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I will: Addressing Reluctance to Engage in Behavioral Health Treatment

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# Objectives

Identify factors that contribute to lack of engagement in mental health and/or substance use disorder treatment.

Compare interventions that address mental health and/or SUD treatment reluctance.

Recommend strategies to address lack of engagement in mental health/SUD treatment.



# 2022 Portage County Health Assessment

## Focus group participants:

- Mental Health & Mental Disorders and Alcohol & Drug Use were among the top health topics mentioned. Participants discussed the negative impact of COVID-19 on mental health.
- Drug and substance misuse were specific problems impacting the Windham and Ravenna communities. There were reported increases in drug and alcohol use during the COVID-19 pandemic as community members used them as coping mechanisms.
- Described stigma as a barrier to asking for help or seeking mental health and/or addiction treatment.
- Mistrust and fear were mentioned as a barrier specifically among Black/African American discussion participants.

[https://www.portagecounty-oh.gov/sites/g/files/vyhlf3706/f/pages/final\\_2022\\_portage\\_county\\_ohio\\_cha\\_report.pdf](https://www.portagecounty-oh.gov/sites/g/files/vyhlf3706/f/pages/final_2022_portage_county_ohio_cha_report.pdf)



# Behavioral Health Treatment (BHT) Adherence: Overview

Non-adherence is influenced by multiple-level factors, such as patients' beliefs about behavioral health and/or psychotropic medications (BHT), social and/or family support, unique clinical or disorder and treatment-related, and overall healthcare system-related factors

Patient self-efficacy for BHT, understanding the importance of BHT, and trusting BHT are especially important patient-level factors to address

Non-adherence findings dovetail with extant treatment literature recommending addressing patients' understanding of the importance of BHT, self-efficacy for BHT, and mistrust in BHT to improve outcomes

Roebuck MC, et al. *Med Care* 2018;56:266–273.

Holmes EA, et al. *Value Health* 2014;17:863–876.

Semahegn A, et al. *Systematic Reviews* 2020;9:17 (<https://doi.org/10.1186/s13643-020-1274-3>).



# BHT Adherence: Unimportant

- Negative attitudes or beliefs toward BHT
- Lack of insight about illness and/or treatment, anosognosia
- Low intention to take medications
- Subjective norms and stigma from family, community
- Perceived benefits/drawbacks/side-effects

Peh KQE, et al. *J Gen Intern Med* 2021;36:2784–2795.

Semahegn A, et al. *Systematic Reviews* 2020;9:17 (<https://doi.org/10.1186/s13643-020-1274-3>)



# BHT Adherence: Unimportant

- Patients' beliefs about the importance of BHT found to be significantly associated with their attitude toward treatment for other chronic conditions
- Patients and caregivers frequently reported that their perceptions about the effectiveness of past/current medication episodes was the most important factor for medication adherence
- Evaluation of the Clinical Antipsychotic Trial of Intervention Effectiveness, a large ( $n = 1432$ ), cross-sectional, 18-month follow-up study of pharmacotherapy of people with schizophrenia, found that more positive medication attitudes at baseline were significantly associated with lower symptoms and better community functioning at 18-months

Peh KQE, et al. *J Gen Intern Med* 2021;36:2784–2795.

Semahegn A, et al. *Systematic Reviews* 2020;9:17 (<https://doi.org/10.1186/s13643-020-1274-3>).

Kikkert M, et al. *Schizophrenia Bulletin* 2006;32(4):786-794. doi:[10.1093/SCHBUL/SBL011](https://doi.org/10.1093/SCHBUL/SBL011)

Mohamed S, et al. *Schizophrenia Bulletin* 2009;35:2. doi:10.1093/schbul/sbn067.



# BHT Adherence: Self-Efficacy

- General self-efficacy
- Perceived social support
- Perceived behavioral control
- Subjective norms/models
- Perceived barriers to taking medicines
- Perceived self-regulation

Holmes EA, et al. *Value Health* 2014;17:863–876

Wiecek E, et al. *PLoS ONE* 2019;14:e0213432.

