

# Increasing Medication Adherence and Service Engagement for a Client with Intellectual Disability and Cognitive Impairment: Use of Reinforcements and the Strengths-Based Model in a Case Management Approach

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The aim of Adahps is to provide care and support to people with HIV-associated cognitive impairment and complex needs, including improving medication adherence and service engagement.

Simply, when HIV affects the brain it is called HIV Associated Neurocognitive Disorder (HAND).

**The goal was to improve the client's health and well-being, and quality of life.**

**The intervention was designed to enhance and increase his functioning to support the goal.**



## CLIENT PRESENTATION

The client Jack (whose name is changed for confidentiality purposes) is a 40 year old man who was referred to Adahps in 2009

- Intellectual disability and moderate levels of HIV associated cognitive impairment
- Extremely poor medication adherence and almost no service engagement
- Residing independently but with an at-risk tenancy
- Substance use
- Suspected unprotected sex
- Financial issues requiring urgent attention

## APPROACH

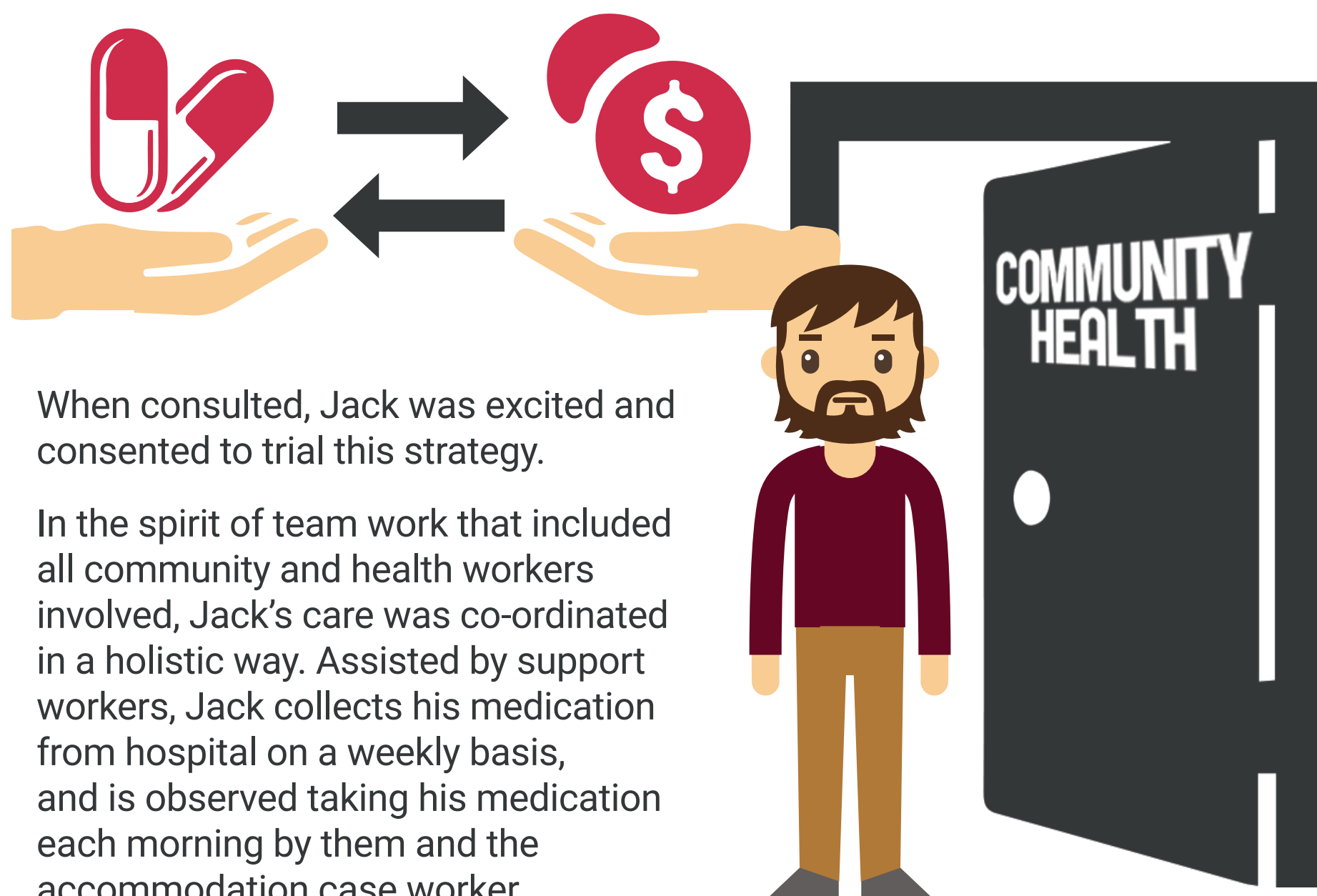


The client Jack frequently requested money and placed much importance on his desire for more.

