

Working with the Challenging Nonadherent Patient

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Introduction

Agenda Items:

- A published empirically based study
End Stage Renal Disease and Nonadherence to Hemodialysis: Evaluation of a Psychodynamic Intervention
- Evaluate the effectiveness of an intervention
- Theoretical considerations & nonadherence
- Defensive structures & challenges faced
- Techniques and interventions to reduce nonadherence
- Q & A

Nonadherence

Measurement of adherence typically assesses:

1. diet and fluid intake
2. medication
3. HD treatment appointments (Christensen et al., 1994; Dobrof, Dolinko, Uribarri, & Epstein, 2001)

Focus of this study - nonadherence to the HD treatments

- defined as skipping or shortening prescribed HD sessions

Literature Review

Prevalence of Nonadherence

- Patients who skip at least one HD treatment per month:
 - were less likely to receive a kidney transplant
 - had a lower standard of living
 - had a 25% to 69% higher risk of mortality as compared to adherent patients
- Terminate HD treatment early
 - three or more = 20% increased risk of mortality

Strategies to Increase Adherence

Advice & Educational Outcomes

Improved adherence (Interdialytic Weight Gain) **was:**

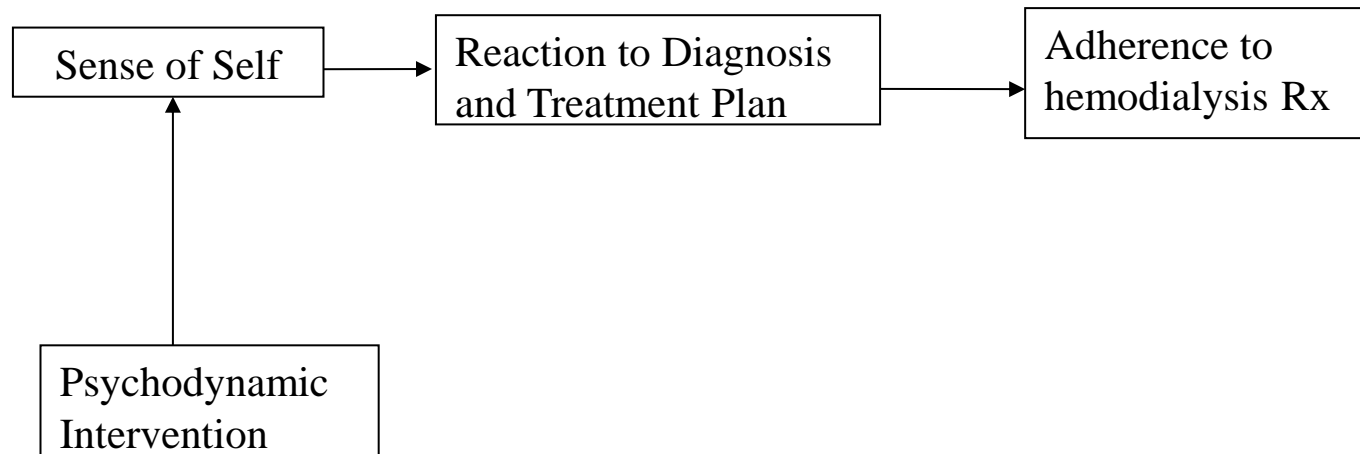
NOT associated with:

- Advice (Casey, Johnson, and McClelland, 2002)
- Education (Casey, Johnson, and McClelland, 2002)
- Increased knowledge (Katz et al., 1998; Long et al., 1998)

Inversely associated with:

- Increased knowledge (Molaison & Yadrick, 2003)

Conceptual Model



Methods

Study Design

- Quasi-experimental design using a basic time-series experiment
- Time periods:
 - three months prior to the intervention
 - the intervention period
 - three months following the intervention phase

