

RETURN OF THE THERAPIST PSYCHIATRIST ALLIANCE



 SCAN ME

Stacy Greeter, MD

941-413-0834

stacygreetermd@gmail.com

<https://www.youtube.com/@stacygreetermd>

MAY THE FORCE

(OF THERAPEUTIC RAPPORT AND INTERDISCIPLINARY COLLABORATION)

...BE WITH YOU



Prescribers Impact Medication Response!

- A 2006 study of 112 depressed patients treated by 9 different psychiatrists with placebo or imipramine 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 antidepressants.
 - *Mckay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. J Affect Disord 2006; 92:287-90.*

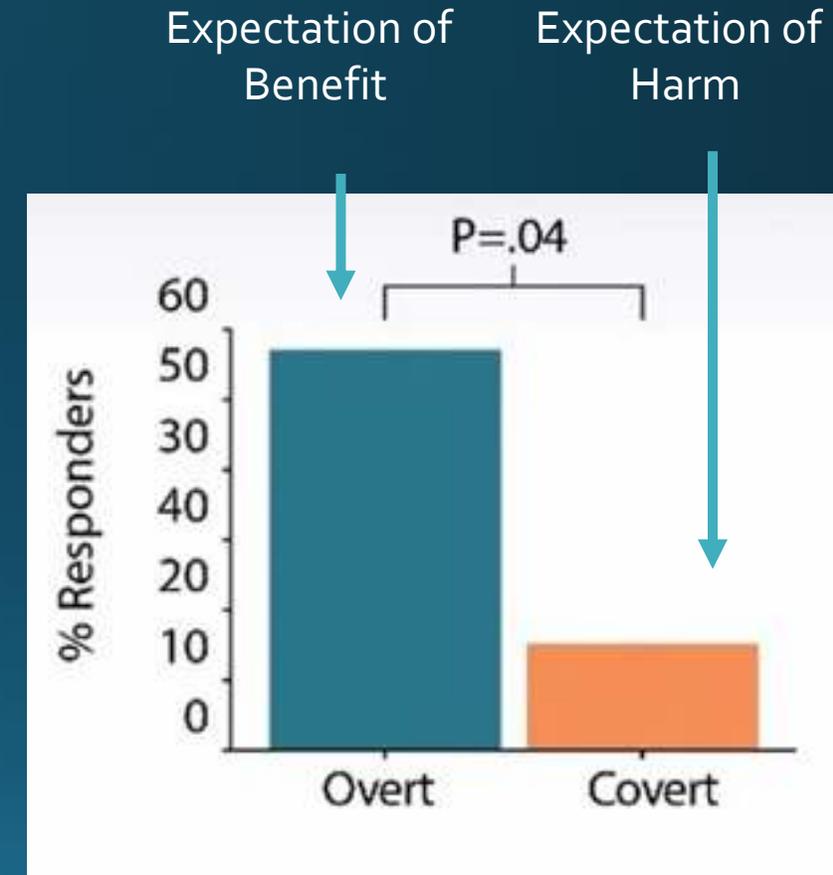
"How the doctor prescribes is even more important than what the doctor prescribes."

David Mintz, MD

Expectations of medication matter!

- In a 2021 study, 27 participants with social anxiety disorder were given escitalopram 20mg, but some were told they were getting medication and others were deceptively told they were receiving a neurokinin-1 receptor antagonist, expected to give them the same side effects as escitalopram but none of the therapeutic effect.
- Overt SSRI treatment resulted in 4 folder higher response rate.

Hjorth, et al. (2021). "Expectancy effects on serotonin and dopamine transporters during SSRI treatment of social anxiety disorder: a randomized clinical trial." *Translational Psychiatry*. Vol 11. 559.



Psychotherapist allies can be pivotal in setting up positive expectations of medications.

Expectation of benefit (overt SSRI treatment) vs Expectation of side effects (covert SSRI treatment)

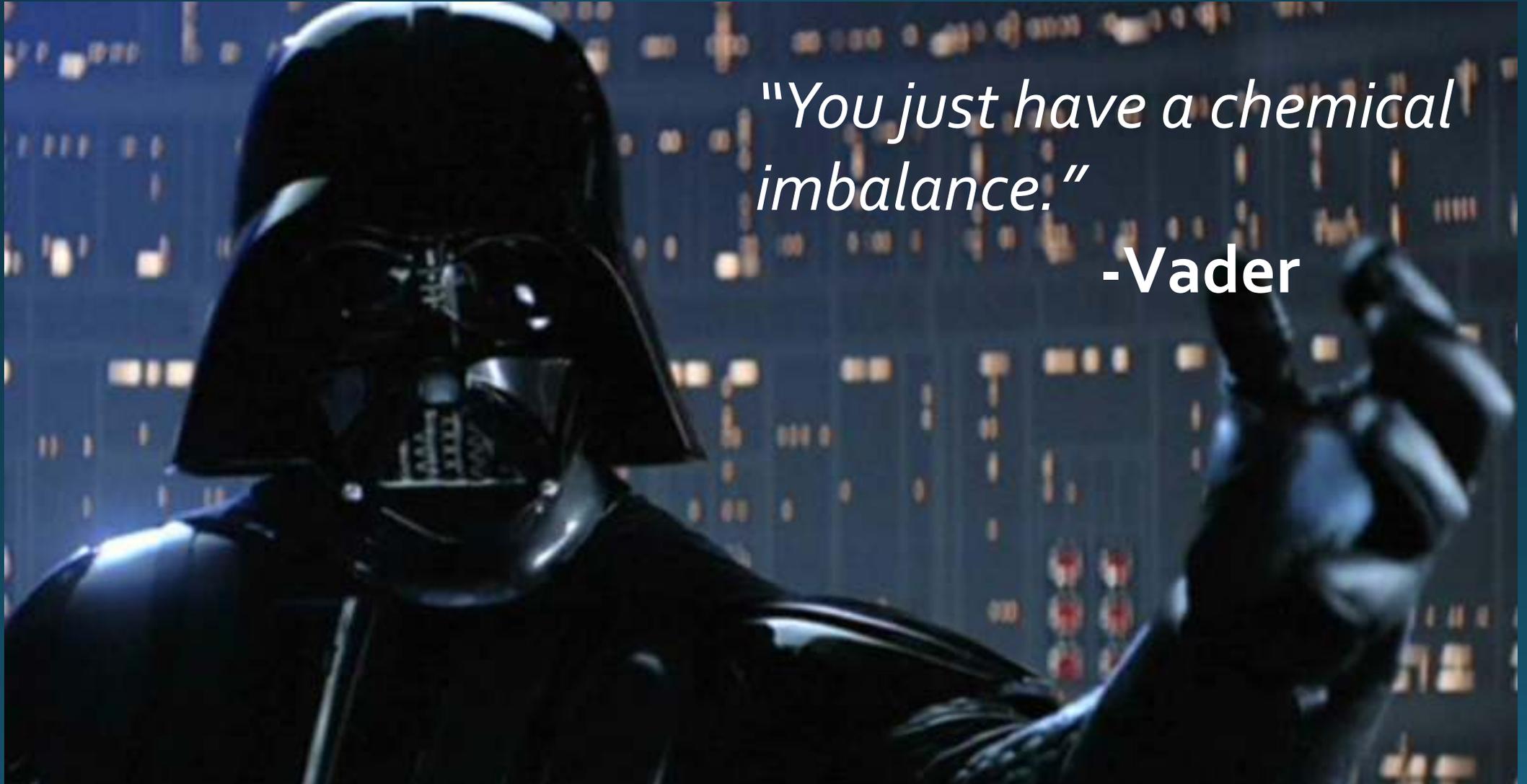
- On follow-up PET scans
- Serotonin transporter occupancy was similar in both groups and unrelated to treatment response.
- In the overt SSRI group expecting benefit:
 - Dopamine transporter binding decreased in the right putamen, pallidum, and the left thalamus and this level of decrease correlated with treatment response
- In the covert SSRI group expecting side effects and no benefit:
 - Dopamine transporter binding increased in these brain areas

