STACY GREETER MD

Hope, Empowerment, Healing

Psychiatry Bootcamp III

Connecting With Our Patients
We are More than our Prescription Pad.

In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

(Carl Rogers)

"How the doctor prescribes is even more important than what the doctor prescribes."
-David Mintz, MD

- A 2006 depression study was able to stratify patient outcomes by prescriber. The most effective one third of prescribers achieved better outcomes with placebos than the least effective one third of prescribers got with active antidepressants.
  - *Mckay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. J Affect Disord 2006; 92:287-90.*

- Placebo-controlled trials have shown that a strong therapeutic alliance is a more powerful antidepressant than the actual drugs prescribed.

- Placebo effect accounts for 50-75% of the therapeutic benefit of antidepressants and anxiolytics and even bipolar disorder and schizophrenia can show a 25-50% placebo response rate.

https://www.researchgate.net/profile/David_Mintz2

Placebo effect is real effect.

- A placebo-controlled trial of benzodiazepine medication found that psychological readiness for change was the single most important predictor of a therapeutic response, more powerful than drug-group assignment.
  - Beitman, BD et al (1994). Patient stage of change predicts outcome in a panic disorder medication trial. *Anxiety*, 1, 64-69.

- Placebos have been found to induce real neurobiological changes in neuroimaging studies of pain medication.
  - Fields HL, Price DD (1997). Toward a neurobiology of placebo analgesia, In A. Harrington, (Ed), *The placebo effect: An interdisciplinary exploration*. Cambridge, MD: Harvard University Press.

"It is far more important to know what person the disease has than what disease the person has."
-Hipppocrates

- In a study of 20,961 patients in Italy, primary care providers with high empathy had significantly lower rates of metabolic complications in patients with diabetes compared to primary care providers with moderate to low scores.
    - *Canale, et al. "The Relationship Between Physician Empathy and Disease Complications An Empirical Study of Primary Care Physicians and Their Diabetic Patients in Parma, Italy." Academic Medicine: September 2012 - Volume 87 - Issue 9 - p 1243-1249*

- A study of 435 HIV patients found that patients of higher empathy clinicians had higher medication compliance, higher medication efficacy, and disclosed more accurate information.
    - *Flickinger et al. "Clinician empathy is associated with differences in patient–clinician communication behaviors and higher medication self-efficacy in HIV care." Patient Education and Counseling Volume 99, Issue 2, February 2016, Pages 220-226*

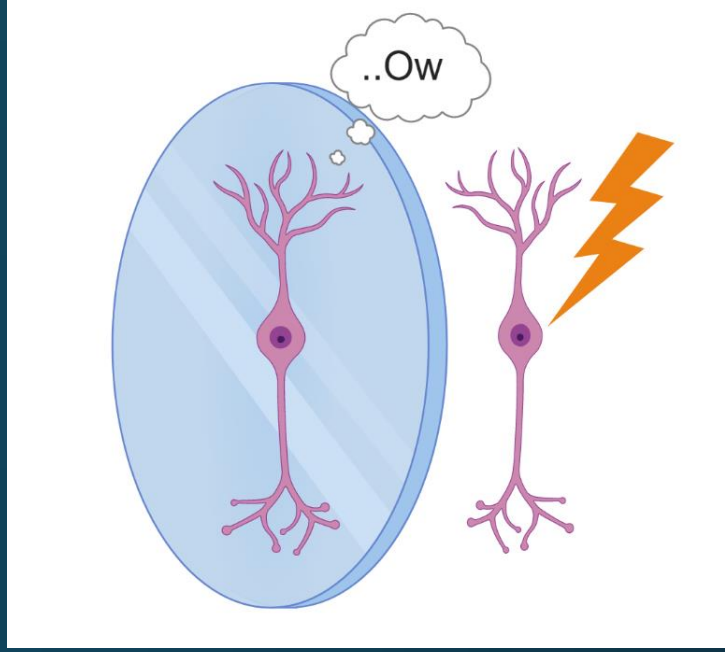
How we lose empathy….

- Studies show that empathy declines specifically beginning in the 3rd year of medical school.
    - *Hojat, et al. 2009 "Does Empathy Decline in the Clinical Phase of Medical Education? A Nationwide, Multi-Institutional, Cross-Sectional Study of Students at DO-Granting Medical Schools."*

The Culprits:

- Low physician autonomy coupled with high sense of responsibility
- Extreme burden of administrative tasks ie EMR charting that detract from doctor-patient relationship
- Continuous state of overwhelm, "busyness," and more is demanded of us than we can supply.

What is empathy?