$O_1 O_2 O_3 \quad X \quad O_5 O_6 O_7$
 $O_1 O_2 O_3 \quad O_5 O_6 O_7$

Results

Table 8. Within Group Comparisons

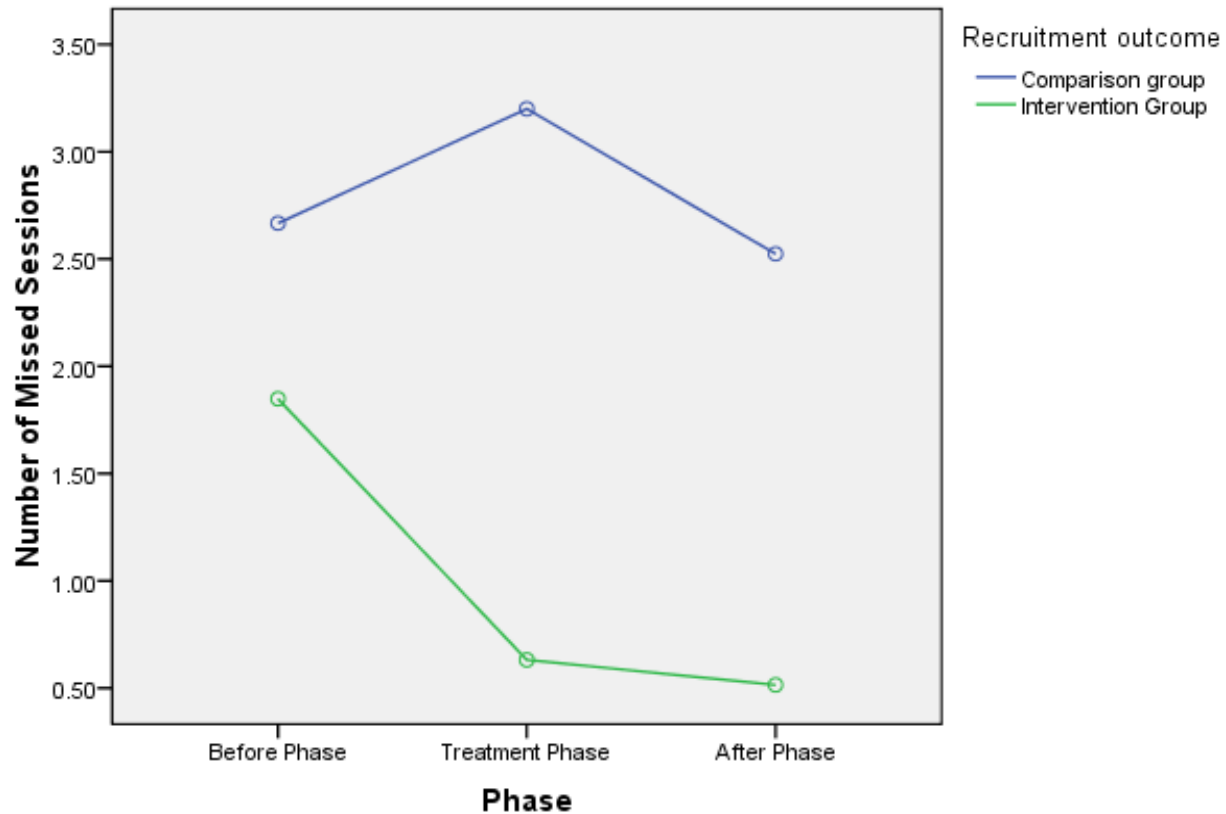
Intervention group

- Adherence improved from the Before Phase to the Treatment and After Phases on **all** outcome measures
 - Skipped hemodialysis sessions
 - 1.9 in the Before Phase
 - .9 in the Treatment Phase ($p=.01$)
 - .5 in the After Phase ($p = .01$)
 - Total time missed
 - 18.2% of total minutes in the Before Phase
 - 8.6% in the Treatment Phase ($p<.001$) FIGURE 1
 - 5.8% in the After Phase ($p=.01$) FIGURE 2

Comparison group

- On all outcome measures adherence did not improve ($p>.05$)

Mean Number of Skipped Sessions



Theoretical Considerations & Nonadherence

A background in theory

- is needed to focus one's listening and make sense of what the patient is doing
- At the beginning of life the infant relates very powerfully to the caregiver
- Separateness implies an object loss
 - no longer perceive oneself as connected to the gratifying caregiver

Early Childhood Development

- Without caregiver's presence =vulnerable sense of 'self'
- Vulnerability motivates the ego to engage in activity that "symbolically" represents the ability of the toddler to control the other
 - Separation anxiety diminishes if the activity creates the illusion of **control** of the object - fort-da
- A 'Maternal Smile' can offer a similar sense of security
- Transitional Object – helps w/ letting go and is on the developmental line toward independence and creativity

If the Caregiver is Not Available

Parental non-recognition, emotional absence, or a lack of mutual pleasure between the parent and child

- Mother wouldn't let child speak own mind at the dinner table

What if there is early trauma?

