



CLINICAL TIP

Behavioral Tailoring for Medication Management and Beyond

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Behavioral tailoring (BT) is a cognitive-behavioral, recovery-oriented set of strategies that helps individuals with mental illnesses, substance use disorders, and co-occurring disorders meet personal goals. These strategies include developing a routine and modifying one's environment to promote and support a change in behavior. While this clinical tip focuses specifically on medication management, BT is also used to support changes in housekeeping, hygiene, substance use, exercise, and other behaviors.

Approximately 60% of individuals do not take psychiatric medication as prescribed, which can result in increased psychiatric symptoms, impaired functioning, hospitalization, emergency room use, and health care costs (Kreyenbuhl, Record, & Palmer-Bacon, 2016). BT can reduce these consequences by improving an individual's ability to manage their medication(s). Research has determined that BT shows promise for increasing medication adherence, whereas psychoeducation and motivational strategies have mixed results (Kreyenbuhl et al., 2016).

BT is an appropriate intervention if an individual is struggling to take medication(s) due to forgetfulness, lack of structure, cognitive difficulties, or the novelty of taking medication. However, if an individual is not taking medication due to adverse side effects, BT would not be an appropriate strategy. Instead, you and the individual should discuss their concerns with their prescriber.

BT for medication management includes: (1) incorporating medication into an individual's daily routine/activities, (2) selecting cues that promote medication adherence, and (3) simplifying the medication regimen. Individuals who take different medications at various times throughout the day may find it challenging to remember which medications to take and when. You can help simplify a medication regimen by role-playing how the individual can talk to their prescriber or by calling the prescriber together in session.

The Steps of Behavioral Training

1. Begin with a conversation identifying the individual's goal(s). Ask questions about strengths, needs, supports, and interests.
2. Explore the individual's daily routine and environment, including routines, meals, activities, responsibilities, and hygiene practices. This exploration helps identify ways medication can be incorporated into their routine, as well as cues that can prompt the behavioral change.
3. Based on the individual's routine and environmental cues, collaboratively develop a BT strategy that supports the identified goal.
4. Model or demonstrate the BT strategy for the individual in session.
5. Encourage the individual to practice the BT strategy in session, using role-play whenever possible.
6. Develop a strategy the individual can practice in-between sessions.
7. In the following session, explore whether the BT strategy is helpful or needs adjusting.



Implementing Behavioral Tailoring for Medication Management

Sarah, a mobile mental health counselor, is meeting with Daniel at his home. Sarah learns Daniel is struggling to remember to take his depression medication. Previously, Daniel expressed he found his medication to be very helpful for his mood, allowing him to socialize with family and pursue his interests. Despite these benefits, Daniel has been forgetting to take his morning dose. Sarah decides to try BT to address Daniel's concern and together they develop a strategy unique to his goal, routine, and environment.

Sarah: Daniel, you've been having a tough time with your medication. Let's hear more about that.

Daniel: Yes, I have been struggling to take my morning dose for several weeks. I'm frustrated that I keep forgetting, but I don't know what to do.

Sarah: Let's explore your morning routine. What is a typical morning like for you?

Daniel: Well, I wake up around 9:00am, brush my teeth, and go downstairs to have some cereal. I am supposed to take my medication after I eat breakfast but I get distracted by watching TV. I keep my medication in the bathroom upstairs and don't usually go back there until later in the day.

Sarah: Thanks, Daniel. That gives me a good picture of your morning. I think we can figure out a small change in your routine that will make it easier to remember your medication. What if it were downstairs by your cereal? That way, you would see it every morning and remember to take it before watching TV.

Daniel: Yeah, but if I keep it next to the cereal, I will probably forget it at night.

Sarah: That's a good point! What if you used two pill organizers? One for downstairs and one for upstairs?

Daniel: I like that! I already have two that I don't use.

Sarah: Great! Let's go get them and figure out how this will work.

From here, Daniel and Sarah walk through the behavior change together. Daniel decided to pair taking his medication with his breakfast (incorporating medication into his daily routine and activities) and places the pill organizer in front of his cereal (selecting cues that will prompt him to take his medication). Sarah models the new behavior for Daniel by opening the cupboard and getting out the pill organizer with the cereal. Next, Daniel uses role-play to practice the behavior. He also plans to practice one more time prior to going to bed. Sarah lets Daniel know she is excited about his new strategy and that they will check-in about it during their next session.

Examples of Behavioral Tailoring Strategies Beyond Medication Management

Housekeeping: Place a housecleaning calendar on the refrigerator that outlines chores to be completed. Include a place to check-off completed tasks.

Hygiene: Place a reminder on the bathroom mirror to encourage hand washing.

Nutrition: Post a note on the refrigerator that prompts a nutritional goal, such as: "Drink four glasses of water today!"

Substance use: Eliminate cues that elicit cravings, such as removing ashtrays or mapping alternative routes to avoid bars.



SUGGESTED CITATION

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