Psychology of Prescribing
Psychopharmacology in College Mental Health

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Disclosures

- None

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Objectives

- Identify factors that may influence a student’s response to illness and/or medication.
  - Attachment Style.
  - Character Structure.
  - Locus of Control.
  - Transference Issues.

- Define split-treatment and discuss how the triad between student, prescriber, and therapist may influence prescribing practices.
Attachment

Care-giving bond

“Internal working model.” Worthy of care (view of themselves)
Whether others can be trusted (view of others)

(Bowlby, 1969)
Adult Attachment

- **Secure**
  - Experienced consistently emotionally **responsive** care giving
  - Positive views of themselves and others
  - Feel comfortable both with intimacy & independence

- **Preoccupied**
  - Experienced inconsistently emotionally **responsive** care giving
  - Negative views of themselves
  - Positive views of others
  - Dependent or clingy

- **Dismissive**
  - Experienced consistently emotionally **unresponsive** care giving
  - Positive views of themselves
  - Negative view of others
  - Defensive or distant

- **Fearful**
  - Experienced consistently emotionally **harsh & critical** care giving
  - Negative views of themselves and others
  - Initially engage then avoid due to fear of intimacy
Hypochondriasis – excessive preoccupation or worry about having a serious illness or if there is a medical illness, the concerns are in far excess of what is appropriate for the level of disease

## TABLE 2. Self-care Behaviors and Diabetes Outcomes by Attachment Style

<table>
<thead>
<tr>
<th>Adherence Domain</th>
<th>Dismissing (N = 1463; 35.7%)</th>
<th>Fearful (N = 500; 12.2%)</th>
<th>Preoccupied (N = 325; 8.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds Ratio*</td>
<td>95% CI</td>
<td>Odds Ratio*</td>
</tr>
<tr>
<td>General diet (lowest 25th percentile)</td>
<td>1.41</td>
<td>1.17, 1.69</td>
<td>1.16</td>
</tr>
<tr>
<td>Exercise (lowest 25th percentile)</td>
<td>1.36</td>
<td>1.13, 1.62</td>
<td>1.33</td>
</tr>
<tr>
<td>Glucose testing (lowest 25th percentile)</td>
<td>1.15</td>
<td>.95, 1.38</td>
<td>1.14</td>
</tr>
<tr>
<td>Foot care (lowest 25th percentile)</td>
<td>1.21</td>
<td>1.02, 1.45</td>
<td>1.19</td>
</tr>
<tr>
<td>Current smoker (lowest 25th percentile)</td>
<td>1.42</td>
<td>1.08, 1.86</td>
<td>1.28</td>
</tr>
<tr>
<td>HbA1c level &gt;8% (lowest 25th percentile)</td>
<td>1.05</td>
<td>.88, 1.24</td>
<td>.95</td>
</tr>
<tr>
<td></td>
<td>Odds Ratio*</td>
<td>95% CI</td>
<td>Odds Ratio*</td>
</tr>
<tr>
<td>Oral hypoglycemic adherence</td>
<td>1.23</td>
<td>1.01, 1.51</td>
<td>1.32</td>
</tr>
</tbody>
</table>

*a Odds ratios of nonadherence in each adherence domain for each attachment style as compared to reference group, secure attachment style. Models adjusted for age, gender, race, education level, marital status, depression, diabetes complications, BMI, medical illness comorbidity, treatment intensity and clinic.

b Sample size determined by patients on oral hypoglycemic agents.
Attachment Style & Adherence

<table>
<thead>
<tr>
<th>Thoughts of Partner</th>
<th>Thoughts of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td><strong>Negative</strong></td>
</tr>
<tr>
<td>Secure</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Comfortable with</td>
<td>Preoccupied with</td>
</tr>
<tr>
<td>intimacy and</td>
<td>relationships</td>
</tr>
<tr>
<td>autonomy</td>
<td></td>
</tr>
<tr>
<td>Dismissive</td>
<td>Fearful</td>
</tr>
<tr>
<td>Dismissing of</td>
<td>Fearful of</td>
</tr>
<tr>
<td>intimacy</td>
<td>intimacy</td>
</tr>
<tr>
<td>Strongly independent</td>
<td>Socially avoidant</td>
</tr>
</tbody>
</table>
Attachment Style & Treatment

