MENTAL HEALTH CHALLENGES FOR TRANSPLANT PATIENTS; COPING STRATEGIES AND SUPPORT

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LEARNING OBJECTIVES

Following this education, participants will be equipped to:

• Recognize risk factors that contribute to mental health distress with a transplant.

• Identify how psychosocial issues impact relationships, environment, and transplant outcomes.

• Determine what is healthy coping in patient’s vs determining when a formal intervention needs to occur.

• Utilize strategies to assist patients in managing their stressors, anxiety, and depression.
WHY DO A PSYCHOSOCIAL ASSESSMENT?

• We (Providers) are stewards of the recipient and the donated organ.

• Psychosocial factors can predict and carry risk of graft-loss and death (De Geest et al., 2005):
  • Mental Health
  • Substance Use
  • Medical Compliance
  • Finances
  • Social Support
  • Mandated by CMS and OPTN
COMPONENTS OF A TRANSPLANT PSYCHOSOCIAL ASSESSMENT

(Lewandowski et al., 2016)
ASSESSMENT TOOLS

- PHQ-9 OR PHQ-8
- GAD-7
- AUDIT
| Over the last 2 weeks, how often have you been bothered by any of the following problems? |
| (Use "✓" to indicate your answer) |
|-----------------------------------|-----------------|-----------------|-----------------|-----------------|
| 1. Little interest or pleasure in doing things | □ 0 | □ 1 | □ 2 | □ 3 |
| 2. Feeling down, depressed, or hopeless | □ 0 | □ 1 | □ 2 | □ 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | □ 0 | □ 1 | □ 2 | □ 3 |
| 4. Feeling tired or having little energy | □ 0 | □ 1 | □ 2 | □ 3 |
| 5. Poor appetite or overeating | □ 0 | □ 1 | □ 2 | □ 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | □ 0 | □ 1 | □ 2 | □ 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | □ 0 | □ 1 | □ 2 | □ 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | □ 0 | □ 1 | □ 2 | □ 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | □ 0 | □ 1 | □ 2 | □ 3 |
### GAD-7

**Over the last 2 weeks, how often have you been bothered by the following problems?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td></td>
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<tr>
<td>Not being able to stop or control worrying</td>
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<tr>
<td>Worrying too much about different things</td>
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<tr>
<td>Trouble relaxing</td>
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<tr>
<td>Being so restless that it’s hard to sit still</td>
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<tr>
<td>Becoming easily annoyed or irritable</td>
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<tr>
<td>Feeling afraid as if something awful might happen</td>
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</tbody>
</table>

**Add the score for each column**

**Total Score**

- If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
  - Not difficult at all
  - Somewhat difficult
  - Very difficult
  - Extremely difficult
## AUDIT

### ALCOHOL USE

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Please check the one response that best describes your answer to each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Option 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>□ Never</td>
<td>□ Monthly or Less</td>
<td>□ 2 to 4 Times a Month</td>
<td>□ 2 or 3 Times a Week</td>
<td>□ 4 or More Times a Week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when</td>
<td>□ 1 or 2</td>
<td>□ 3 or 4</td>
<td>□ 5 or 6</td>
<td>□ 7 to 9</td>
<td>□ 10 or More</td>
</tr>
<tr>
<td>you are drinking?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>to stop drinking once you had started?</td>
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<tr>
<td>5. How often during the last year have you failed to do what was normally</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>expected from you because of drinking?</td>
<td></td>
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</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>morning to get yourself going after a heavy drinking session?</td>
<td></td>
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</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>remorse after drinking?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what</td>
<td>□ Never</td>
<td>□ Less Than Monthly</td>
<td>□ Monthly</td>
<td>□ Weekly</td>
<td>□ Daily or Almost Daily</td>
</tr>
<tr>
<td>happened the night before because you had been drinking?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9. Have you or someone else been injured as a result of your drinking?</td>
<td>□ No</td>
<td>□ Yes, But Not in the Last Year</td>
<td>□ Yes, During the Last Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative or friend, or a doctor or other health worker been</td>
<td>□ No</td>
<td>□ Yes, But Not in the Last Year</td>
<td>□ Yes, During the Last Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>concerned about your drinking or suggested you cut down?</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
RISK FACTORS THAT CONTRIBUTE TO PSYCHOLOGICAL DISTRESS WITH A TRANSPLANT

