

Working with Youth: Promoting Medication Adherence and Recovery

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Introduction

Even the most helpful psychotropic medication cannot benefit a child or youth (up to age 21) with a mental health challenge if it is not taken. There is, in fact, evidence that non-adherence by youth to prescribed medication is quite common. For example, a study from 2001-2005 of elementary and middle school students on Medicaid in Philadelphia, who were diagnosed with ADHD and prescribed psychotropic medication, found that medication adherence was achieved during only *one in five* of their academic marking periods (Marcus, 2011). The actual adherence rate of 19 percent is clearly quite low. In like manner, the six-month stimulant adherence rate for publicly insured school-age children in Los Angeles County ranged from one-third to one-half (Case, 2011). This lack of adherence to prescribed ADHD medication – and likely, nonadherence to other psychotropic medication as well – means that many youth are less able to achieve the positive functioning and quality of life that such medication can support.

Pursuit of certain empowering practices can increase the likelihood of medication adherence. For example, youth- and family-friendly explanations of medication should be a routine part of prescribing, as should encouraging youth and families to participate actively in psychiatric evaluations and medication meetings. Written informed consent should follow an unhurried review of the rationale for the medication, target symptoms being addressed, expected therapeutic effects and possible side effects, methods of monitoring, and other considerations related to safety. Whenever possible, the youth and family should be offered more than one medication from which to choose, as well as the possibility of declining medication. If a decision in favor of medication is then made and the prescriber has formed positive relationships with the youth and family, then the likelihood of medication adherence increases.

However, despite the above efforts, medication adherence may still be elusive, due to dynamic developmental and cultural issues at play. Youth, especially older adolescents, want to feel in control. Taking medication may seem to conflict with maintaining such control. Youth are also highly sensitive to social stigma, which may also interfere with adherence.

Thus, the perceived loss of control and the stigma associated with taking psychotropic medication may contribute to nonadherence by youth. This may create a formidable challenge for prescribers and families. To overcome this challenge, the use of medication must somehow be normalized, and stigma at least neutralized.

The Role of “Toughness” in Inhibiting Help-Seeking

O’Loughlin et al. (2011), in a fascinating article pertaining to adults with depression, found that there are gender-based differences regarding who chooses to engage in depression treatment. Not surprisingly, men show greater preference than women to “wait and see what happens,” rather than choosing to seek mental health treatment for depression. However, when a variable referred to as *toughness* is controlled for, the degree of gender difference decreases, and “sex no longer significantly predict(s)

treatment preference.” Toughness is reflected in the image of “the Marlboro man” and by the adage, “Real men don’t eat quiche,” except that the subjective value of toughness can be embraced by both men *and* women. The essence of toughness becomes clearer when two of the questions posed to the study cohort are considered. Participants who embrace toughness likely respond affirmatively to each of the following statements:

People should always try to project an air of confidence, even if they really do not feel confident inside.

People must stand on their own two feet and never depend on other people to help them do things.

Clearly, as the authors comment, individuals who value toughness may “refrain from or delay seeking help,” and as a result “may be expected to experience more symptoms because they are not receiving help.” Bear in mind that what is at issue here involves only therapy, and that agreeing to psychotropic medication is not even on the table.

The above findings on toughness pertain to adults. Is this valuing of toughness likely to be relevant to youth also? Given the developmental focus during adolescence on achieving independence and autonomy, along with the value placed on self-sufficiency in our society, there is every reason to believe that the need to be tough also serves as a motivator for youth, whether they realize it or not. As such, the need to maintain toughness likely creates a barrier to youth seeking mental health treatment and being adherent with psychotropic medication.

The Role of Youth Self-Stigma in Inhibiting Help-Seeking

Kranke et al. (2011) highlight the significance of youth’s negative attitudes about their own mental illness, which they refer to as “self-stigma.” The authors identify three key aspects of self-stigma:

- Youth tend to internalize the *negative stereotypes* found in society at large, and this may “diminish their growing sense of identity.”
- Youth with self-stigma are often preoccupied with their *differentness* and may go to great lengths to avoid appearing different from peers, whose approval is paramount. Taking medication entails being different, so youth may want to avoid it.
- Youth also protect their *privacy* and maintain *secrecy*. For youth, the motivation for such privacy and secrecy involves the need to protect “a developing sense of self,” and avoid “social teasing and taunting.” While such effort to maintain privacy may protect against teasing, unfortunately it may also lead youth to become socially isolated.