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.

RESIST THE PULL OF BIOLOGICAL REDUCTIONISM!



*"You just have a chemical
imbalance."*

-Vader



The Temptation of Biological Reductionism

- **Patients may be tempted** to embrace a strictly “chemical imbalance” explanation for illness so that the “badness” is located solely in biochemicals for which the patient feels little responsibility, thus excusing them from lifestyle changes, going to therapy, addressing unhealthy interpersonal relationships....
- **Clinicians may be tempted** to offer this interpretation in response to the empathic pull to relieve the patient of painful self-loathing/shame.
- **Psychiatrists may be tempted** to focus on a biochemical explanation to assert their usefulness/legitimacy as a prescriber of biological treatments.

RESIST THE PULL OF THE DELUSION OF PRECISION



"You just have a deficiency of serotonin and SSRIs increase the level of serotonin in your brain."

-Emperor Palpatine



ONLY A SITH DEALS IN ABSOLUTES

"I am 100% sure of your diagnosis and how these medications work on the body!"

Anakin – going to the dark side



"The moment you feel confident that you have the answer, that is when you know that lost you are."

-Yoda

A Jedi Embraces the Ambiguity of Two Truths

"Meds are just a band aid because changing your thinking in psychotherapy is the only way to actually get better."

Darth Mal

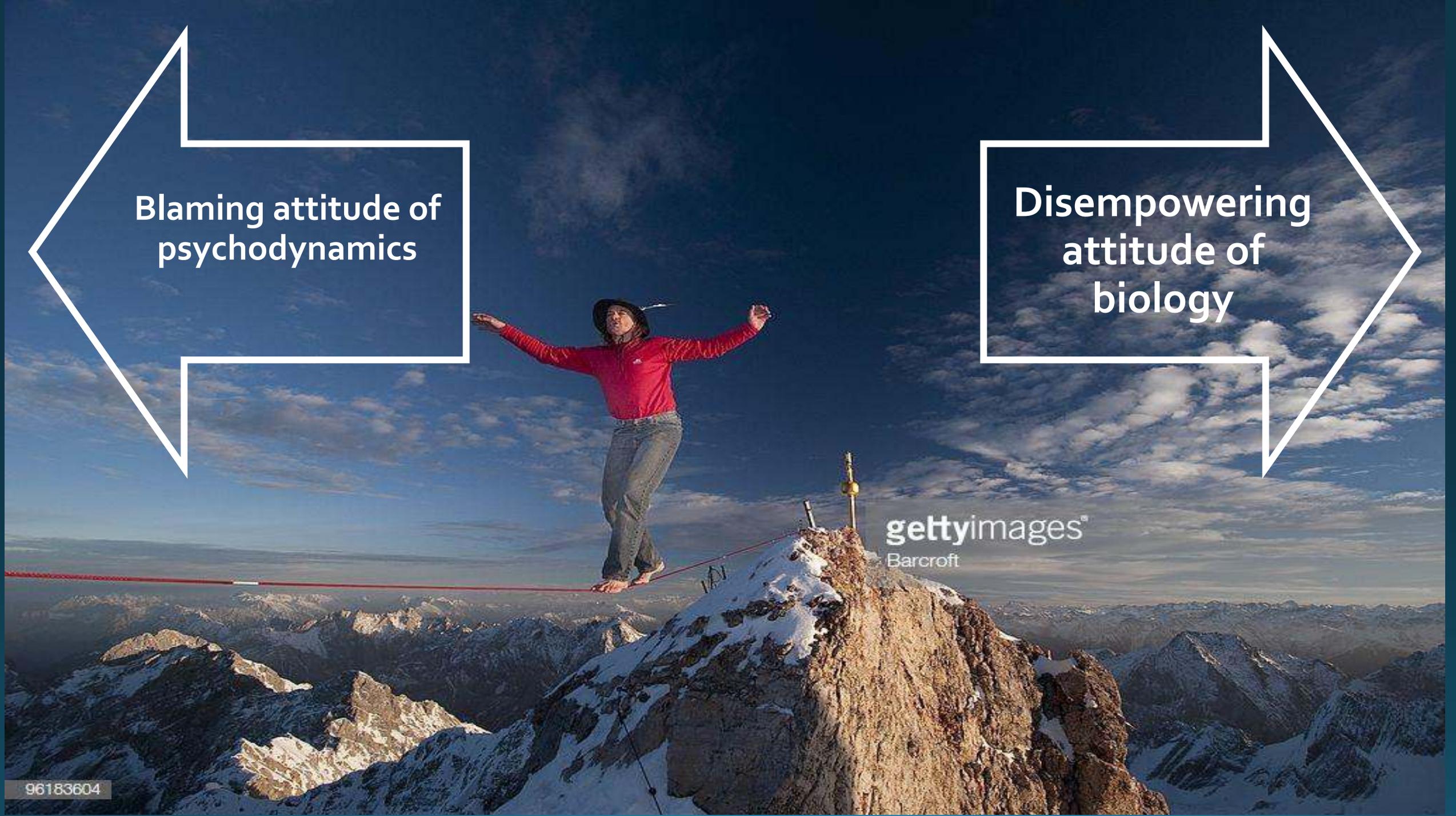
"I BOTH recognize how your symptoms can be determined by your neurochemistry AND also recognize your power and self-agency in relieving your symptoms."

Luke

"Medications are the answer to treating your symptoms which are caused by defective neurochemistry."

Emperor Palpatine





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**

Medication is Essential For Change But the Patient Is Responsible for Change



The Dark Side of Psychiatry

Patients have valid reasons for mistrusting psychiatric treatment.

- Conversion therapy
- “Schizophrenogenic” mothers
- Asylums
- Lobotomies

A close-up image of Emperor Palpatine from Star Wars, showing his wrinkled, pale skin and glowing red eyes. He is wearing a dark, hooded robe. The background is dark and blurry.

Emperor Palpatine

Enjoys administering ECT without anesthesia....