- Too overwhelming for the ego, which is still developing, to bind the anxiety

Anxiety around separation and **loss** intensifies

drives the ego to develop specific defense mechanisms

Unfilled Wishes

Comes to feel powerless to fulfill his wishes

- Attachment wishes
 - physical contact with the object
- Narcissistic wishes
 - to have omnipotent control over one's body and emotions
 - of an ideal perfect self receiving unlimited gratification
 - to receive unlimited admiration
- Well-being wishes
 - Never to be a victim of harm or suffering of the object

Drives the ego to develop defense mechanisms

Primitive Defense Mechanisms

Defenses consist of what is available to the infant at the time of development

Underlying factors of nonadherence:

1. Magical Denial:

- of information that is coming from the outside that implies that he is vulnerable or weak

2. Compensatory (Narcissistic) Fantasy

- I am NOT vulnerable, weak, or limited ... in fact ...
- I am strong, the strongest, I am omnipotent - ESRD Diagnosis
- The illusion of perfection assuages any fear of **loss** and vulnerable

Underlying factors of nonadherence

3. Grandiose Sense of Self

- This is a specific defense that predominates the structure of the challenging (narcissistic) patient
- This defense is challenged when one is faced with the reality / the ESRD diagnosis – initially -Diabetes:
 - There is no mourning the loss of life as was known
 - HD – Atlantic City
- There is a denial of frustration and bad feelings

Nonadherent Patient

- Healthy People:
 - deploy defenses, 'signal anxiety,' withdraw to fantasy, but evaporate as learn to cope
- With NP – not a temporary phase, grandiosity is **ossified**
 - Without assistance not capable of adapting or coping with reality

Coping Mechanisms “Defenses”

- There is no mourning the **loss** of:
 - not feeling Special
 - HD = left waiting
 - not feeling whole or complete
 - feeling strong and healthy, potent or attractive
- **Defiance** – represents a wish to experience a victory over the **unloving frustrator** (anyone who stirs up these feelings)
 - He does not have to submit to the treatment protocol, the special diet, fluid restrictions, the facility schedule, etc...

Coping Mechanisms

"Projection"

- Projection is a defense or a mental process whereby an unacceptable feeling is attributed to the external world
 - seeing on the outside what you can't see on the inside of yourself
- There is absolute confidence that he knows what the other is feeling or thinking
- Cannot argue the logic of projection
 - you can't say 'let's be reasonable' -staff don't hate
- Projective Identification – can't experience something in oneself but can evoke that in someone else
 - Have you ever felt angry w/patient – helpless - hopeless – anxious

Coping Mechanisms

- THESE are adaptive moves & serve important functions
- Patient unconsciously brings about inner safety & establishes his/her equilibrium
- Rid self of inner disturbances BUT
- Believes these feelings (anger/hostility) are coming from the outside
- Sets up anxieties and then must resort to further defenses – avoidance – isolation

Countertransference

- This is where many of the staff struggle to maintain an alliance
- We rarely want to take an adversarial position
- IF unable to disentangle from patients
- Staff may become overly defensive, controlling or engage in countertransference enactments
 - Get angry keep patient waiting .. Try to Convince ..
- **With this background in theory** one can stay steady and not be drawn into some kind of emotional or verbal acting out
 - Instead can be interested and explore what is going on

Recap

Defenses to Repair Traumatic Loss:

- Symbolically control; maternal smile; transitional object
- Magical denial; grandiose sense of self; defiance; projection; and projective identification

Fragments of clinical material to discuss some of the issues I have outlined

Case of Mr. A

- Mr. A- missed sessions for work obligations and when he did arrive he would come late / terminate early
- Active schedule served as a form of pathological self-esteem regulation
- Allowed him to avoid feelings around... medical illness, treatment, loss..