• Medical co-morbidities
• Length of time on waiting list
• Financial stressors
• Pre-existing mental health disorder
• Limited support system
• Racial and Cultural Biases within the Healthcare System
MENTAL HEALTH RISK FACTORS

- Mental Health and Long-Term Compliance
- Bipolar Disorder and Manic Episodes
- Suicide History/Risk
- Anhedonia and Non-Engagement
- Behavioral History
- Trauma History
- Impact on Mortality
- Coping with Stressors
MENTAL HEALTH IMPACTS

Depressed transplant patients had increased hospitalization utilization compared to the non-depressed transplant patient.

Depressed transplant patients had higher rates of admission for infections and likely to be noncompliant with medications.

(Zimbresan, P. 2022)
POTENTIAL PREDICTORS OF NONCOMPLIANCE

- Demographic variables
- Psychological variables
- Psychiatric disorders
- Social support
- Pretransplant non-compliance
- Substance abuse

(Bunzel et al., 2000; Dobbels et al., 2009)
FINANCIAL STRESSORS ON MENTAL HEALTH

• Potential financial stressors that could impact mental health
  • Medical Bills
  • Prescriptions
  • Non-covered expenses such as travel/lodging for transplant
  • Household Bills
  • Potential Loss of Income
  • Long-term Housing

• How can it impact mental health?
  • Increased Anxiety and Depression
  • Loss of motivation
  • Can worsen pre-existing mental health disorder
RELATIONSHIP IMPACT

• Increased marital and/or familial issues
  • Divorce after transplant

• Caregiver/Support System Burnout
  • Caregiver responsibilities can exacerbate the likelihood of relapse among individuals with pre-existing mental health or substance use concerns.
  • Caregivers and patient's going through emotional and verbal abuse.

• Financial Pressure on household
  • Housing
SUBSTANCE USE

- History of substance use
- History of treatment
- Length of Sobriety
- Unwilling to follow recommendations
- Active use
WHEN DOES A FORMAL INTERVENTION NEED TO OCCUR?

• Mental Health:
  • Having an active mood disorder symptom(s) (manic, unmedicated, poor coping)
  • Active suicidal ideation and/or homicidal ideation with a plan
  • Compliance with psychotropic medications.

• Substance Use:
  • Active substance use/abuse
  • Significant substance abuse history with no formal interventions and/or treatment for period of time
  • Multiple Relapses
ADAPTIVE MEASURES AND RESILIENCE INDICATORS IN TRANSPLANT PATIENTS

- Self-awareness
- Effective communication (in their supports)
- Seeking support and healthy outlets
- Flexibility
- Growth mindset
- Limit Use of short acting medications (Xanax, Valium) chronically to cope with heightened emotions.
- Spiritual/Religious Beliefs
TIPS ON LEARNING SELF-ACCEPTANCE

I don't feel the end of the moment,
I have no time to act.
And if I don't try,
I can work on feeling better.
THERAPEUTIC TECHNIQUES FOR CLINICAL APPLICATION

ACT Therapy
Brief Solution-Focused Therapy
Stress Management Techniques
ACCEPTANCE AND COMMITMENT THERAPY (ACT)

• Goal: Creating or Living a Meaningful life, despite all the pain and struggles that come with it.
• Skills: Mindfulness, living in the moment
• Accepting and embracing the pain instead of fighting it.
WHAT IS IMPORTANT ABOUT ACCEPTANCE?

- Acknowledging the pain and that it is challenging. At times, it can be heartbreaking.
- Being able to make room for all types of emotions.
- Giving yourself permission to experience your pain and feelings.
6 CORE PROCESSES OF ACT

- Acceptance
- Cognitive Defusion
- Contacting the Present Moment
- Self as Context
- Values
- Committed Action
Psychological Flexibility

- Present Moment
- Acceptance
- Values
- Diffusion
- Committed Action
- Self-as-context
PRINCIPLE 1: CONTACT WITH THE PRESENT MOMENT

"Narrowing, broadening, shifting, or sustaining your focus..."