Psychiatrists in the media: either evil or sex objects.



We may be tempted to emphasize a simplified biological explanation of medication treatment:

“It’s just like taking medication for diabetes.”

to legitimize our medications in response to society’s demonization of psychiatry.



Though exploring the cognitive dissonance between a patient’s attitude towards psychiatric medication and medication for a different health issue can be helpful, **beware of oversimplification...**



Instead of chemicals, explore with patients....

- What does taking psychiatric medication say about you?
 - Weakness/deficiency
 - Confirmation of badness/deficit
- What are your greatest fears about taking medication?
 - Fear of dependency
 - Fear of loss of control
 - Loss of identity?
- What is your relationship like with your psychiatrist?

**Named must your fear be
before banish it you can.**



Named must your fear be
before banish it you can.

44 Yoda

Instead of chemicals, explore with patients....

- What does your family think about psychiatric medication?
 - Spiritual/religious beliefs about mental illness
 - Family of origin attitudes towards medication
- **What are your greatest hopes for medication?**
 - **Include expected therapeutic benefit.**
 - **Include patient's role in effective treatment.**
- **If Dr. Greeter prescribed you the most amazingly helpful medication, how would your life look different 6 months from now?**

Encouraging Patients to Take Medication



Resistance to Taking Medication

“I don’t think St. John’s Wort and CBD are working enough for you.”

-random medical droid



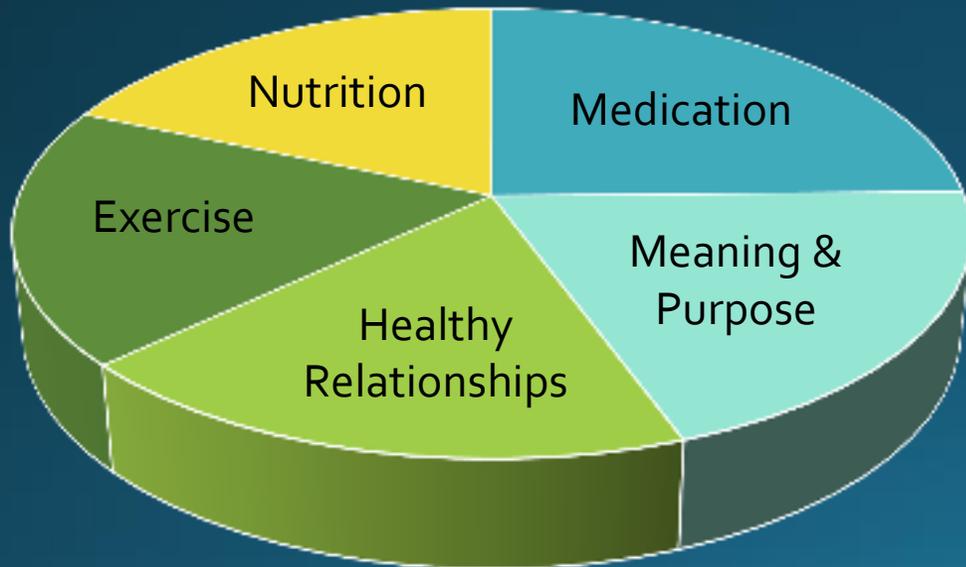
Addressing the Naturalistic Fallacy

Naturalistic Fallacy:

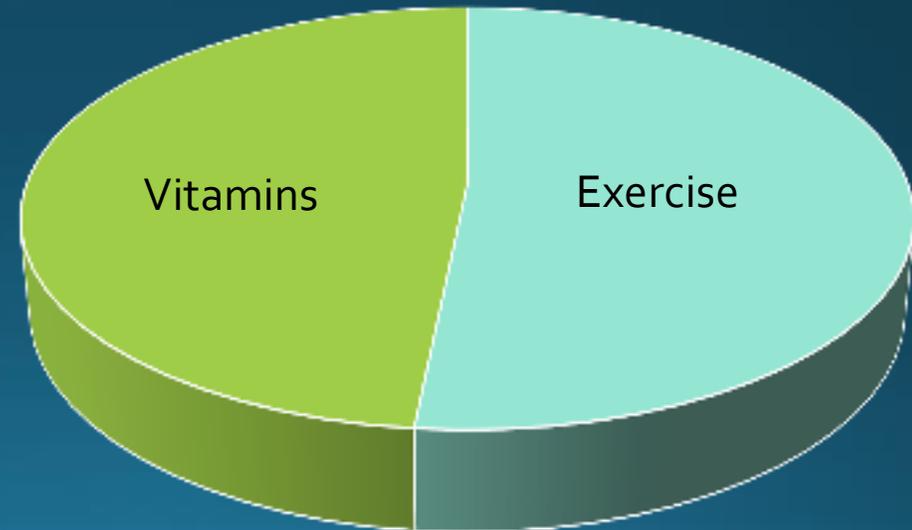
- What is “natural” is safe and what is “man-made” is harmful.

“I’m holistic so I avoid medication....”

Holistic Approach



Reductionistic Approach



Addressing the Naturalistic Fallacy

Lithium



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

Addressing Fear of Being Controlled by Medication

- Patients **fear being controlled by or harmed by medication**, especially those patients with a past history of being harmed by authority figures and caregivers.
- Patients **fear losing their identity**. Especially patients with a tenuous sense of self, fear that medication will alter who they are as a person.



Always put the locus of control on the patient!

- Emphasize the patient's autonomy in the decision to take medication.
 - A 2010 study of 403 patients with depression found that patient who were involved in treatment decisions (even as simple as dosing schedule once daily or three times daily) were 2.3 times more likely to continue taking their medications.
 - Patients who disagreed with their diagnosis and felt uninvolved, were 7.3 times more likely to stop taking their medication.
 - Woolley SB, Fredman L, Geoth JW et al: Hospitals patients' perceptions during treatment and early discontinuation of serotonin selective reuptake inhibitor antidepressants. *J Clin Psychopharmacol* 30(6):716-719, 2010.
 - A 2006 study of patients being treated for depression by primary care doctors found that the degree of patient involvement in medical decision making directly correlated with degree of improvement with substantially better 18 mo treatment outcomes.
 - Clever SL, Ford DE, Rubenstein LV, et al: Primary care patients' involvement in decision-making is associated with improvement in depression. *Med Care* 44(5):398-405, 2006.

Focus medication discussion on empowerment and patient's role in successful treatment.



Cultivate an internal locus of control.

Psychotherapists can Coach Patients to Take an Active Role:

"The power within you to make yourself better, together, we will reveal." -Yoda



*"Let's talk about **what you can** do to make your medication work better."*

- *seeking meaningful/fulfilling activities*
- *connecting to healthy people*
- *Nutrition*
- *Regular sleep/rest*
- *physical activity*
- ***Pay attention to how you are feeling and functioning and assertively communicate this to your psychiatrist!***

Focus medication discussion on promoting freedom, self-agency, and authentic identity.

