

Compliance Strategies

Strategies to improve compliance involve interventions that encourage families to follow the prescribed treatment regimen. Some evidence suggests that higher levels of self-esteem and increased autonomy favorably affect adolescent compliance (KyngAs, Kroll, and Duffy, 2000). However, family factors are important, and characteristics associated with good compliance include family support, family reminders, good communication, and expectations for successful completion of the therapeutic regimen. No one approach is always successful, and the best results occur when at least two strategies are used.

Organizational strategies involve the care setting and the therapeutic plan. This may involve increasing the frequency of appointments, designating a primary practitioner, reducing the cost of medication by prescribing generic brands, reducing the treatment's disruption of the family's lifestyle, and using "cues" to minimize forgetting. Numerous devices are available commercially or can be improvised for cueing, such as pill dispensers, watches with alarms, charts to record completed therapy, messages on the refrigerator or morning coffee pot, and treatment schedules that incorporate the treatment plan into the daily routine (such as physical therapy after the evening bath).

The nurse instructs the family about the treatment plan. Although education is an important factor in enhancing compliance and patients who are more knowledgeable about their condition are more likely to comply, education alone does not ensure compliant behavior. The nurse should incorporate teaching principles known to enhance understanding and retention of material. Written materials are essential, especially in any regimen requiring multiple or complex treatments, and they need to be understandable to the average individual, who reads at about the fourth-grade level. Involvement of the immediate and extended family (e.g., grandparents) in education sessions may enhance compliance.

Treatment strategies relate to the child's refusal or inability to take the prescribed medication. The family may also have difficulty following a prescribed treatment regimen. They may remember and understand the instructions but may not be able to give the medicine as prescribed. Assess the reason for refusal. For example, the child may not be able to swallow pills. In this case, perhaps pills