

1

2

Family Management of Chronic Disease: Improving adaptation and adherence by identifying and reducing barriers to treatment adherence

Christopher J. Boys, PhD, LP Pediatric Neuropsychologist

Developing Therapeutic Alliances and Reducing Barriers to Adherence

- The development of a therapeutic alliance begins with the understanding of the stress of chronic disease
 - Coping with chronic illness requires substantial effort and a great capacity to adjust to new and changing circumstances on the part of the person with the illness.



Learning Objectives

- Describe barriers to treatment adherence for chronic illness/Chronic conditions
- Discuss interventions for improving adaptation and adjustment to a new diagnosis
- Provide basic tool kit to families to improve communication between parents and the child regarding chronic illness



5

Developing a Therapeutic Alliance

- ➤Increasing family involvement
 - >Stress effective family communication concerning disease specific situations,
 - >Emphasize problem solving for disease management
 - Family support for adolescent's self-care



Developing Therapeutic Alliances and Reducing Barriers to Adherence

- Adherence to a Chronic Disease regimen rests largely on how a patient and family copes with the stress and adapts to the diagnosis
- Any therapeutic alliance must focus on both the individual and family's adaptation to the disease and its regimen before adherence can become the focus.



Basic Goals for Therapeutic Alliances

➤Increasing family involvement

>Stress effective family communication concerning disease specific situations >Avoid CHRONIC DISEASE POLICE

Emphasize problem solving for disease management

> Help Adolescent to do more than "Eye Roll, Stomp Off, Door Slam"

Family support for adolescent's self-care

- $\blacktriangleright \mbox{Not} \ \underline{\mbox{wanting}} \ \mbox{to do care} \ \mbox{is okay at times, not} \ \underline{\mbox{doing}} \ \mbox{requires a discussion} \ \mbox{and help}$
- Adolescent may have to help parents understand their frustrations



3 6

1

Professional's Role in Family and Individual's Readiness for Change

- Discuss typical development
- Assess and share appropriate trends
- Provide a guide to appropriate expectations and behaviors within those trends



10

Adaptation (cont.)

- Several demands or adaptive tasks that are common to a variety of chronic illness (Kuijer & Ridder, 2003):
 - Maintaining Emotional Balance
 - Maintaining Social Relationships
 - Maintaining Self-esteem
 - Adhering to treatment regimen
 - Transitioning from parent managed care to individualmanaged care



7

Adaptation to Illness

- ➤ The Patient, Chronic Illness, and Family Perspective
 - ≻Chronic illness is very common (Celiac, Crohn's Disease, Diabetes, Asthma, Food Allergies, etc)
 - ➤ Younger children have more misconceptions about procedures, as well as fewer coping mechanisms
 - ➤ Chronic Disease is children places remarkable strain on the family communication patterns, as well as, increasing parental anxiety



Impact of not developing effective coping and adaptation

- ➤ Increased risk for Psychiatric Problems
 - ▶27% of youths had an episode of Major Depression
 - ▶13% diagnosed with anxiety disorders
 - ➤ Increased risk for eating disorders
 - >31% of female adolescents reported purposefully omitting insulin, but less than 9% reported frequent omission



8 11

Factors affecting adaptation

- ➤ Developmental Factors
 - Positive correlation between a children's knowledge of health concepts and general cognitive development
 - However, having good knowledge of health concepts and good cognitive development does not insure adherence
- Coping Style
 - "Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."



Achieving Adherence

- Self-care is a dynamic, multi-dimensional process
 - Associated with family characteristics
 - > Illness knowledge
 - > Family Relations
 - > Environmental Support
 - Family Communication and Level of Conflict



9 12

Reducing Barriers to Adherence-**Diabetes Example**

- > Children and Adolescents report many obstacles to treatment management
 - Flistorically have not matched interventions to types of problems that child/adolescent encounters
 - Treatment goal is to help to fit the disease into the individual's lifestyle, rather than the lifestyle into the disease.
 - > This achieved through a combination of barrier reduction and effective goal setting
- A notable barrier is the presentation of the "DISEASE POLICE" by parents and health care
- Typically is accompanied by accusatory tones and interrogations as to why something did NOT happen
- Reducing "Just Do It" Syndrome
 - Frustrated parents often resort to telling children and adolescents to "Just Do It" rather thengaging in problem solving strategies



16

Summary

- Chronic disease places terrific strain on both the individual and the
- Improving adherence begins with effective alliances between professionals and families, as well as, parents and children
- The foundation of a therapeutic alliance is found in effective communication and problem solving.
- Chronic Conditions are often unsolveable, but can be managed.
 - This is an important distinction



13

Transitioning from parent managed care to individual-managed care

- Beginnings of the CHRONIC DISEASE POLICE
- Increased Eye Rolling, Stomping, Door Slamming
- Increased Parental Craziness (per adolescent report)
- Just Do It Syndrome



14

Interventions

- ➤ Increasing family involvement
 - >Stress effective family communication concerning disease specific situations
 - ➤ Diabetes POLICE
 - > Emphasize problem solving for disease management
 - ≻Eye Roll, Stomp Off, Door Slam
 - ➤ Family support for adolescent's self-care
 - ➤ Not <u>wanting</u> to do care is okay at times, not <u>doing</u> requires a discussion and assistance
 - >Adolescent may have to help parents understand