- **Preoccupied**
  - Positive view of others, negative view of self
  - Need for dependence on others
  - Frequent & regularly scheduled brief appointments - not dependent on symptoms

- **Dismissing**
  - Negative view of others, positive view of self
  - Respect autonomy & relay the importance of care
  - Humor, metaphors, & close monitoring of severe symptoms

- **Fearful**
  - Negative view of others, negative view of self
  - Resisting the urge to withdraw
  - Numerous providers, team approach
Personality Traits

- Enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts.

- Traits are relatively stable over time
- Traits differ among individuals
- Traits influence behavior

Personality Disorder

- Experience and behavior that deviates markedly from the expectations of the individual's culture.
  - Cognition (perception and interpretation of self, others and events)
  - Affect (the range, intensity, lability, & appropriateness of emotional response)
  - Interpersonal functioning
  - Impulse control
- Inflexible and pervasive across a broad range of personal and social situations.
- Leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.
- Not better accounted for as a manifestation or consequence of another mental disorder.
- Not due to the direct physiological effects of a substance or a general medical condition such as head injury.
Personality Disorders

- Cluster A (odd or eccentric disorders)
  - Paranoid
  - Schizoid
  - Schizotypal
- Cluster B (dramatic, emotional, or erratic disorders)
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic
- Cluster C (anxious or fearful disorders)
  - Avoidant
  - Dependent
  - Obsessive - compulsive
Borderline Personality Disorder

- Frantic efforts to avoid real or imagined abandonment.
- Unstable and intense interpersonal relationships. (idealization and devaluation).
- Identity disturbance.
- Impulsivity (e.g., promiscuous sex, eating disorders, binge eating, substance abuse, reckless driving).
- Recurrent suicidal behavior, gestures, threats or self-injuring behavior.
- Affective instability (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days).
- Chronic feelings of emptiness, worthlessness.
- Inappropriate anger or difficulty controlling anger.
- Transient, stress-related paranoid ideation, delusions or severe dissociative symptoms.
Borderline Personality Disorder

- Average of 47% of BPD patients in a therapists’ practice misuse prescription medications.

- Meaning of medicine:
  - Overvalue / idealize medications / Nurturing agent
  - Physical assault / Poisons or addictive agents
  - Clinician’s intolerance
  - Clinician’s control & power

- Under use:
  - Positive gain from illness

- Over use:
  - Fill emptiness
  - Seek increased attention


Locus of Control

- **Internal** - personal control through behaviors & actions
- **External** - environment, higher power, other people, fate, chance
External Locus of Control

- Depression was associated with external LOC in college undergraduate students.
- External LOC correlated with phobic anxiety as compared to individuals without phobic anxiety.
- Agoraphobic individuals with phobic anxiety exhibit externalized LOC more than depressed individuals.


Internal Locus of Control

- Health Behaviors
  - seeking information
  - taking medication
  - making & keeping physician appointments
  - maintaining dietary restrictions
  - smoking cessation

- Studies
  - Smoking cessation (Georgio & Bradley, 1992)
  - Diabetes (Ferraro, Price, Desmond & Roberts, 1987)
  - Hypertension (Stantion, 1987)
  - Arthritis (Nicasio et al., 1985)
  - Cancer (Pruyn et al., 1988)
  - Heart and lung disease (Allison, 1987)
Internal Locus of Control

- Strickland suggested that internal locus of control, as compared with external locus, improves mental health because it is associated with preventive behavior, efforts to improve mental functioning, & development of coping behaviors to deal with stress.
- Individuals with internal locus of control suffered less from chronic depression & combat-related PTSD.