Case of Mr. A

“**Staff told me**” skipping tx – “need to come”

- Sent an **implicit** message that he should be ... following orders ... controlling his angerfollowing a special diet and with that he is told how he should live his life
- Suggestions the Grandiose structure & arousal of unacceptable dependency feelings
 - ‘unacceptable’ – recall – couldn’t depend on caregiver
- Just saying the treatment has certain requirements is a challenge to his grandiosity
- His Goal - to avoid the frightening situation of acknowledging reality / loss / and painful emotions

Angry / Aggressivity

- Focus was on how good he felt when he verbally assaulted the staff and when he completely devalued the nurse/doctor..
- When I expressed appreciation of how good he felt at these moments he felt relief
- Thought I would suggest other ways he 'should respond,' 'as if' I too would take over his feelings (something everyone was doing)

Subjectively-Useful Component

- Appreciating the subjective usefulness of his anger, I believe, allowed Mr. A to express himself more freely around these incidents
- Appreciation of the subjectively-useful component of the maladaptive aspect of his behavior and the need to take an action was not agreement or encouragement of this behavior
- Fosters sensitivity and allowed me to get closer to his experience, to understand it, and learn how to work with him in a more meaningful way

Subjectively-Useful Component

- What emerged – feeling of not being heard / feeling disregarded and how in his anger he is now going to be heard!

Before he can hear me he needed to be heard

Positioned Me to Speak More Directly about Nonadherence:

- ‘....I would imagine that would be physically dangerous, am I wrong?’
- ‘...how manage to that w/out hurting yourself?’

Sample Interventions

- I interpreted “... the dilemma you are facing now is you talk about coming consistently and perhaps you want to come, but you are not willing to take that risk of being taken advantage of ... of not being heard”

****Induce Conflict****

- “... you are willing to sacrifice your treatment and your health ... all in the service of holding on to the need for control
 - ... all in the service of not allowing yourself to need anything, to need this treatment, the staff ...

Sample Interventions

... she would become angry and blow-up on the staff when they kept her waiting

.... I suggested that playing this dominate role in relating to staff – angry, fight, walk out, not show up - gave her a sense of strength and power, and seemed more important than actually receiving her treatment

- When there is a representation of oneself as inferior, weak, or impotent it makes everything appear threatening

Sample Interventions

If situations are threatening

- in order to not expose oneself to situations that produce fear or shame
- one becomes inhibited, renouncing interpersonal contact with a consequent impoverishment in development
- There is no further growth or acceptance of changes in life circumstances

Vulnerabilities

- Skipped Treatments - a type of withdrawal
- Aim – to preserve feelings of superiority in solitude
- Mr. A – from an early age suffered from a fears of being surrounded by figures who may harm
 - Did not separate and go off the school easily

Mr. A Summary

- The loss of his kidney functions and life as was known
- Created a situation that basically destabilized his (precarious) narcissistic equilibrium
- Generated feelings of dependency and vulnerability (unfilled wishes – breakdown in idealized self concept) to which he ...
- Defended against – with aggressiveness and grandiose isolation = skipped sessions
- BUT – the defenses had consequences -
 - Physical health suffered

Mutative Factors Leading to Increased Adherence

- We have to be attuned to the emergence of the vulnerable side of patient's internal world
- When these shifts take place and we reflect on them the defensive wall gets more narrow (come to accept vulnerability)
- Relief in anxiety results in the worker coming to stand for a person which the patient can trust
 - The power of attachment! The power of intimate contact!
- If can build up trust this will lead him to be less afraid of others and of his vulnerabilities

Conclusion

- Pilot study with an intervention that looks promising
- Treatment adherence increased by 300%
- Treatment approach - underlying factors
- Appreciation of the subjective useful quality of the maladaptive coping mechanisms – the defenses
- Allows one to get close to the patient and allows for the emergence and increased **awareness of vulnerable**
- A decrease in projection allows one to experience others with less suspiciousness
- Less suspiciousness leads to an increasing capacity for trust - safer in terms of receiving treatment

Reference & Abstract

Reference & Abstract to the Nonadherence study can be found at:

drmazzella.com

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