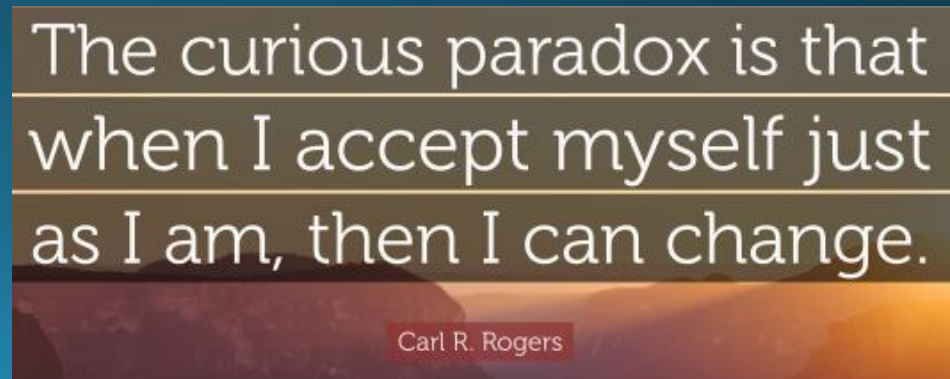


- **Affective Empathy** – "feeling together"
  - Shared emotional experience. Activates mirror neurons.
- **Cognitive Empathy** – "understanding"
  - One study on ASD showed lower One study cognitive empathy but not affective empathy. (Dziobek, 2008)
- **Compassionate Empathy** – "feeling for you"
  - Concern, sympathy, desire to help

David Puder, MD Psychiatry and Psychotherapy Podcast
https://www.psychiatrypodcast.com/psychiatry-psychotherapy-podcast/how-empathy-works-and-how-to-improve-it?rq=empathy

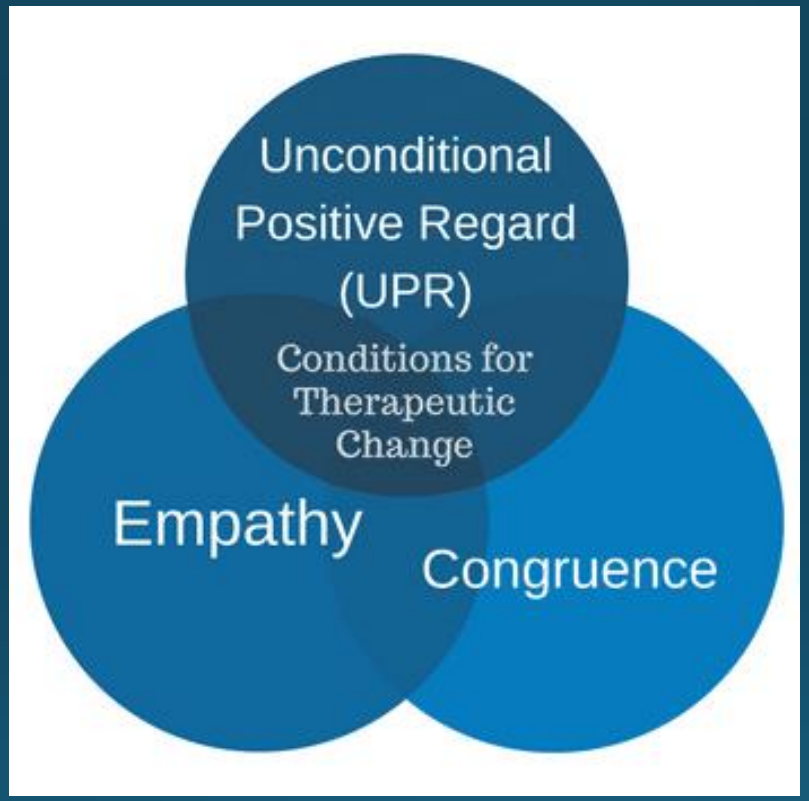
How we cultivate empathy….

- Be curious about the feelings of people you are with.
  - Think like a detective looking for clues in faces, tone of voice, posture, etc
  - This is "tuning" your mirror neurons.
- Be curious about your own feelings, even those that are uncomfortable for you.
- Notice when you feel most connected and most disconnected from patients and why this occurs.
- Practice understanding viewpoints that differ from your own.
- Practice self-compassion.
- Take care of your physical needs (eat, sleep, etc)



Therapeutic Alliance

Acceptance without Judgment



Authenticity

The relationship needed between doctor and patient to promote therapeutic change.

Rogers C (1957) 'The Necessary and Sufficient Conditions of Therapeutic Personality Change', Journal of Consulting Psychology, Vol. 21, pp 95–103

"If I connect, then I'm doing ok."