Engaging fully in our experience
PRINCIPLE 2: DEFUSION

Taking a "step back"  

Seeing your thoughts for what they are  

"Allow it to guide us, not dominate us..."
PRINCIPLE 3: ACCEPTANCE

- Making room for "unwanted" thoughts, feelings, emotions, urges, images, and impulses.
- Instead of fighting, resisting, or running from them, making room for them.
- Allowing them to freely flow
PRINCIPLE 4: SELF-AS-CONTEXT

What is the mind? - part of us that is generating thoughts, beliefs, memories, plans, etc.

We are not our thoughts

Observing thoughts and recognizing we are separate from them.
PRINCIPLE 5: VALUES

Knowing what matters

What are values?

What are goals?
WHAT IF THEY DON'T KNOW WHAT THEIR VALUES ARE?

- "I don't know."
- Brief psychoeducation
- Give examples of values vs goals
VALUES CHECKLIST

Rating:
V = Very Important
Q = Quite Important
N = Not so important

• Acceptance/Self-Acceptance
• Caring/Self-Care
• Connection
• Forgiveness
• Gratitude
• Skillfulness

It is about what matters to you the most!
SMART GOALS

S – Specific
• Making goals clear and specific

M – Measurable
• Define measurable assets

A – Attainable
• Make sure your goals are attainable

R – Relevant
• Verify that your goals are relevant

T – Time-Based
• Set-up a time-based plan
PRINCIPLE 6: COMMITTED ACTION

- Doing what it takes
- Goal setting
- Action planning
- Problem solving
- Behavioral activation
SOLUTION FOCUSED THERAPY

• Pre-Therapy Change
  • What have you done since you made the appointment that has made a difference in your problem?

• Exception Question
  • Direct patients to the time(s) in their lives when the problem didn't exist

• Miracle Question
  • If a miracle happened and the problem you have was solved while you were asleep, what would be different in your life?

• Scaling Question
  • On a scale of 1-10, where zero is the worst you have been and 10 represents the problem being solved, where are you respect to: ________?
STRESS MANAGEMENT

• What is stress to you?
• What is one word that comes to mind when you hear the word "stress?"
# COMMON SIGNS OF STRESS

<table>
<thead>
<tr>
<th>Physical Symptoms:</th>
<th>Chest Pain</th>
<th>Cold, Sweaty Palms</th>
<th>Stomach Cramps/Pains</th>
<th>Clenched Jaw</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoughts and Feels:</td>
<td>Anger</td>
<td>Anxiety</td>
<td>Panic</td>
<td>Helplessness</td>
</tr>
<tr>
<td>Behaviors:</td>
<td>Angry Outbursts</td>
<td>Increased Crying</td>
<td>Overeating</td>
<td>Impatience</td>
</tr>
</tbody>
</table>
• What can you control?
  • Self-care
  • Resting
  • Exercising
  • Diet

• What can you not control?
  • Attitudes of other people
  • The weather

IDENTIFY YOUR STRESSORS
RECOGNIZING HEALTHY VS UNHEALTHY RESPONSES

Unhealthy Responses:
• Angry Outbursts
• Increased eating or shopping
• Excessive worrying
• Increased use of alcohol, tobacco, or illicit substances

Healthy Responses:
• Get Adequate Sleep
• Learning to Prioritize
• Care for yourself first
• Set realistic goals
• Learn and use relaxation techniques
• What can I do?
• How can I change my environment?
• How can I change my response to the stress?
STRESS REDUCERS

• Simplify!
• Make a list
• Prioritize and pace yourself
• Write down your thoughts & feelings
• Do something you really love within reason
• Focus on the moment!
WHAT ARE SOME OF THE CHALLENGES WITH THESE INTERVENTIONS?

• Pain
• Denial
• Age
• Mental Capacity
• Unwilling to engage
• Don't follow through with recommendations
• Extended Hospitalizations
• Cultural and Language Barriers
• Long-Term Follow Up
SOME TAKE AWAYS

• Psychosocial Impact
• Interventions
REFERENCES


REFERENCES


• What is solution-focused therapy?. SolutionFocused Therapy Institute. (2022, April 21). https://solutionfocused.net/what-is-solution-focused-therapy/

QUESTIONS?