It was noticed that Jack always arrived early for his daily allowance from the NSW Trustee and Guardian (TAG).

It was decided to focus on this strength of his.

After obtaining advice and approval from other stakeholders involved in his care, as well as the Australian Centre for Disability Law, and discussions with the TAG disability officer, a tailored strategy was developed for Jack. This was to reward him for his compliance with tasks and taking his medication, using money as a positive reinforcement.



When consulted, Jack was excited and consented to trial this strategy.

In the spirit of team work that included all community and health workers involved, Jack's care was co-ordinated in a holistic way. Assisted by support workers, Jack collects his medication from hospital on a weekly basis, and is observed taking his medication each morning by them and the accommodation case worker.

Once the agreed tasks are completed Jack is driven to collect his reward, with the signed medication planner presented as proof each day. This way Jack is rewarded for the desired behaviour.

Jack and the health care professionals involved in his care attend monthly case conferences, where time is allocated to discuss Jack's progress. This collaboration has formed a continuous flow of shared information and ensures Jack's progress in improving his health. As part of this it was also agreed to take close observation of him in the initial stages to identify areas requiring adjustment.

For example, instructions for Jack were laminated for the supported accommodation case worker to both remind and encourage him to remain engaged.

After some time, we learned that the instructions required simplification and the disability officer was consulted with the result. The instructions were also placed on Jack's door. Additional support was also identified to organise and educate staff who were not skill-specific, and less familiar with the client's behaviours.

In these ways, strategies and subsequent instructions were continuously adjusted to accommodate Jack's specific and changing needs.

## OUTCOME/IMPACT

**After two years of positive reinforcements, there has been significant improvement in Jack's adherence to tasks.**

**Jack now:**

- waits for workers each morning with the intention of claiming his reward
- collects his own medication every week
- has achieved full medication adherence
- attends weekly food shopping with support workers
- now attends all of his monthly case conferences
- increasingly presents for medical appointments
- increasingly allows for testing and screening of other health conditions

**There has also subsequently been significant improvement in Jack's health and self-care.**

**This includes:**

- a currently undetectable viral load (CD4: 520, Viral Load: <20 on 22/03/2018)
- commenced Hep C treatment
- increased safe sex and injecting practices, possibly leading to reduced transmission (as reported by Jack)
- reduced illicit substance use (with reported intervals of abstinence)
- expressed increasing interest in attending drug rehabilitation
- regular access to food
- improved personal hygiene

**The outcome was measured by:**

- Jack's self-reporting
- support worker reports
- care provider discussions
- the number of rewards the client received (591 claimed rewards)
- blood test results showing undetected viral load
- reduced number of hospital admissions

## INNOVATION AND SIGNIFICANCE

Using a strengths-based model, Jack is fully engaged with services and is medically adherent.

As Jack's general health improved, positive changes were observed in his cognition, leading to an increased day-to-day functioning.

This strategy may have not only extended Jack's life span, but also encouraged him to care for himself and have a sense of self-determination instead of relying on workers in all aspects of his life.

The holistic approach to case management team work was comprehensive, which was beneficial for both Jack as a client, and workers involved. The collaboration has increased the depth of the care providers' understanding of Jack's life and his needs, and also achieved a better outcome in multiple aspects of his living environment.

### Disclosure Statement:

Adahps is a state-wide public health service for residents of NSW who have HIV related cognitive impairment and other complex needs. Adahps is located in SESLHD, NSW Ministry of Health. Support workers are funded by Adahps. The client and participating health care workers from Positive Central, Mission Australia, Bobby Goldsmith Foundation, the Royal Prince Alfred (RPA) HIV Clinic have provided consent for this presentation. Note that participating services were invited to present but were unable due to other competing priorities.