-Stacy Greeter, MD

(talking to myself every day to reassure myself)

“Know all the theories, master all the techniques, but as you touch a human soul, be just another human soul.”

-C. G. Jung

How Do We Strengthen the Therapeutic Alliance?

The Personal Qualities we Cultivate in Ourselves to Connect with our Patients

- Vulnerability
- Openness
- Non-defensiveness
- Curiosity
- Authenticity
- Playfulness
- Mindfulness
- Caring

- Flexibility
- Responsiveness
- Creativity
- Self-reflectiveness –
  - "Shuttling" btw emotional info and intellectual info
- Self-knowledge
- Humility
- Courage

Self-reflection

- Shuttling –
  - movement between patient's emotional response, your emotional response, patient's intellectual processing, your intellectual processing
  - top and down and back and forth
  - two prefrontal cortexes and two limbic systems interacting with each other.
- What is my patient saying?
- What is my patient feeling?
- What am I feeling?
- What am I saying?

Courage

We initiate the difficult and painful conversations with patients needed for wellbeing. We ask them the questions that others are too uncomfortable to ask.

We are willing to risk our patients' anger and dismay to set the boundaries needed for their health.

“I am not here to make you happy or to agree with you. I am here to push you to grow, to be healthy.”

Compassion

We recognize that each patient is doing their best to compensate with what may be very limited psychological resources. We acknowledge that no matter how tempting it is to pass judgment, we ourselves could be in their place.

This does NOT mean that we don't feel frustrated, get angry with, or are hurt by patients.

On the contrary, I think compassion and frustration are like a frozen scoop of vanilla ice cream in one hand and a spoonful of piping hot chocolate sauce in the other. They go best taken together as a whole.

Countertransference is your friend. wait…..what?

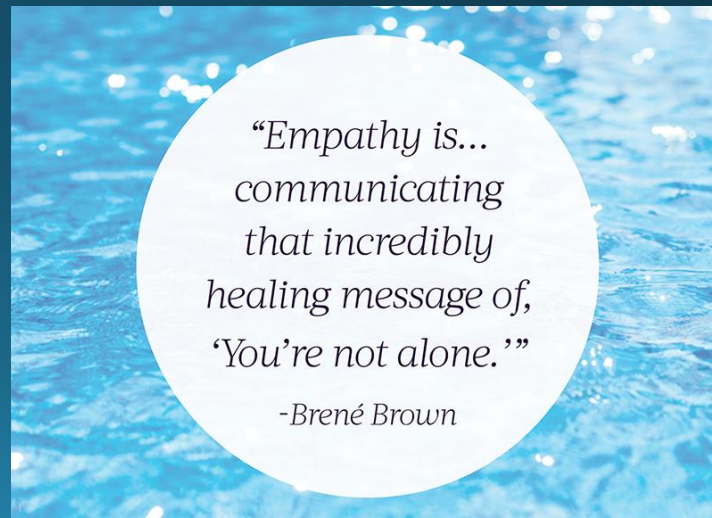
- "To access what our patients cannot put into words, we must tune into our own subjective experience. Patients will elicit within us that which they themselves are unable to verbalize."
  - David J. Wallin in Attachment In Psychotherapy

- Our emotional reactions are powerful diagnostic instruments.

Solidarity and Self-disclosure

- **Acknowledge how difficult their work is as a patient.**
- **Deliberate self-disclosures**
  - express that you have also known shame, sorrow, inadequacy …. without revealing distracting personal details about your situation. Focus on similar feelings, not similar personal history.
  - This invites patients to share more of themselves, can reduce shame, and increase willingness to be vulnerable.

Play your cards face up.



Re-connection after Rupture

"When you have never upset a patient, never had a break in empathy, therapy has lacked power. It is a cream puff, not transformative, not deep enough."

The Use of Self in Therapy

- Get comfortable with patient dissatisfaction.
- Embrace and always own your mistakes.