Fernandez S, et al. *J Behav Med* 2008; 31(6):453–462. doi:10.1007/s10865-008-9170-7

Na'fra' di L, et al. *PLoS ONE* 2017;12(10): e0186458. <https://doi.org/10.1371/journal.pone.018645>



# BHT Adherence: Self-Efficacy

- Self-efficacy among most identified and studied factors influencing BHT
- High levels of general self-efficacy consistently positively associated with BHT engagement
- Medication adherence self-efficacy is an individual's confidence in their ability to adhere to a prescribed medication regimen in challenging contexts; positively associated with psychiatric adherence

Wiecek E, et al. *PLoS ONE* 2019;14:e0213432.

Fernandez S, et al. *J Behav Med* 2008;31(6):453–462. doi:10.1007/s10865-008-9170-7

Na'fra' di L, et al. *PLoS ONE* 2017;12(10): e0186458. <https://doi.org/10.1371/journal.pone.0186458>





# BHT Adherence: Mistrust

- Trust in the healthcare system
- Attitude about medications and/or other BHT therapies (e.g., counseling)
- Anosognosia, Psychosis
- Intention to take medicines and/or engage in other BHT therapies
- Subjective norms
- Perceived barriers to taking medicines and/or accessing other BHT therapies
- Social determinants of health

Boulware, MD, et al. *Public Health Reports*, 118, 2003  
Suite DH, et al. *J Natl Med Assoc* 2007;99(8). PMID: 17722664; PMCID: PMC2574307

Jaiswal J, et al. *J Behav Med* 2019;45(2):79-85. doi: 10.1080/08964289.2019.1619511. PMID: 31343962; PMCID: PMC7808310



# BHT Adherence: Mistrust

- Medical mistrust is: 1) an attitude that the healthcare system is acting against one's wellbeing at a system-level, interpersonal (e.g., healthcare provider), and 2) conspiracy beliefs (e.g., psychiatric medications to force societal compliance)
- System-level mistrust may reflect real historical and ongoing injustices experienced by marginalized groups in BHT (opioid epidemic, Drapetomania, homosexual diagnosis, over/mis-diagnosing Blacks/African-Americans with psychosis, PATERNALISM)
- Healthcare organizations recently experienced increased speculation and mistrust with 'conspiracy beliefs,' regard to denialism of effectiveness and/or safety

Jaiswal J, et al. *J Behav Med* 2019;45(2):79-85. doi: 10.1080/08964289.2019.1619511. PMID: 31343962; PMCID: PMC7808310

Pellowski JA, et al. *Psychol Health* 2017;32(9):1127-1139. doi: 10.1080/08870446.2017.1324969. Epub 2017 May 5. PMID: 28475365; PMCID: PMC8034835.

Sheppard VB, et al. *J Natl Med Assoc* 2013;105(1):17-22. [https://doi.org/10.1016/S0027-9684\(15\)30081-X](https://doi.org/10.1016/S0027-9684(15)30081-X)



# BHT Adherence: Mistrust

The Pew Research Center survey of 8,842 U.S. adults conducted Sept. 25-Oct. 1, 2023, found:

- Overall, 57% of Americans say science has had a mostly positive effect on society. This share is down 8 percentage points since November 2021 and down 16 points since before the start of the coronavirus outbreak.
- Roughly a quarter of Americans (22%) now say they have not too much or no confidence in medical scientists to act in the public's best interests, up from 11% in April 2020.



# Compare Interventions: Stages of Change

## Helping Conversations Lie on a Continuum

- Following - seek to understand, listen, and respectfully refrain
- Guiding - empathic listening and offer expertise as needed/requested
- Directing - provide information, instruction, advice

Miller WR, Rollnick S. (2013). *Motivational interviewing: helping people change* (3<sup>rd</sup> ed.). New York, NY: The Guilford Press.

Prochaska JO, Velicer WF. *Am J Health Promot* 1997;12(1):38–48.