LOC & Treatment

- Individuals with Panic Disorder can move LOC more ‘internal’ with CBT than medications.
- LOC orientation is important in evaluating the treatment plan for patients with panic disorder.

Adapted from The Wikipedia Signpost: The Helicopter Parent
Locus of Control
“Need” for psychotropic drugs

- Quick fix culture
  - “failure to perform” is a major issue in a competitive society
  - problems are to be fixed
  - problems-in-the-process-of-being-fixed are temporary disabilities, to which school environments must accommodate

- Challenges are no longer lessons for learning, but problems to be solved as expediently as possible

- Medications viewed as a quick fix

Transference Issues

- Unconscious redirection of feelings for one person to another.
  - Positive
  - Negative
Response to Medications

- Positive Transference
- Negative Transference
Positive Transference

- Medication as a transitional object (even the prescription)
- Food – fills a void/emptiness - medication hunger
- Gift
- Taking Away – demands the individual surrender his/her symptoms & illness (positive & negative)
- Positive alliance with provider

Placebo Effect

- Placebo - any therapy prescribed knowingly or unknowingly by a clinician for its therapeutic effect on a symptom / disease, but which actually is ineffective or not specifically effective for that symptom / disease

- Placebo Response – the behavioral change in the person receiving the placebo

- Placebo Effect – the part of the change attributable to the symbolic effect of the medication

- In antidepressants, placebo effect may account for up to 75% of effectiveness


Negative Transference

- Non-compliance (between 25-75%)
- Requesting PRN medications
- Lack of effectiveness
- Being prescribed medications = no responsibility for actions

Nocebo Effects

- **Nocebo effects** - the causation of sickness by the expectations of sickness and the associated emotional states
  - Specific - the individual expects a particular negative outcome & that outcome consequently occurs
  - Generic - the individual has vague negative expectations (pessimistic) & their expectations are realized in terms of symptoms or sickness
- **Placebo side effect** - when expectations of healing produce sickness
- **Chinese patients on lithium rarely report polydipsia & polyuria as annoying side effects** because they believe water consumption and excretion are positive effects of the medication. Lithium can deplete the body of toxins & aid in digestion through these effects.


Meaning of Medication

- Physical characteristics
  - Caucasians: white capsules - analgesics; black capsules - stimulants
  - African Am: white capsules - stimulants; black capsules - analgesics
  - Netherlands: red, yellow, and orange are associated with a stimulant effect, while blue and green are related to a tranquilizing effect.
  - Europeans: Yellow pills - antidepressants.

- Mode of Administration, Cost, Packaging

Split Treatment

- Synonyms of split treatment
  - Collaborative treatment
  - Combined treatment
  - Concurrent care
  - Divided treatment
  - Integrated treatment
  - Parallel treatment
  - Shared treatment
  - Triangular treatment

More than ‘split’ treatment

- Patient / Client
- Therapist
- Medication prescriber
  - Psychiatrist
  - Health center physician
  - Nurse practitioner
  - Physician assistant

- Parent
- Home physician
- Family therapist (home therapist)
- Nutritionist
- Sports Medicine
- University Administration
- Legal / Judicial Affairs
- Residence Life
Therapeutic Triad

- Patient/Client, Therapist, Medication Prescriber
- Therapy – passive
- Prescribing – active / directive
- Referral
  - Referral for therapy vs. referral for medications
  - Reaction to an event vs. request by patient / client
Client Transference to Therapist
Response to Referral

- **Positive**
  - Therapist who refers:
    - Understand severity of symptoms
    - Take the client seriously
  - Therapist who does not refer
    - Strongly focused on therapeutic work
    - Values and encourages talk
    - Confident in the client and the therapeutic process

- **Negative**
  - Therapist who refers:
    - Therapist has given up
    - I’m too sick
    - My therapist is incompetent / helpless
    - I lack the capacity to resolve my problems without the benefit of a chemical
  - Therapist who does not refer
    - Do not understand severity
    - Is not taking client seriously

Client Transference to Prescriber
Response to Medication Recommendation

- **Positive:** If a positive response to medications. Prescriber viewed as supportive, nurturing, life saving, believing in the illness/symptoms.

