plan (at least initially) so as to maximise the possibility of compliance
  - give the young person a choice in the management plan to be implemented
  - keep it simple and minimise the amount of medications that the young person needs to carry with them
- ◆ **Build motivation to comply**
  - identify the pros and cons of different treatment options
  - discuss how likely they are to carry out the plan
  - identify possible barriers to compliance with the plan
  - identify what could assist them to comply

See 'Motivational Interviewing', Chapter 5 – Risk Taking and Health Promotion – for approaches to increasing patient motivation

◆ **Promote and support the young person's decision-making**

- encourage the young person's autonomy and responsibility for following the treatment plan through

◆ **Educate the young person about the tasks to be performed in plain, jargon-free language**

- keep instructions brief, clear and simple
- repeat important points and check understanding by asking questions
- improve understanding and recall by asking them to repeat instructions
- provide opportunities for practising a task – e.g. use of an asthma puffer; correct use of a condom
- reinforce the information with written material and handouts
- where appropriate, also give the information to parents/caregivers

◆ **For CALD young people – ensure that their (and their parents') level of English is proficient enough for them to understand the instructions**

- if you are unsure, don't accept what appears to be a "Yes, I understand" answer – e.g. a smile, a nod, a "yes"
- ask them to repeat the instructions back to you, especially if more than one medication is involved
- use the **Telephone Interpreter Service (TIS)** if you feel the instructions need to be explained in the patient's language

See Section 4 for TIS contact details

- also check whether traditional medicine is being used to identify any incompatibility with your prescribed medication

**If unsure about this, contact NSW Transcultural Mental Health Centre**

– 02 9840 3800 or 1800 648 911

◆ **Set short-term goals**

- personalised goals provide motivation for complying with the treatment
- set goals that are concrete and relevant to their current circumstances – such as being able to play sport; go on a camp; or attend a social event

*Example: "Michael you said that you really want to go on the school camp this year. Let's work on getting your asthma under control so that you will be able to attend the camp."*

◆ **Provide anticipatory guidance**

- help the young person to identify obstacles and situations where it may be difficult to comply (e.g. pressure from friends; social situations)
- explore these difficulties by working through realistic scenarios that they may encounter
- assist the young person to identify strategies for dealing with barriers to compliance

*Example: "Let's have a look at what you could do about taking your medication if you are going to a party."*

◆ **Address associated problems**

- help the young person to deal with other problems or concerns in their life beyond treatment issues – e.g. school or family problems; self esteem issues; anxiety/depression; lifestyle disruption
- help the young person to develop a positive attitude toward their health problem/illness

◆ **Involve other key people**

- where appropriate, involve parents and other family members in supporting the young person to carry out their treatment regime
- ask *the young person* whom they think could support them – such as a trusted friend or other significant person

◆ **Take into account the young person's financial situation**

- many young people may lack money to pay for scripts
- where possible, use samples with young patients

◆ **Address cultural factors**

- enquire about cultural factors that may influence compliance in CALD young people – e.g. beliefs and attitudes about illness; values and norms about particular treatments – e.g. use of medications
- with many CALD young people it is essential to involve the parents
- this must be handled sensitively however, respecting the parents' authority while supporting the young person's growing need for independence

◆ **Maintain contact**

- provide follow-up support via regular consultations, telephone contact, or by letter
- encourage the young person to communicate about their successes and difficulties
- monitor progress and provide feedback and positive reinforcement for their efforts in following the plan

◆ **Respond pro-actively to non-adherence** <sup>1, 3</sup>

- acknowledge in a non-judgmental way that there may be non-adherence

**Example:** "Many people find it difficult to take their medication exactly as prescribed all of the time. How have you been going with the three times a day dose as we set?"

- explore reasons for non-adherence in open-ended style

"What were some of the difficulties you had in taking your asthma preventer?"

"When are the times that you are best at remembering to take it?"

"What things help you to remember to take your medication?"

- help the young person to identify strategies for overcoming their difficulties to compliance
- praise them for their efforts and any small improvements
- re-negotiate an alternative treatment regime if necessary

## Compliance In Young People At High Risk

- ◆ Young people at high risk may have particular difficulty in maintaining compliance to treatment regimes – because of their often fragmented and unstable lifestyles, engagement in risk behaviours and isolation
- ◆ Compliance with medication can be particularly difficult – other treatment approaches (such as counselling; group therapy) should be encouraged
- ◆ This may be especially so for adolescents with comorbid substance use and mental health problems who may find comprehension of information more difficult due to the nature of their condition
- ◆ Decisions around the use of medications for young people at high risk should be based on a variety of factors including:
  - current type and severity of substance use
  - severity of mental health condition
  - motivation for change or treatment
  - the developmental age of the young person
  - current lifestyle and risk behaviours
  - available social and professional support systems
- ◆ It is important to collaborate closely with other workers who have an ongoing involvement with the young person (e.g. youth workers; accommodation workers) to engage them in supporting the treatment regime

See Chapter 5 – Risk Taking and Health Promotion – for strategies on working with young people at high risk

## practice points

- ◆ Young people are more likely to comply with a treatment plan if:
  - a relationship of trust has been developed with the GP
  - they understand the nature of and reasons for medications/treatments
  - they are given some input into decision-making about treatment options
- ◆ Actively involve the young person in the development of an individualised treatment plan
- ◆ Keep treatment regimes simple
- ◆ Provide information and instructions in easy-to-understand language, appropriate to the young person's developmental stage
- ◆ Build motivation to comply by helping the young person to set health and treatment goals that fit in with their lifestyle and relationships
- ◆ Where appropriate, involve other key people such as family members, youth workers, etc. in supporting the young person in their treatment regime
- ◆ Address non-adherence in pro-active but non-judgemental way – engage the young person in a dialogue about the barriers to compliance and re-negotiate treatment options
- ◆ Be sensitive to any cultural background factors that may impact on the young person's capacity to comply with treatment

## References:

- 1 Sanci, L. (2001). *Adolescent Health Care Principles*. Centre for Adolescent Health. The Royal Australian College of General Practitioners. Melbourne.
- 2 Bennett, D. L. and Kang, M. (2001). Adolescence in Oates, K., Currow, K., Hu, W. *Child Health: a practical manual for general practice*. MacLennan and Petty. Australia.
- 3 Watson, P. and Fleming, T. (2002). Enhancing compliance in adolescents. *Current Therapeutics* 43 (3):14-18.