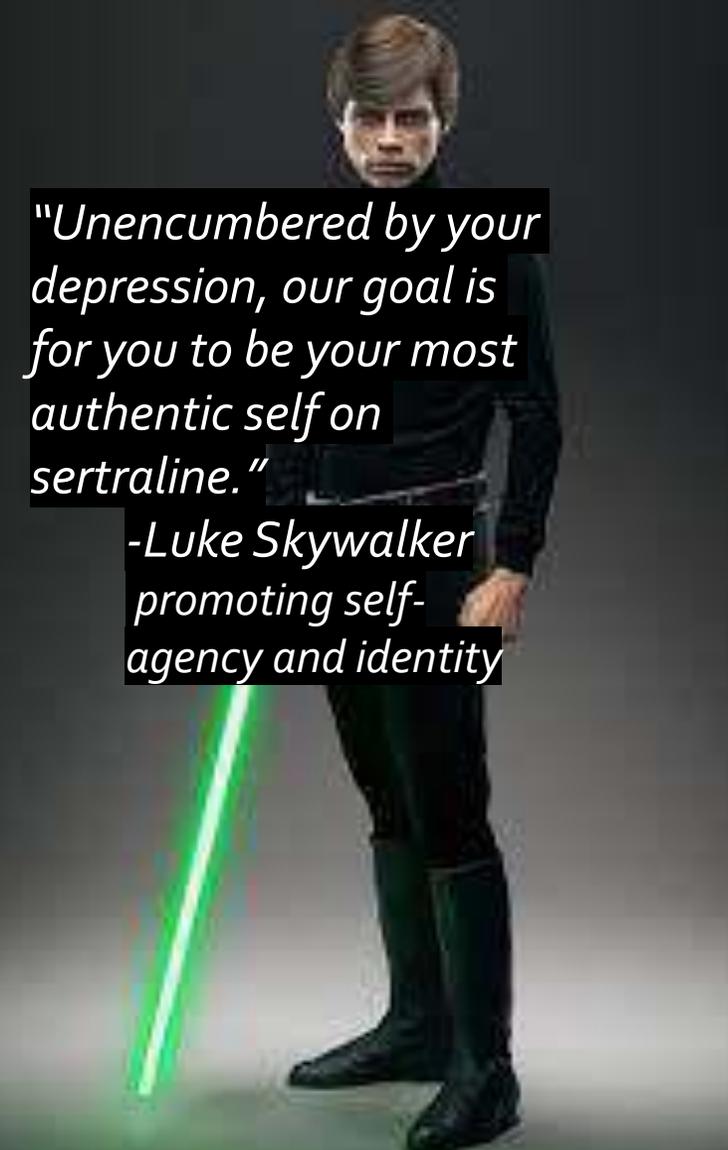


Patient

Locus of control goes here!

On stimulant medication Obi-Wan, you have more freedom to choose what you focus on and what you tune out.

*-Qui-Gon Jinn
empowering his patient*



"Unencumbered by your depression, our goal is for you to be your most authentic self on sertraline."

*-Luke Skywalker
promoting self-agency and identity*

Two Expert Coinvestigators Teaming Up



Coinvestigators

Psychiatrist

Patient

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.
- Their goals.

~~WebMD~~

Historical Model of Medical Treatment



Mental Illness
(adversary)

Doctor
(hero)

Patient

I'm just some lava shooting up
on Mustafa to make a nice
background. Don't mind me....

"The patient is not a passive battleground between the doctor and the disease, but an important ally or adversary in the fight."

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

Effective Psychiatric Treatment is More Complex

Psychiatrist

Patient
Both Ally
and Adversary

Psychotherapist

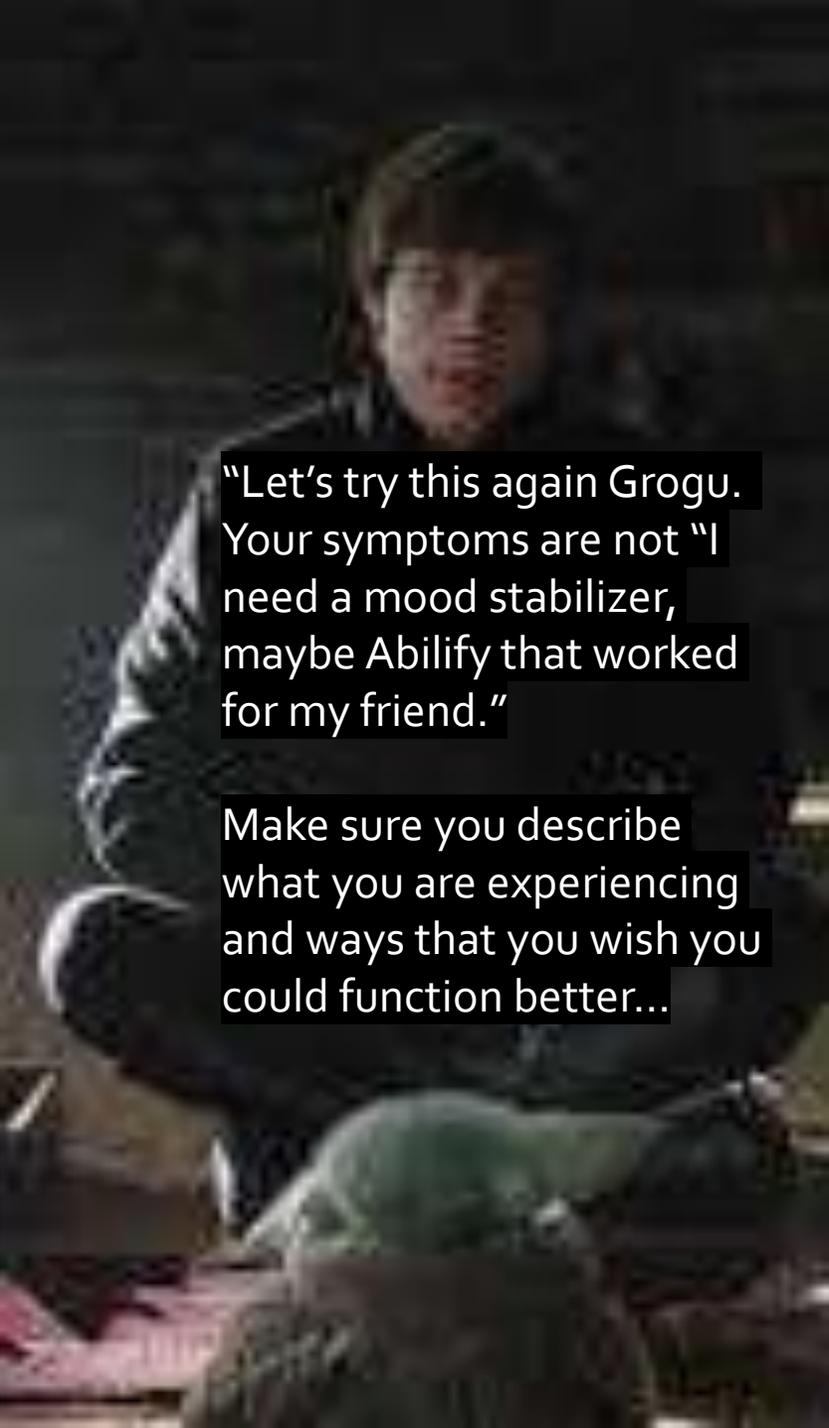
Family



Meesa Your Insurance
Company!