- **Negative:** If a negative response to medications. Prescriber viewed as dismissing the person with chemicals to get rid of the individual, discouraging talk, intolerant to address real suffering.

- Transference to the prescriber (either positive or negative) may further influence +/- transference to the therapist & vice versa.

Counterttransference: Therapist or Prescriber

Uncomfortable about needing help / needing to ask for help

Manage personal feelings of helplessness

Expose difficulty in managing certain problems

Work is known to a 3rd party

Separate from the client - disrupt / prevent a relationship

Control the client / patient (control against strong emotions or transference)

Need to share power of treatment - Narcissistic injury

Financial motivators

Clients viewed passively - clinicians are authoritarian

Competition between providers

Benefits of Split Treatment

- More time with Clinicians
  - Working with two clinicians (50 min therapy, 10-30 min medication management)
  - Vacations may be covered between clinicians
- Cost effective
  - mild-moderate cases are seen by therapist only (no meds yet)
  - severe cases are referred to prescribing clinicians
- Greater choice for client
- Enhanced support for clinicians
  - difficult clients / patients
  - professional education (therapist learns about medications / prescriber learns about therapy dynamics)
- Enhanced Adherence - therapist encourages medication adherence, prescriber encourages continued therapy

Disadvantages of Split Treatment

- **Interdisciplinary Issues**
  - Unfamiliarity with other clinicians
  - Inequality about professions
  - Political tension about prescribing privileges
  - Educational differences (LCSW, EdS, PsyD, PhD)

- **Communication**
  - If done poorly - misperceptions or misunderstanding

- **Transference & Countertransference**

- **Legal Risks**
  - Psychiatrists who used to do both, now doing just one, less time, less knowledge, less relationship, same liability risk

- **Ethical Problems**
  - Why was split treatment decided? How is split treatment dictated?
  - Resources (10 therapists & 1 psychiatrist); Managed care companies
  - Roll of prescribers: supervisory v. consultative v. collaborative

Successful Split Treatment

- **Beginning**
  - Communication between clinicians & client
  - Confidentiality
  - Diagnostic impressions
  - Comprehensive treatment plan & adherence (written contract)
  - On-call issues
  - Management of risk
  - Which symptoms go where
  - Understanding of beliefs about medications & therapy between all clinicians (acknowledgement of background & training)
  - Barriers to optimal care
  - Who will communicate to 3rd parties / family members
  - Handle & deal with conflict & problems
  - Differences in fees, schedules, cancellations, etc
Successful Split Treatment

- Middle
  - Transference & countertransference
  - Adherence to treatment plan
  - Review of treatment plan
  - Discuss end of split treatment

- End
  - Best time for termination – stagger vs. simultaneously
  - Follow-up and recurrence of symptoms

Putting it all together...

- **Initial Appointment**
  - Review symptom presentation, treatment plan, benefits & side effects
  - Hypothesis on attachment, character, or LOC
  - Inquire about expectations of pharmacotherapy
  - Address resistance to identify illness or need for treatment
  - Split treatment - referring clinician can also explore these questions

- **Follow-Up Appointments**
  - Explore side effects, compliance & residual symptoms
  - Understand the meaning of medications, identity of “sick”
  - Explore fears about medication (loss of control, addiction, loss of personality)
  - Differentiate normal emotional responses from side effects or symptoms
  - Split treatment - communicate these concerns before & after appointments

- **Maintenance**
  - Combating stigma (Mental illness in famous individuals)
  - Split treatment - discuss end of treatment strategies & promote compliance to treatment plan

- **Patient centered** - not provider centered
Questions

“Mr. Osborne, may I be excused? My brain is full.”