# Compare Interventions: Stages of Change

## Helping Interventions Lie on a Continuum

- **Motivational interviewing (MI): following & guiding**; evidence-based, brief, applicable across a wide range of problem areas, and learnable by a broad range of helpers.  
**\*\*assume people have widely different levels of motivation and/or insight, including none**
- **Shared Decision Making: guiding & directing**; patient and provider contribute to decision making process and collaborate on best treatment options  
**\*\*assume people have some motivation and/or insight**
- **Treatment as usual: directing**; providing education about condition and medications, and prescribing course of treatment  
**\*\*assume people have significant motivation and insight, e.g. late-preparation to action**

Miller WR, Rollnick S. (2013). *Motivational interviewing: helping people change* (3<sup>rd</sup> ed.). New York, NY: The Guilford Press

Prochaska JO, Velicer WF. *Am J Health Promot* 1997;12(1):38–48.

Wong-Anuchit C, et al. *J Am Psychiatr Nurses Assoc* 2019;25(2)122-133



# Matching Interventions: Stages of Change

Stage of Change	Characteristics	Evidence-Based Intervention
<b>Pre-Contemplation</b>	Not currently considering change; “I’m all good” or “There is nothing you can do for me.”	<p><b><u>Mostly Following-Motivational Interviewing (MI):</u></b></p> <ul style="list-style-type: none"> <li>• Emphasize <u>autonomy</u></li> <li>• <u>Evoke</u> &amp; <u>express empathy</u> for <u>status quo</u>/change talk</li> <li>• <u>Evoke</u> perspective on progress with life goals &amp; values</li> <li>• <u>Inform</u> with permission re. diagnosis, BHT options</li> <li>• <u>Evoke</u> reaction to diagnosis, risks, treatment</li> <li>• <u>Affirm</u> specific strengths successes</li> <li>• <u>Collaborate</u> on appreciating life goals, personal strivings</li> </ul>
<b>Contemplation</b>	<p>Ambivalent about change; sitting on the fence</p> <p>-low-high importance and/or -low-high self-efficacy and/or -low-high trust in BHT</p>	<p><b><u>Some Following and More Guiding: MI</u></b></p> <ul style="list-style-type: none"> <li>• <u>Evoke</u> and <u>empathize</u> with pros and cons of both BHT adherence and non-adherence</li> <li>• Emphasize <u>autonomy</u></li> <li>• <u>Evoke</u> perspective on progress with life goals &amp; values and beliefs about pros/cons of BHT adherence</li> <li>• <u>Affirm</u> specific strengths successes</li> <li>• <u>Collaborate</u> health-related ideas to improve symptoms, which may/may not involve BHT</li> </ul>
<b>Preparation</b>	<p>Some experimentation/exploration with change; testing the waters, envisioning</p> <p>-moderate-high importance and/or -moderate-high self-efficacy and/or -moderate-high trust in BHT</p>	<p><b><u>More Guiding and Some Directing: MI &amp; Shared Decision Making (SDM)</u></b></p> <ul style="list-style-type: none"> <li>• <u>Evoke</u> and assist in problem-solving, obstacles</li> <li>• <u>Evoke</u> perspective and ideas about accessing social support</li> <li>• <u>Collaborate</u> about healthcare skills/needs for behavior change</li> <li>• <u>Collaborate</u> on SMART goal involving BHT options</li> <li>• <u>Evoke</u> perspective on progress with goals &amp; values and BHT options</li> <li>• <u>Affirm</u> specific strengths successes</li> </ul>

Moyers TB, et al. *J Subst Abuse Treat* 2016;65:36-42.doi: 10.1016/j.jsat.2016.01.001

Wong-Anuchit C, et al. *J Am Psychiatr Nurses Assoc* 2019;25(2)122-133.