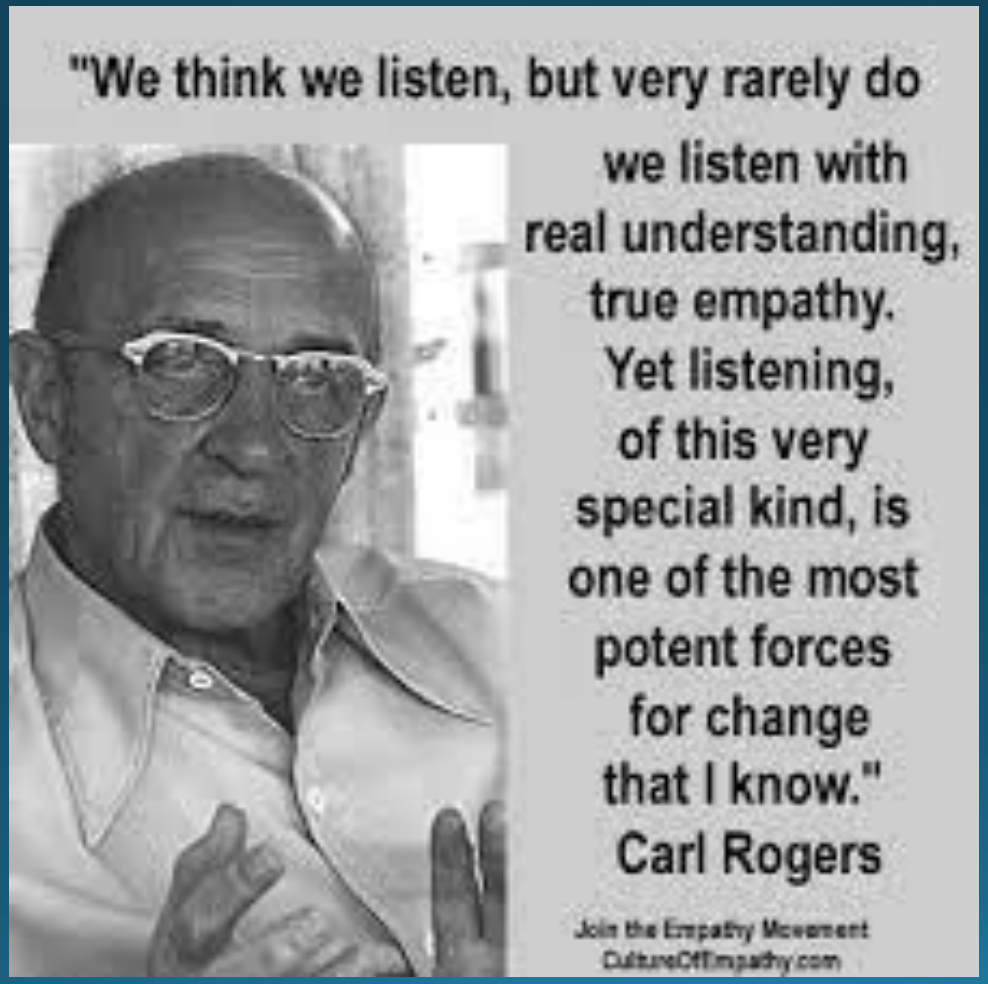
Our failures and flaws connect us to our fellow wounded human beings far more than any of our wit, rhetoric, or education.

Growing with Patients

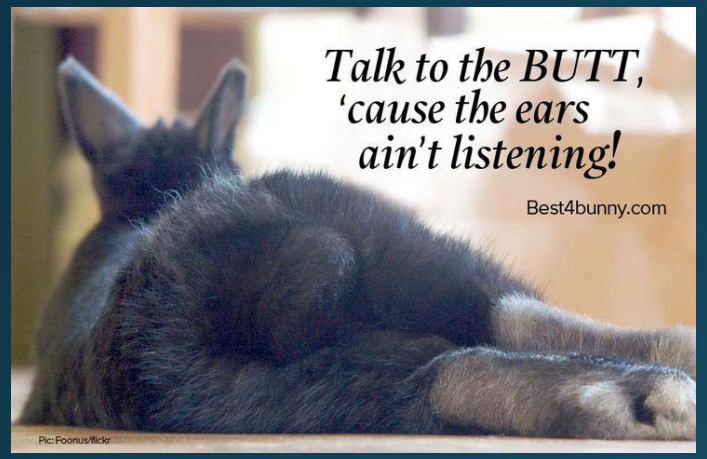
- "The greatest thing one human being can do for another is to confirm the deepest thing within him or her. Sometimes the deepest thing within healers is their wounds." The Use of Self in Psychotherapy

- **Practicing medicine is not something we do to patients, it's something we do with them. It is bi-directional. We are simultaneously student and teacher, healer and wounded. We look into patients and see ourselves.**

Practicing how we listen.....



Reflective Listening…



Harder than it seems

Question:

Do you have kids of your own?

Defensive response:	If you want some parenting tips, you can read a magazine. If you want your child to have a thorough psychiatric evaluation, I'm here.
Simple reflection:	It matters to you whether I'm also a parent.
Complex reflection:	You're scared that if I'm not also a parent, I won't be able to understand how terrifying and challenging this is for you and will judge you more harshly for your shortcomings.