Psychotherapist Allies!

- Do not just expect patients to know their role in successful treatment.
- We should teach them how to ally with their doctor in treatment.

A person with dark hair is sitting on a couch in what appears to be a therapy session. They are wearing a dark jacket. The background is dark and out of focus. There are two text boxes overlaid on the image. The first box contains a quote, and the second box contains a piece of advice.

"Let's try this again Grogu. Your symptoms are not "I need a mood stabilizer, maybe Abilify that worked for my friend."

Make sure you describe what you are experiencing and ways that you wish you could function better...

Coach Patients to Assertively Engage in their Treatment

- Encourage patients to openly disagree with their psychiatrist, express their fears/concerns about medication, and ask difficult questions...
 - Why did you choose this particular medication for me?
 - What is the evidence behind choosing this treatment?
 - Why did you choose this particular diagnosis for me?
 - Did you consider any other diagnoses and why?
- Teach patients to be advocates for themselves and not just passive consumers of mental health treatment.
 - Help patients bring it into the room so we can address it.

A young child with a distressed expression is crying and holding the hand of an adult. The child's mouth is wide open in a cry, and their eyes are squeezed shut. The adult's hand is visible on the left, holding the child's hand. The background is a bright, out-of-focus outdoor setting, possibly a beach or a park, with a large, dark, curved object in the foreground.

You can't make me take medicine!

- Patients view their psychiatrist through the lens of their childhood attachment figures.
- Help patients anticipate and become aware of these re-enactments when they happen.

“When you were on meds for ADHD as a child, you had no say in your treatment and medication symbolized your “badness” as a kid.

It makes complete sense that you’re scared to start medication again.

Sometimes, you’re going to feel like I’m trying to control or punish you like your mom did. When that happens, please let me know so we can work through it together.

Those bad experiences with medicine in the past will make side effects to your new medicine magnified for you, like on a loudspeaker. Remember that you can stop the medication at any time. I just ask that you call me and we make the decision together.”

-Dr. Mace Windu
doing his psychiatric intake assessment.... like a jedi



Jedi Psychotherapist Obi-Wan Kenobi Provides Back-Up to Jedi Psychiatrist Dr. Mace Windu



- How do we help you let Dr. Windu know that you don't feel like he's hearing you and that you decreased the dosage of the medication he prescribed?
- Do your frustrations with Dr. Windu remind you of other relationships in the past?
- It could be side effects of the medication, definitely ask Dr. Windu, but might there be any other possibilities going on?
- Why don't I leave a detailed voicemail for Dr. Windu to give him a head's up about your concerns.

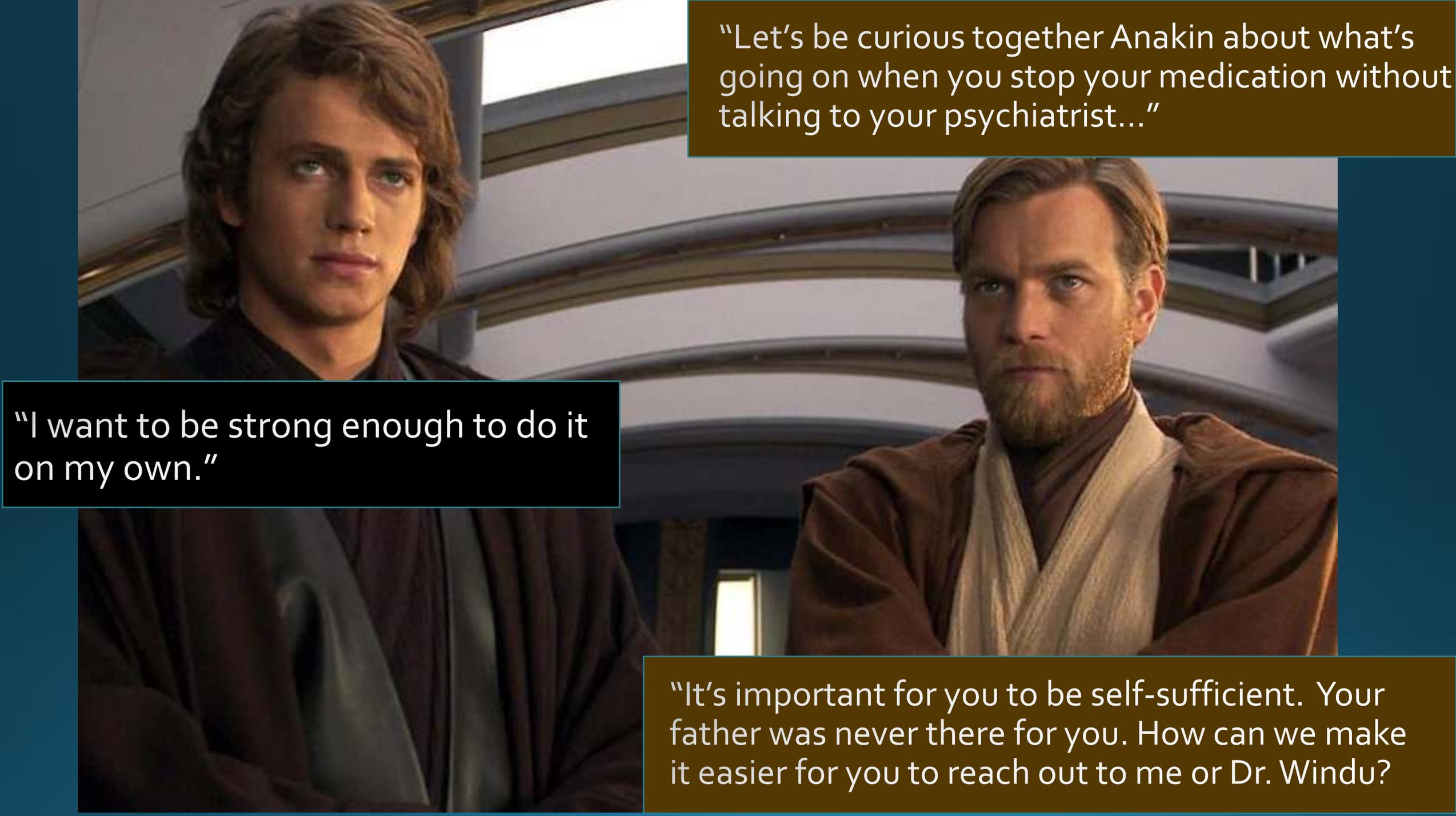
Stopping medication without talking to my doctor.....



What could go wrong?

Medications are powerful symbols of illness/deficit. Patients often hope that they can rid themselves of illness, by ridding themselves of the need for medication.