# Matching Interventions: Stages of Change

Stage of Change	Characteristics	Evidence-Based Interventions
<b>Action</b>	Practicing new behavior for 1-6 months	<p><b><u>More Directing and Some Guiding; Treatment As Usual (TAU) and SDM</u></b></p> <ul style="list-style-type: none"> <li>• <u>Evoke</u> and <u>empathize</u> perspective on how BHT engagement/recovery impacts progress with goals &amp; values</li> <li>• <u>Evoke</u> and <u>affirm</u> successes overcoming obstacles</li> <li>• <u>Collaborate</u> to find solutions to early-recovery problems, slips</li> </ul>
<b>Maintenance</b>	Continued commitment to sustaining new behavior Post 6 months to 5 years	<p><b><u>More Directing and Some Guiding; TAU &amp; SDM</u></b></p> <ul style="list-style-type: none"> <li>• <u>Evoke</u> and <u>empathize</u> perspective on how BHT engagement/recovery impacts progress with goals &amp; values</li> <li>• <u>Evoke</u> and <u>affirm</u> successes overcoming obstacles</li> <li>• <u>Collaborate</u> to find solutions to late-recovery problems, “life gets hectic”</li> </ul>
<b>Relapse</b>	Resumption of old/less healthy behavior	<p><b><u>Directing, Following and/or Guiding: MI, TAU, &amp; SDM</u></b></p> <ul style="list-style-type: none"> <li>• Evaluate trigger for relapse</li> <li>• Reassess motivation and barriers</li> </ul>

Moyers TB, et al. *J Subst Abuse Treat.* 2016;65:36-42.doi: 10.1016/j.jsat.2016.01.001  
Wong-Anuchit C, et al. *J Am Psychiatr Nurses Assoc* 2019;25(2)122-133



# Address Ambivalence: Unimportant

- Evoke information ongoing about past/present medication benefits/drawbacks/beliefs/stigma
- Express empathy & seek to curiously understand the unimportance
- Develop discrepancy between patient's current behaviors *and* their stated values, goals, e.g., working for a car and frequent hospitalizations





# Address Ambivalence: Unimportant

## Explore Discrepancy/Congruence Between Goals, Values, and/or Personal Strivings and BHT

- What do you care most about?
- What are some things you admire about people?
- How do you spend your time during the day?
- What do you like about what you do?
- What things don't you like about what you do?
- What would you rather be doing?
- Is this something that you would like to work on now?
- Is this goal very important or a little important?
- How do you think taking medication/substance use impacts that goal/value?



# Address Ambivalence: Unimportant

## Explore Discrepancy/Congruence Between Goals, Values, and/or Personal Strivings and BHT

- What does healthy/doing well/recovery mean to you?
- If things went well with BHT, what would be different?
- **How come you chose court ordered BHT over incarceration/hospitalization?**
- Structured Values Exploration with Values Card Sort:  
Sort cards/values into (most important, important, not important) & discuss how most important value(s) fit with current behavior and thoughts about change

Miller WR, et al. Accessed online: [https://www.guilford.com/add/miller11\\_old/pers\\_val.pdf?t](https://www.guilford.com/add/miller11_old/pers_val.pdf?t) (December 5, 2023).

Miller WR, Rollnick S. (2013). *Motivational interviewing: helping people change* (3<sup>rd</sup> ed.). New York, NY: The Guilford Press

Moyers TB, et al. *J Subst Abuse Treat* 2016;65:36-42.doi: 10.1016/j.jsat.2016.01.001

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# Address Ambivalence: Unimportant

- Contingency management: Patients earn 'valuable' vouchers for specific/objective evidence of BHT/recovery behaviors. Extant literature suggests small to large effects sizes, with smaller effects post-treatment.  
\*\*assume variability in the importance people place on BHT
- Social support: supportive social systems are one of the most vital components of all evidence-based BHTs helping people to better engage in psychotropic and psychosocial treatments

Kikkert M, et al. *Schizophrenia Bulletin* 2006;32(4):786-794. DOI:[10.1093/SCHBUL/SBL011](https://doi.org/10.1093/SCHBUL/SBL011)

Narayanan G, Naaz S. *Indian J Psychiatry* 2018;60(Suppl 4):S522-S528.

Oluwoye O, et al. *Psychiatry Res* 2018;260:233–235. doi:10.1016/j.psychres.2017.11.070.