Discussion: Embracing “Toughness” and Decreasing Self-Stigma

The above articles highlight that even when a prescriber is “doing the right thing” – e.g., explaining the disorder, offering a choice of psychotropic medications as appropriate, providing education and obtaining informed consent, responding to questions, and encouraging active participation – youth may still have significant ambivalence about taking medication and maintaining adherence. Upon reflection, it seems that a deeper level of youth engagement may be achieved through the use of motivational interviewing in conjunction with strategic reframing, to address the overriding concerns of youth.

O’Loughlin et al. suggest interventions that can be viewed from the above perspective. Rather than challenging the validity of toughness as a core value, they propose “a more pragmatic approach” with greater likelihood of impact in the short term. This approach involves embracing the value of toughness and then “developing targeted messages that represent help seeking as an act of toughness, or at least (as) an act that is not inconsistent with being tough.” Cultivating the theme that seeking help for depression takes *courage* is one example of how this idea can be operationalized. The authors elaborate on how toughness can be linked to being proactive and “taking charge”:

Seeking help for depression could be positioned as aggressive action that represents taking control of one’s life and going on the offense – in other words, as a way to defeat depression.

The above approach, the authors suggest, can be pursued both with individual youth and families and at the societal level, through strategic use of the media and through social marketing.

The reframing of toughness so that it supports active help-seeking also addresses the developmental issues identified by Kranke et al. Help-seeking, and adherence to psychotropic medication, are now viewed as strengths-based, courageous acts. As a result, youth can be less concerned about negative stereotypes and peer rejection. There is less need for secrecy, and their self-image can become more positive.

The use of creative metaphors when working with youth can also be helpful. At a recent meeting of the Youth Coalition, convened by a subcommittee of the Systems of Care Committee within the American Academy of Child and Adolescent Psychiatry (AACAP) and funded by the Center for Mental Health Services in Washington (2011), one youth offered a powerful strengths-based metaphor. After indicating that at times her mental illness makes her feel like she is stuck in “a deep hole” and unable to get out, this youth said that, for her, taking medication is akin to “being given a rope.” Once given the rope, she explained, she uses it to climb out of the hole by herself. Through this metaphor, accepting help becomes compatible with taking charge and achieving personal mastery.

In my clinical work with youth, I have also used metaphors when recommending or prescribing psychotropic medication. One such metaphor is quite similar to the rope metaphor:

I ask the youth to imagine themselves out on the river in a canoe, when suddenly the waters become turbulent. The canoe begins rocking back and forth and, worse yet, the oar is lost in the water. Fearful of tipping over, the youth wishes to be rescued by an oncoming motorboat. Instead, the person in the motorboat hands the youth a new oar and moves on. The startled youth takes control and safely rows the canoe to shore.

After relating the above story, I then suggest to the youth that, metaphorically, the medication will only be the oar, while *they* will be the rower and therefore be responsible for the positive outcomes that follow.

I also tend to avoid technical terms and words with potentially negative connotations – although at times labels need to be identified and explained – in favor of a more every day, strengths-based language. In this regard, I favor the term *wellness* even over *resilience* and *recovery*.

An important caveat: Although the focus here is on engaging youth, it remains essential for the prescriber to engage the parent or legal guardian as well, thereby developing a parallel partnership while the same process is occurring with the youth.

Conclusion

Helping youth accept mental health services, including psychotropic medication as well as therapy, involves recognition of the salience of stigma in society and of the youth's developmental need to achieve mastery and independence. While *toughness* may at times serve as a barrier to help-seeking, this same concept can be embraced as a convincing rationale for youth to accept help and take charge of their life.

References

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