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

A still from the Star Wars prequel era showing Anakin Skywalker on the left and Obi-Wan Kenobi on the right. Anakin is looking towards Obi-Wan with a serious expression. Obi-Wan is looking back at him. They are in a room with arched windows in the background.

“Let’s be curious together Anakin about what’s going on when you stop your medication without talking to your psychiatrist...”

“I want to be strong enough to do it on my own.”

“It’s important for you to be self-sufficient. Your father was never there for you. How can we make it easier for you to reach out to me or Dr. Windu?”

The patient is the real jedi here....



“Let the patient be the authority on their life and you be the student.”

*David Puder, MD
Psychiatrist Jedi*

The patient is the hero, not their doctor.

Ironically, the more credit you give to the patient for the win and less credit to the medication that they were prescribed, the less likely they may be to quit their medication.

Ultimately, let the wookiee win.....

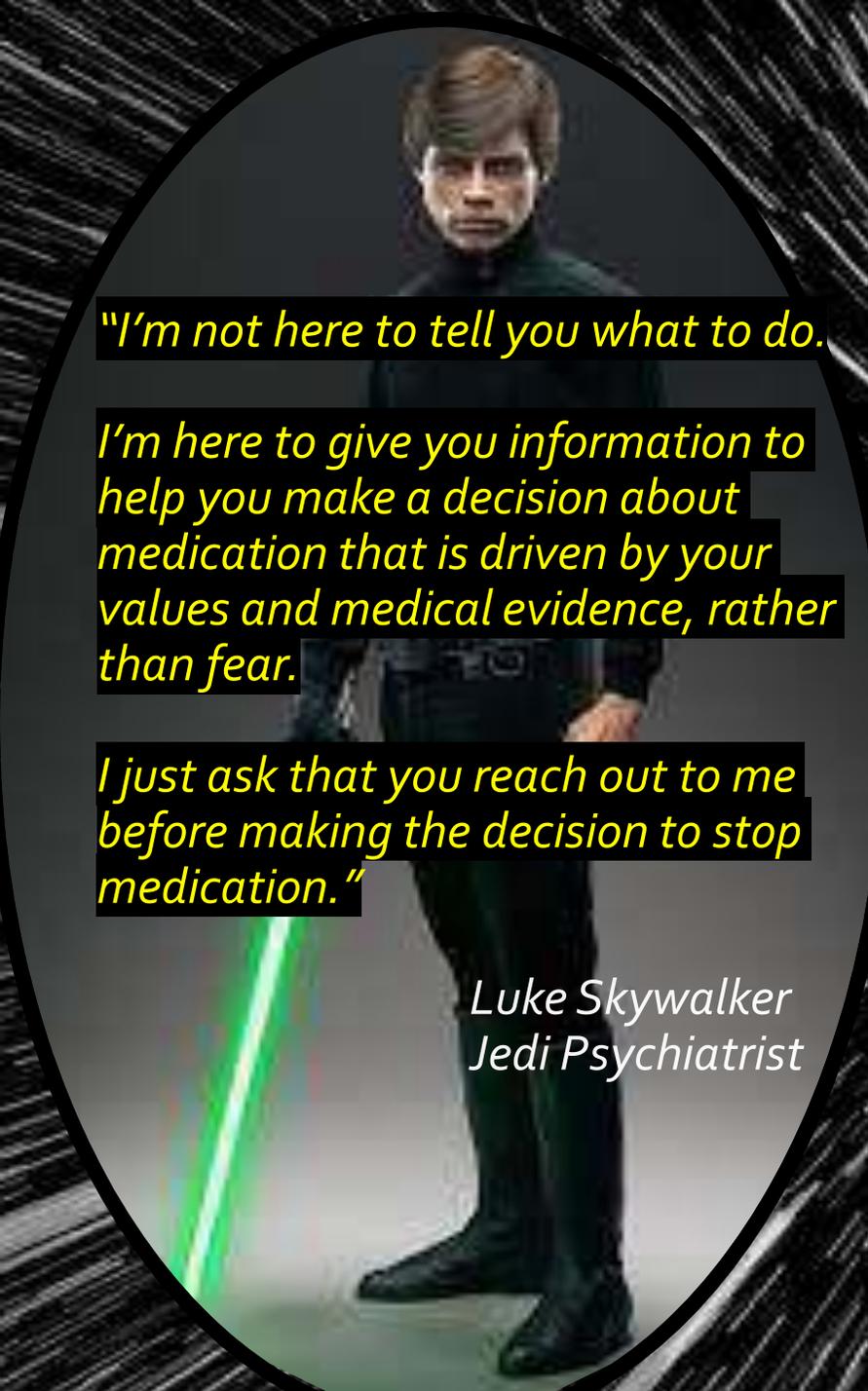


LET THE WOOKIEE WIN



"Choice of illness, you have not. Choice to either face illness and take medication or deny and hide, you have."

-Yoda

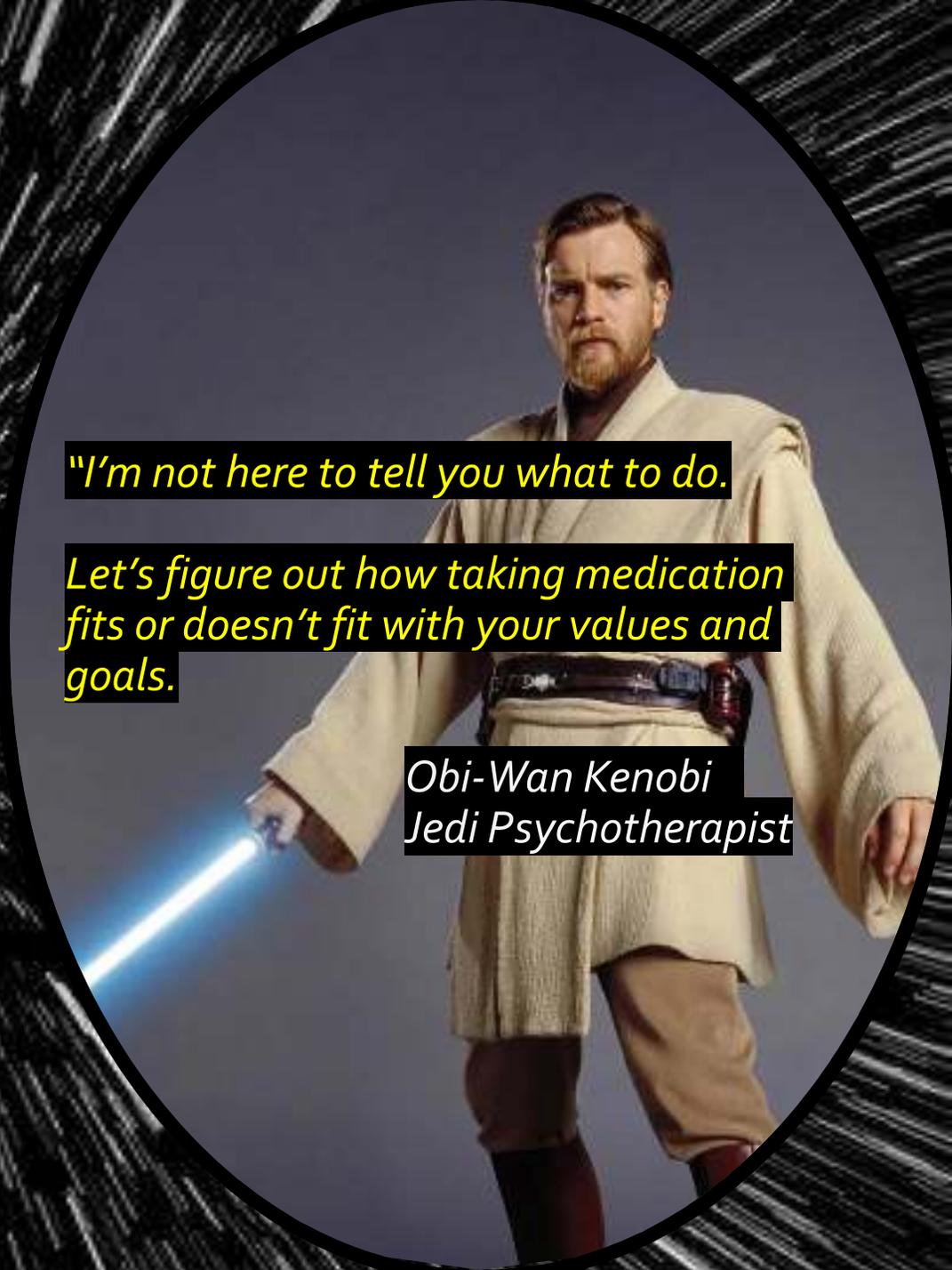
A circular frame containing a full-body image of Luke Skywalker in his Jedi robes, holding a green lightsaber. The background of the frame is a dark, starry space with white streaks radiating from the center.