Simple Reflection

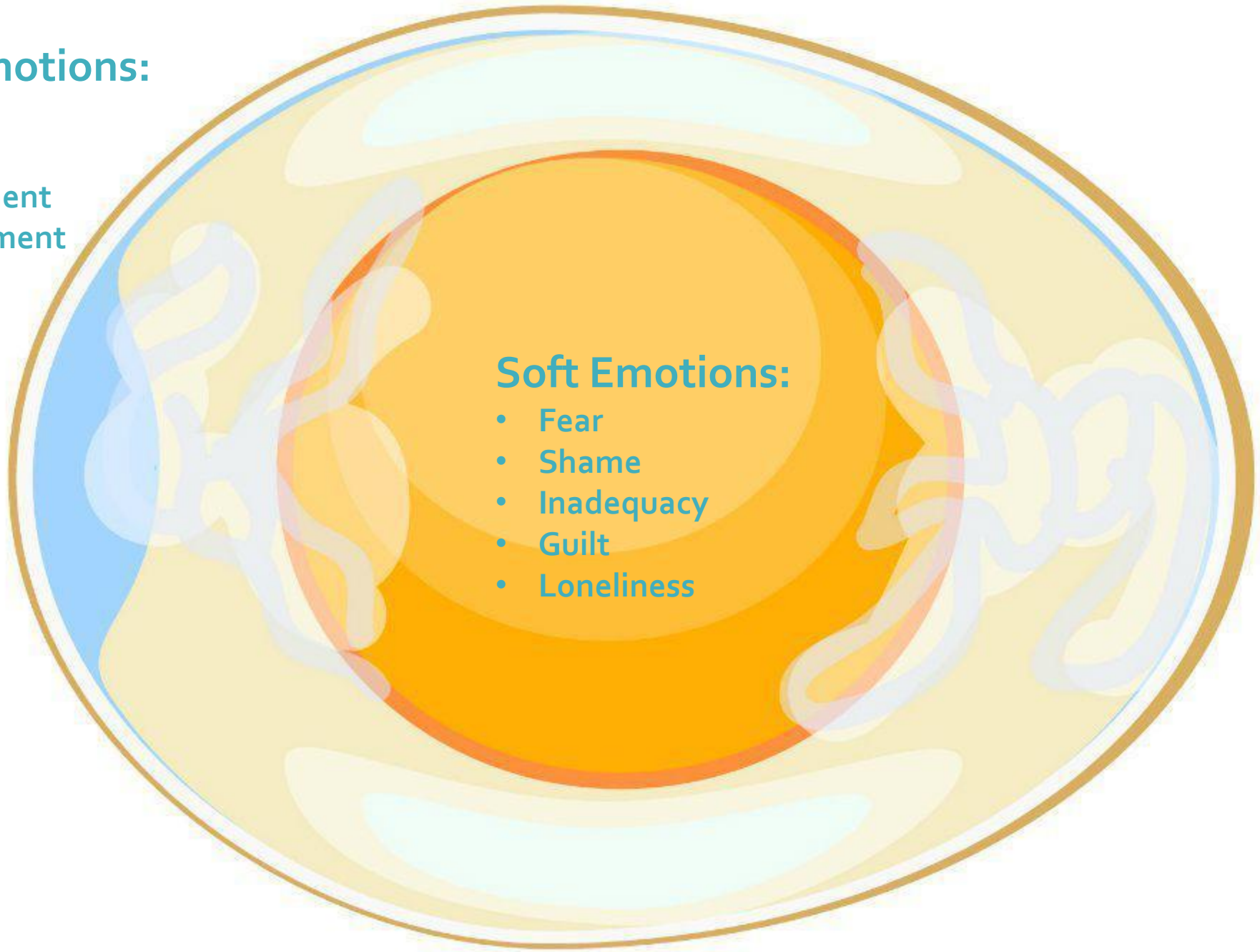
- Repeating
- Rephrasing

Complex Reflection

- Affective- what is the patient really feeling?
- Values – what is really important to them?
- Meaning – what are they not saying but really mean
- Images/Metaphors – enhance perspective

Hard Emotions:

- Anger
- Disgust
- Judgement
- Resentment



Connect with the underside of the turtle!

Rethinking Challenging Patients

"Often the deck is stacked against medication adherence before treatment even begins."
David Mintz, MD

-A third of patients are completely noncompliant with prescribed medications and another third are only partially compliant.

Boudes P (1998). Drug compliance in therapeutic trials: A review. *Controlled Clinical Trials*, 19, 257-268.