# Address Ambivalence: Unimportant

Research demonstrated the need to assess patients' attitudes about BHT necessity, past/current BHT effectiveness perceptions, as well as concerns and harms about BHT, e.g., clinical interview, validated questionnaire

- **Beliefs about Medicine Questionnaire (BMQ)**: 18-item tool to assess patients' attitudes toward specific and general medications and/or start a conversation
- **Patient's Health Belief Questionnaire on Psychiatric Treatment (PHBQ-PT)**: 17-item tool to assess patients' adherence to prescribed treatment via attitudes toward psychiatric medication, locus of health control, and desire for autonomy



# Address Ambivalence: Self-Efficacy

## Internalized Stigma May Negatively Impact Self-Efficacy

- Affirm specific strengths, abilities, and successes
- Empowering discussion/expression of past successes
- Collaborate on setting small goals and affirm progress
- Assess patients' self-efficacy and/or start a conversation via PHBQ-PT

Moyers TB, et al. *J Subst Abuse Treat* 2016;65:36-42. doi: 10.1016/j.josat.2016.01.001

Wong-Anuchit C, et al. *J Am Psychiatr Nurses Assoc* 2019;25(2)122-133

Wiecek E, et al. *PLoS ONE* 2019;14:e0213432.

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De Las Cuevas C, de Leon. 2019;10(13):527-536. doi: 10.2147/PPA.S201144. PMID: 31040653; PMCID: PMC6462159



# Address Ambivalence: Self-Efficacy

- **Peer Support**: A 2022 review of 17 eligible studies found that peer support was associated with improvements in self-efficacy, as well as effective coping, reductions in overall distress, depression, loneliness, and anxiety for young adults with mental disorders
- Encourage consideration of role models who client believe have similar backgrounds/experiences
- Acknowledge the potentially negative impact of ongoing stigma and minimization perpetrated by macro-level BHT system and society, i.e., **critical consciousness**

Moyers TB, et al. *J Subst Abuse Treat* 2016;65:36-42.doi: 10.1016/j.jsat.2016.01.001

Richard J, et al. *BMJ Open* 2022;12(8):e061336. doi: 10.1136/bmjopen-2022-061336. PMID: 35926986; PMCID: PMC9358944.

Wong-Anuchit C, et al. *J Am Psychiatr Nurses Assoc* 2019;25(2)122-133

Wiecek E, et al. *PLoS ONE* 2019;14:e0213432.



# Address Ambivalence: Mistrust

## Seek to Listen, Empathize, Educate with Permission, and Affirm

- Critical consciousness: philosophical, theoretical, and practice-based framework that encompasses an individual's understanding of and action against the structural roots of personal and societal problems (e.g., poorer health outcomes for people with psychiatric disorders, poorer psychiatric outcomes for people of color)
- Cultural humility: A life-long process of self-reflection & self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual respect



# Address Ambivalence: Mistrust

## SAMHSA (2014) Trauma-Informed Approach

- **Realizes** the widespread impact of trauma; Universal Precautions
- **Recognizes** that many unhealthy behaviors began as understandable attempts to cope
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Seeks** to actively resist re-traumatization

### Key Principles

Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; Cultural, Historical, and Gender Marginalization Issues

Felitti VJ, et al. *Am J Prev Med* 1998;14(4):245-258.

Ranjbar N, et al. *Am Psychiatr Publ* 2020;18(1):8-15. doi: 10.1176/appi.focus.20190027

SAMHSA-Trauma and Justice Strategic Initiative. (2014). Accessed online: <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>





# Address Ambivalence: Mistrust

## American Psychiatric Association (APA, 1/18/2021):

“We apologize for our role in perpetrating structural racism in this country, and we hope to begin to make amends for APA’s and psychiatry’s history of actions, intentional and not, that hurt Black, Indigenous, and People of Color,” said APA President Jeffrey Geller, M.D., M.P.H. “This apology is one important step we needed to take to move forward to a more equitable future. The Board is issuing this document on Martin Luther King, Jr., Day, because we hope that it honors his life’s work of reconciliation and equality. We do not take that legacy or his call to action lightly and will continue our important work.”



# Key Takeaways

- Macro- and patient-level factors contribute to reluctance to engage in BHT
- At the patient-level, matching the clinical conversation style (following, guiding, directing) to the patient stage of change evidenced to significantly increase BHT engagement
- At the patient-level, interventions targeting patient unimportance, low self-efficacy, and mistrust of BHT evidenced to significantly increase engagement



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