



Working with Multiply Diagnosed Clients with HIV/AIDS: Promoting Medication Treatment Adherence Through Use of the ADHERE Model.

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INTRODUCTION

Working with people who have both mental health and substance abuse concerns and/or diagnoses is a common and difficult challenge for those working on the front lines of HIV prevention and care. Efforts to help clients or patients access treatment and care often are met with challenges from the very service delivery systems in place to provide care. This may arise from the fact that the relevant service delivery systems (e.g., medical care, mental health care, substance abuse treatment, and prevention services) may well have their own program goals or treatment modalities and unique jargon. Integrating services is central to ensuring comprehensive, integrated services that meet diverse client needs and ensure supports and resources in place to promote and sustain medication treatment adherence.

DESCRIPTION

The ADHERE MODEL (see Chart A) addresses assessment, dialoging with clients and support networks, provider self-evaluation of services, and culturally competent practice that focuses on client strengths in working towards and maintaining medication treatment adherence. Through didactic discussion and case vignettes, the ADHERE Model is used to promote culturally competent and client accessible integrated services. The model helps providers to better understand the complex bio-medical, psychological, and social issues experienced by those living with HIV/AIDS, as well as the co-occurring behavioral health problems, that often challenge a client's medication adherence. The ADHERE Model promotes comprehensive services that include understanding the impact of trauma, abuse, and stigma, as well as the inter-relationship of co-occurring substance use and mental health disorders on HIV prevention, treatment, and access to care.

FINDINGS:

Upon completion of the ADHERE Model workshop, participants noted an increased understanding of stigma and related barriers to care, and the need to understand the cultural context of service provision. See Chart B for related participant feedback.

PARTICIPANT FEEDBACK

Better understanding of the connection of HIV, mental health, and substance use	94%
Now more comfortable working with drug using clients with HIV/AIDS related issues	90%
Understand importance of utilizing strengths-based skills in HIV mental health treatment	90%

RECOMMENDATIONS:

The use of the ADHERE Model can create opportunities for prevention and early intervention in both traditional and non-traditional medical and behavioral health care settings. Whether working solo, in multi-disciplinary teams, or in public or private settings, providers can help clients/patients to access comprehensive services and increase and maintain medication treatment adherence.

The ADHERE MODEL provides practical tools that providers can then take back to their own communities and use with the clients / consumers living with HIV/AIDS. This approach to prevention--making professionals aware of bio-psychosocial-spiritual, ethical, and community issues, and then giving them tools that they will use in practical ways with any number of clients they may see – is appropriate for use across disciplines and in both health and practice settings.

ADHERE MODEL

- A ASSESS** client knowledge and readiness
- D DIALOG** about health beliefs
- H HOLISTIC** approach including environment and culture
- E EMPOWER** client to implement action plan
- R REINFORCE** strategies and revise as needed
- E EVALUATE** progress and resources