Resistance to Taking Medication

- Patients who have a history of being harmed by others, particularly authority figures/caregivers, fear being controlled by the medication or by the doctor.

- Patients may take too much or too little medication or start and stop medication on a whim to assert their control.

- Patients who have a tenuous sense of self, may find it particularly scary to ingest a substance intended to alter their experience of the world. They fear losing themselves.

Always put the locus of control back on the patient!

- Emphasize the patient's autonomy in the decision to take medication.
- Attempt to give patients choices regarding medication where-ever possible.
- Emphasize that patients can discuss discontinuation of medication at any time with their physician.
  - Patients may need to experience "failing" a few different medications with their doctor to feel secure that their doctor will respect their refusal.
- **Explain that medication is not there to change who they are, but instead to allow them to express their most authentic self, unencumbered by illness.**
  - **Present medication as promoting self-agency and authenticity!**

The Power of Metaphor

However, patients do not choose…

- To change the dose of medication without consulting their physician.
  - I decided that I need more Adderall…..
- Their diagnosis.
  - I don't want to have bipolar disorder. I think I have ADD.
- To do only one part of an essential treatment plan
  - I just want to come in every 6 months for my meds. I don't want to do DBT group therapy.

Reflective listening indicates that you hear and understand their perspective. Acceptance indicates that you are not judging or rejecting them.

This understanding and acceptance remain, even when you wholeheartedly disagree with them and say no to their request.

Two Experts Collaborating

Doctor is Expert in…..

- Medication selection.
- Medication dosage.
- Diagnosis.
- Treatment plan.
- Frequency of visits.
- Method of communication outside of appointments.

Patient is expert in…..

- Their subjective experience.
- Their symptoms.
- Decision to take medication.
- Their values.
- Their side effects.
- The positive effects of medication.
- Their story/history.

Addressing the Naturalistic Fallacy

- What is "natural" is safe and what is "man-made" is harmful.
- "I'm holistic so I avoid medication."

Lithium →

- Whether a substance is natural or man-made has no bearing on its safety, effectiveness, or side effects.
- A truly wholistic approach means utilizing all tools/resources, including medication, exercise, psychotherapy, pursuit of meaningful activities.
- A reductionistic approach is anti-medication.

Over-use of Medication

- Patients can use medications and diagnoses to avoid responsibility for feelings and actions.
- Patients who had neglectful or abusive caregivers, may use medication to manage dysphoria and other painful feelings because relying on people for this is much riskier.
- Thus, medications can take over a soothing parental function. The emotional attachment to medication can be greater than the emotional attachment to people.

- The process of getting patients off of medication can be even more harrowing than convincing patients to start medication. "de-prescribing"

The Dangers of Biological Reductionism

Patients may embrace a strictly “chemical imbalance” explanation for illness so that the “badness” is located solely in a biology for which the patient feels little responsibility, thus excusing them from lifestyle changes, going to therapy, addressing interpersonal relationships, etc

- Physicians may be tempted to offer this interpretation in response to the empathic pull to relieve the patient of painful self-loathing or to assert their usefulness as a prescriber of biological treatments.
- Biological reductionism lessens shaming and blaming dynamics, but can also promote a sense of biological otherness that can increase social stigma.

The Dangers of Biological Reductionism

A strictly biological label of psychiatric illness can assuage a patient's guilt and responsibility, but further their sense of victimhood and helplessness.


Blaming attitude of psychodynamics
Disempowering attitude of biology
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Belief in the Power of Medication to Heal
Belief in the individual's power to heal themselves
gettyimages
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Countertransference Prescribing

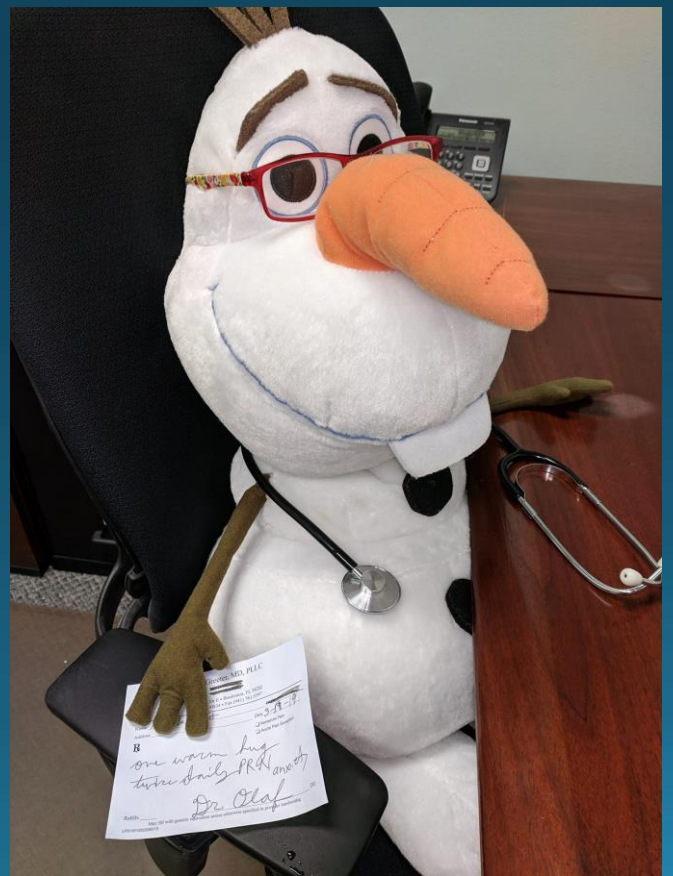
The prescribed medications are managing the emotions of the prescriber, not the patient.

- Without humility regarding the limitations of psychopharmacology, physicians may prescribe more and more medication in response to the pull to find the medication that will “fix” the problem, when the solutions lies not within a medicine bottle.

- Confrontation of the patient with the treatment-interfering meanings they hold of medication may not resolve the treatment-resistance, but it can still save the clinician from piling on medication after medication and a sense of nihilism and inadequacy as a physician.

Managing Expectations of Medication

- Painful emotions are a healthy part of the shared human experience. Clarify that medication is not meant to obliterate all painful feelings.



Expectations of Medication

Improved Outcome

- **high autonomy (internal locus of control)**
- **high expectations of treatment**
- **view their depression as non-biological**

Worse Outcome

- high sociotropy

  -orientation towards seeking help from others, focus on pleasing others
- low expectations of treatment
- view their depression as biological
- experience of powerlessness/acquiescent patients

Change begins with hope.

- **Let the patient feel your belief that they can get better.**
- What are their strengths? Good prognostic indicators?
- What have they utilized to overcome a similar situation?
- What is going to be different now that will get them a different result?
- Reassure them that whatever the outcome, **I am with you**. I will not give up till we get it.

Nocebo Effect

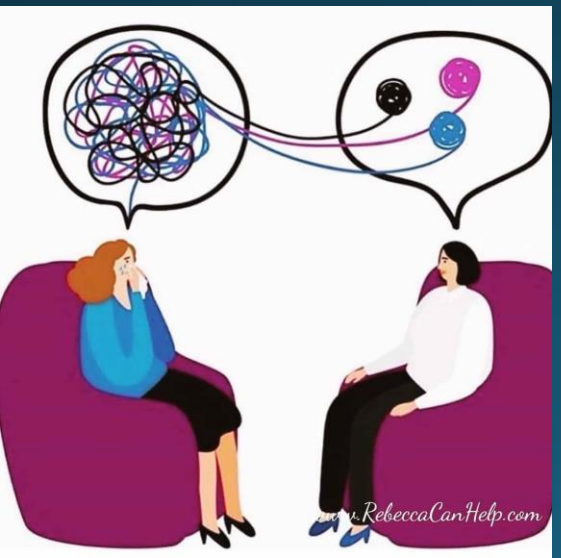
When a patient experiences harm from a treatment as a result of the patient's expectation of harm.

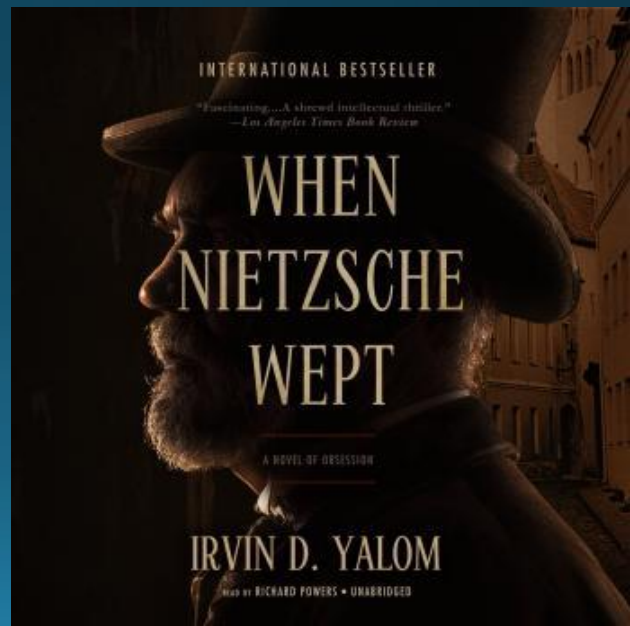
"It is as if these patients, unable to say no with their voices, do so instead with their bodies."

– Mintz & Flynn

“Perhaps symptoms are messengers of a meaning and will vanish only when their message is comprehended.”

-Friedrich Neitzsche in Irvin Yalom’s When Nietzsche Wept.





Exploration of meaning….

- What are your greatest fears about taking medication?
- What are biggest hopes to gain from treatment?
- What would you lose if you were suddenly well and healthy?

- When the meaning of medication or the meaning of wellness is psychologically intolerable to a patient, treatment may fail.

Medication "Failure"

- Patients, even while desiring to be rid of symptoms, may value them.
  - Secondary gains
  - Part of their identity
  - The sick role gives them more power over others and frees them from overwhelming obligations/expectations

  - symptoms as partial solutions
    - Symptoms may represent the patient's best effort at managing overwhelming emotion, communicating something that cannot be put into words, or allowing for the assumption of a role in a family that would otherwise be intolerable – often this evokes frustration from physicians and therapists.

Effect of Physician Attitudes

Helpful

- Hope on the part of the physician can be transmitted to the patient.
- Promote health, not just the absence of illness/symptoms.
- Foster self-agency and adaptive capacity
- Attuned to defensive and disempowering uses of medications

Unhelpful

- War metaphor of a battle between the doctor and the disease.
- Viewing the patient as a biological object that reacts to a substance rather than recognizing patient as both subject and object.
- delusion of precision
  - believing we understand exactly how the medication causes the treatment effect

And if all else fails…..

Use the force


Attention Patients of Dr. Greeter
STACY GREETER
Board Certified in Child/Adolescent and Adult Psychiatry

Addressing the Meanings of Medication in Children

We need to discuss what meaning medication holds for children……

- Because children are focused on autonomy, competency, and identity, they wonder "did I really get an A on my test or was it my medicine? Are these my feelings or my medicine?"
- They may want to stop medication to "prove I can do it on my own" or to "see what I am like without medication, the real me."
- Pills can be a powerful symbol that localizes the defect of a family system in the child who takes the pill.

If we don't discuss meanings of medications with parents……

- Parents may experience a strong pull for a child to be on medication because this confirms that there is a "sick child" rather than an "inadequate parent."
- Conversely, parents may resist much needed medication for their child as medication may confirm their inadequacy as parents.

- A medication may be used to avoid painful/shameful family dynamics.

Give Kids Credit!

- Talk to kids about the role their medication plays and the role they play in managing their feelings, behaviors, and relationships.
- Emphasize the child's self-agency and competency.
- Appreciate how the entire family system contributes to maladaptive behaviors.

Collaboration with Psychiatrists

We need you backing us up!

Please do……

- Reframe taking medication as a strength and healthy behavior, reduce stigma, and decrease shame.
- Discuss what medications mean to patients and what it would mean to them to no longer be sick.
- Tell us what we missed or what the patient didn't tell us.
- Teach patients to advocate for themselves and ask their psychiatrist questions. Why did you choose this diagnosis for me? Why this medication?
- Tell us when you observe improvement or decompensation.

Please do……

- Be willing to accept stable patients who cannot afford ongoing psychiatric treatment back into your practice, knowing that you can refer them back to us if things change.
- Consider sending patients to a psychiatrist for their initial assessment so we can conduct a differential diagnosis and write up a treatment plan for you.

Please don't….

- Reduce complex symptoms to "chemical imbalances"
- Discuss psychopharmacology of how medications act on the brain
  - This information is largely unproven and shifts the talk to chemicals and away from talking about the meaning of medication for a patient and how it is affecting their symptoms which is the real fruitful discussion.

Please don't….

- Recommend specific medications to patients
  - Now the patient expects a certain medication so I have to risk prescribing the medication that I don't think is ideal or risk prescribing the medication that I think is ideal and then it holds a negative meaning for the patient from the get-go because their primary care doctor or therapist recommended something else.
- Please do suggest medications for specific symptoms "ask Dr. Greeter what else can be done with medication for your anxiety."
- Suggest that because a patient is feeling worse, their medication must not be working as a sole explanation.
  - Please encourage them to explore all the facets of the situation with their therapist or psychiatrist as well as consideration of a medication change.

How do you suggest we do better?

Conclusion

- Cultivate your ability to connect with patients as your most valuable treatment tool.

- We are more than our prescription pad. Do not underestimate the healing power of your humanity.

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