"I'm not here to tell you what to do.

I'm here to give you information to help you make a decision about medication that is driven by your values and medical evidence, rather than fear.

I just ask that you reach out to me before making the decision to stop medication."

*Luke Skywalker
Jedi Psychiatrist*

A circular frame containing a full-body image of Obi-Wan Kenobi in his Jedi robes, holding a blue lightsaber. The background of the frame is a dark, starry space with white streaks radiating from the center.

"I'm not here to tell you what to do.

Let's figure out how taking medication fits or doesn't fit with your values and goals.

*Obi-Wan Kenobi
Jedi Psychotherapist*



“You Remind Me of My Dad”

Understanding Developmental History is key to Understanding a Patient’s Relationship with Medical Authority Figures!

Attachment Styles and Medication Response

Neglected Avoidant/Dismissing

- Does not want to be “dependent” on medication
- Eager to debate with doctor
- Changes dosage of medication or stops medication without consulting doctor
- May experience an increased dosage of medication as controlling or punitive
- Side effects to one medication = “no medication works for me”

Abandoned Anxious/Preoccupied

- May be outwardly acquiescent but covertly subversive of treatment ie “forget” medication
- May resist becoming well as it represents losing a cherished and predictable source of caregiving.
- Medication may become an attachment object and patient is reluctant to taper medication.
- Afraid to disagree with doctor and struggles to give honest feedback to doctor
- When doctor asks, how they are doing on the medication, “I don’t know doc you tell me ”

Abused Disorganized/Fearful

- Expects to be harmed by medication
- Prone to nocebo response
- Does not trust doctor.
- Medication/medical treatment may be viewed as an “intrusion” on their body or re-enactment of sexual or physical abuse.



Over-use of Medication: When Medications Replace People

"Who's the most supportive person in your life you can reach out to when you are feeling overwhelmed?"

"You're a lot more vulnerable when you reach for people instead of medication."

*Princess Leia
psychiatrist jedi*

"There's no one I can rely on like Xanax."

Leia addressing how Han's avoidant attachment style has rendered him vulnerable to using medication to replace healthy attachments to people.

Ambivalence about medications

Ambivalence about treaters

Medications cause physical harm (i.e., side effects)

Caregivers are unreliable
Caregivers are out to meet their own needs

Medications are an imposition

Caregivers are harmful
Caregivers are rejecting

Medications are a reminder of defect or deficit

Caregivers are paternalistic or controlling

Medications are stigmatizing

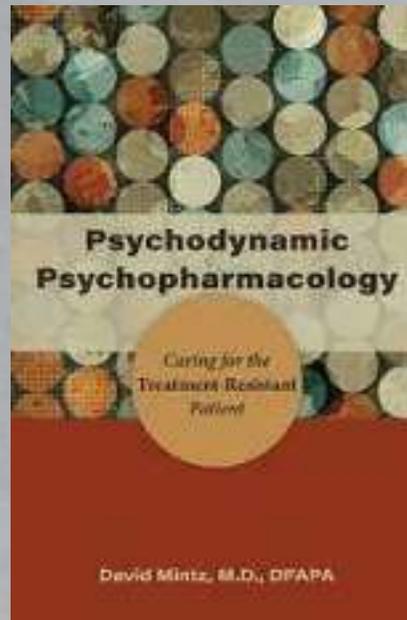
Caregivers treat patients like symptoms

Medications represent dependency

Medications represent control by the doctor

Medications represent toxic or sexual intrusion

Medications disrupt equilibrium



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

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD

Expectation of Harm Nocebo Effect

Nocebo Effect:

When a patient experiences harm from a medication 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."

David Mintz, MD
Jedi Psychiatrist





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

Jedi Psychiatrist
Irvin Yalom, MD

When Nietzsche Wept

Addressing Nocebo Effect

- Encourage patient to express disagreement with psychiatrist openly.
 - **Welcome dissent!**
- Emphasize that patients can discuss discontinuation of medication at any time.
 - “You’re just dating the medication, not marrying it.” **Give the patient an out!**
 - Patients **may need to experience “failing” a few different medications** with their doctor to feel secure that their doctor will hear them.
 - Do not suggest that this means that medications “do not work for them.”
- **Explore the treatment-interfering meanings that patients hold for medication (ie confirmation of deficit, intrusion, re-enactment of abuse ...) in psychotherapy.**

“Individuals from socially disadvantaged groups (minorities, women, low socioeconomic status) are more nocebo prone, as are people who characteristically acquiesce to the wishes of others.”

Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient. By David Mintz, MD
Hahn RA. The Placebo Effect: An Interdisciplinary Exploration. 1997

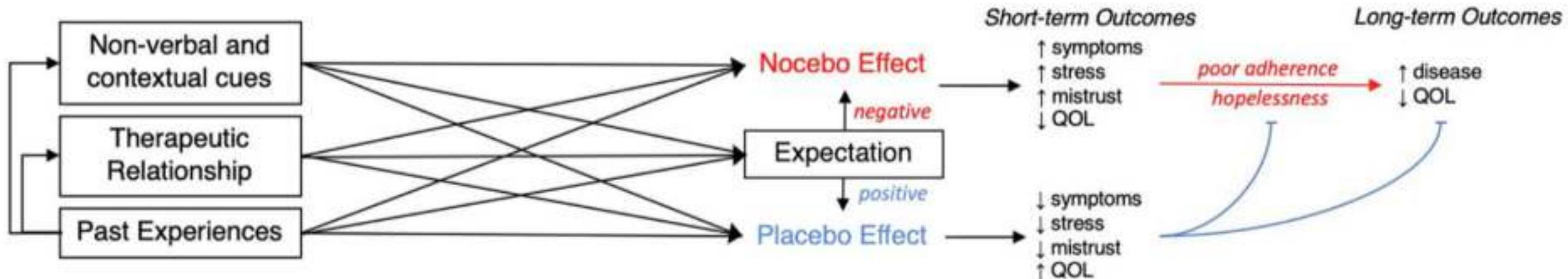


Nocebo Effects Disproportionately Impact Minorities

- Black patients experience more medical mistrust and perceived discrimination.
 - They are less likely to experience placebo effect and more likely to experience nocebo effect.
- Medical trauma in particular sets patients up to experience nocebo effect.

What Do Placebo and Nocebo Effects Have to Do With Health Equity? The Hidden Toll of Nocebo Effects on Racial and Ethnic Minority Patients in Clinical Care

Hailey E. Yetman^{1*}, Nevada Cox², Shelley R. Adler², Kathryn T. Hall^{1,4} and Valerie E. Stone^{1,4*}





"It makes sense that you're afraid of being dependent on the medication."

"Let's help you talk about your fears and your goal to eventually be off of medication with your psychiatrist."

"Seroquel is giving me insomnia."

"I like to do things solo."

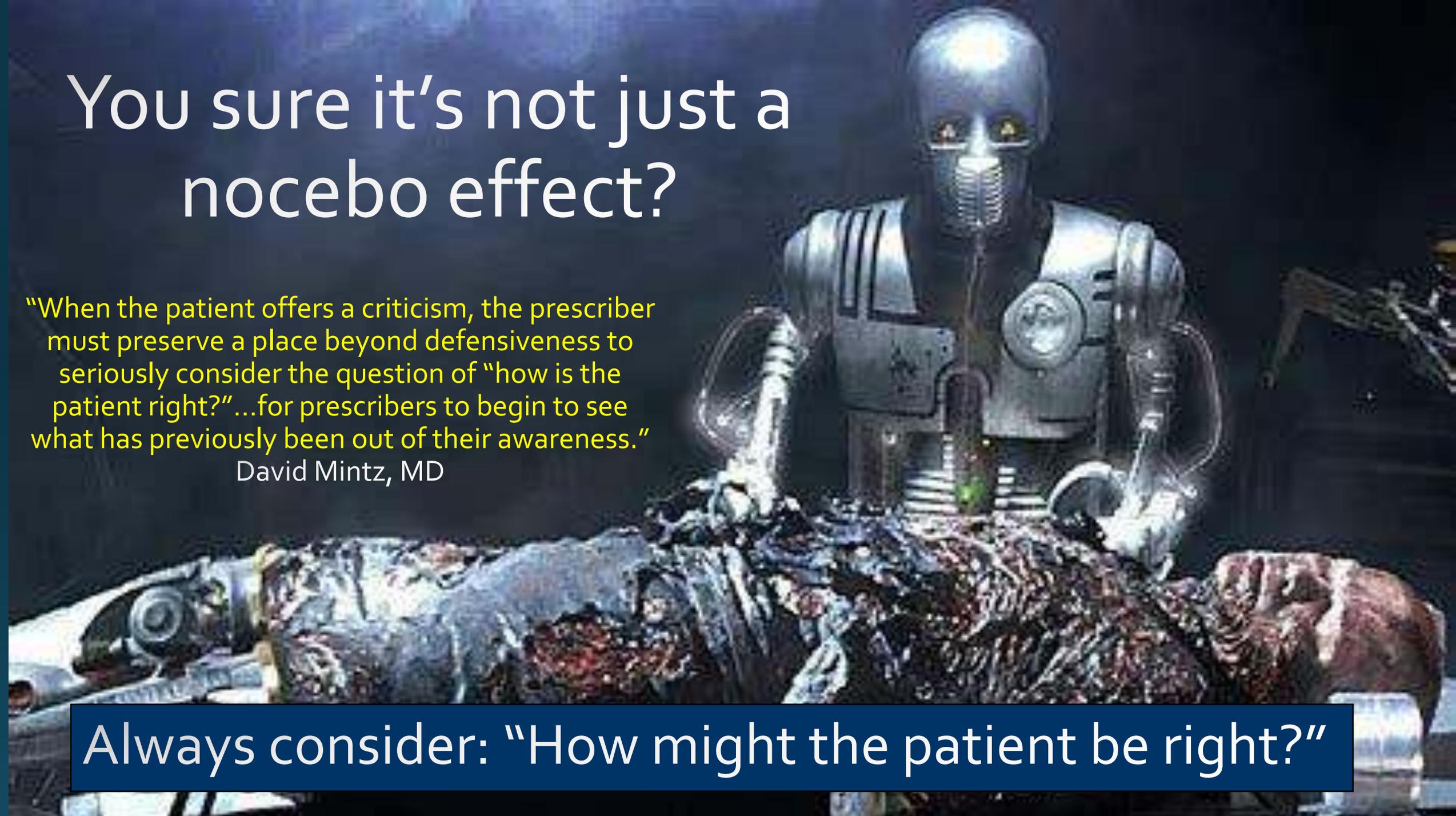
Leia correctly intuits how Han's avoidant attachment style and medical trauma are impacting his treatment alliance with his psychiatrist. She encourages him to overtly disagree (instead of covertly) with his psychiatrist.

You sure it's not just a nocebo effect?

"When the patient offers a criticism, the prescriber must preserve a place beyond defensiveness to seriously consider the question of "how is the patient right?" ...for prescribers to begin to see what has previously been out of their awareness."

David Mintz, MD

Always consider: "How might the patient be right?"





“Curiosity you must have. Ever mindful of your power over your patient and humble of your knowledge you must be.”

-Yoda

Balancing Power and Control

Patient's
Experience of
Self-Agency and
Empowerment

Confidence in
Expertise of Mental
Health Professional
to Guide Treatment



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Cultivate Attitudes Toward Medication That Improve Treatment Response

Predicts Better Outcome

- high autonomy (internal locus of control)
- high expectations of benefit of treatment
- Do not view their depression as strictly biological
- Experience empowerment and self-efficacy

Predicts Worse Outcome

- **high sociotropy**
 - orientation towards seeking help from others
 - focus on pleasing others
- **low expectations of benefit**
- **view their depression as biological**
- **experience of powerlessness/acquiescence**

Effect of Psychiatrist/Psychotherapist Attitudes Towards Medication

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 what causes the illness and how the medication causes the treatment effect

Helpful

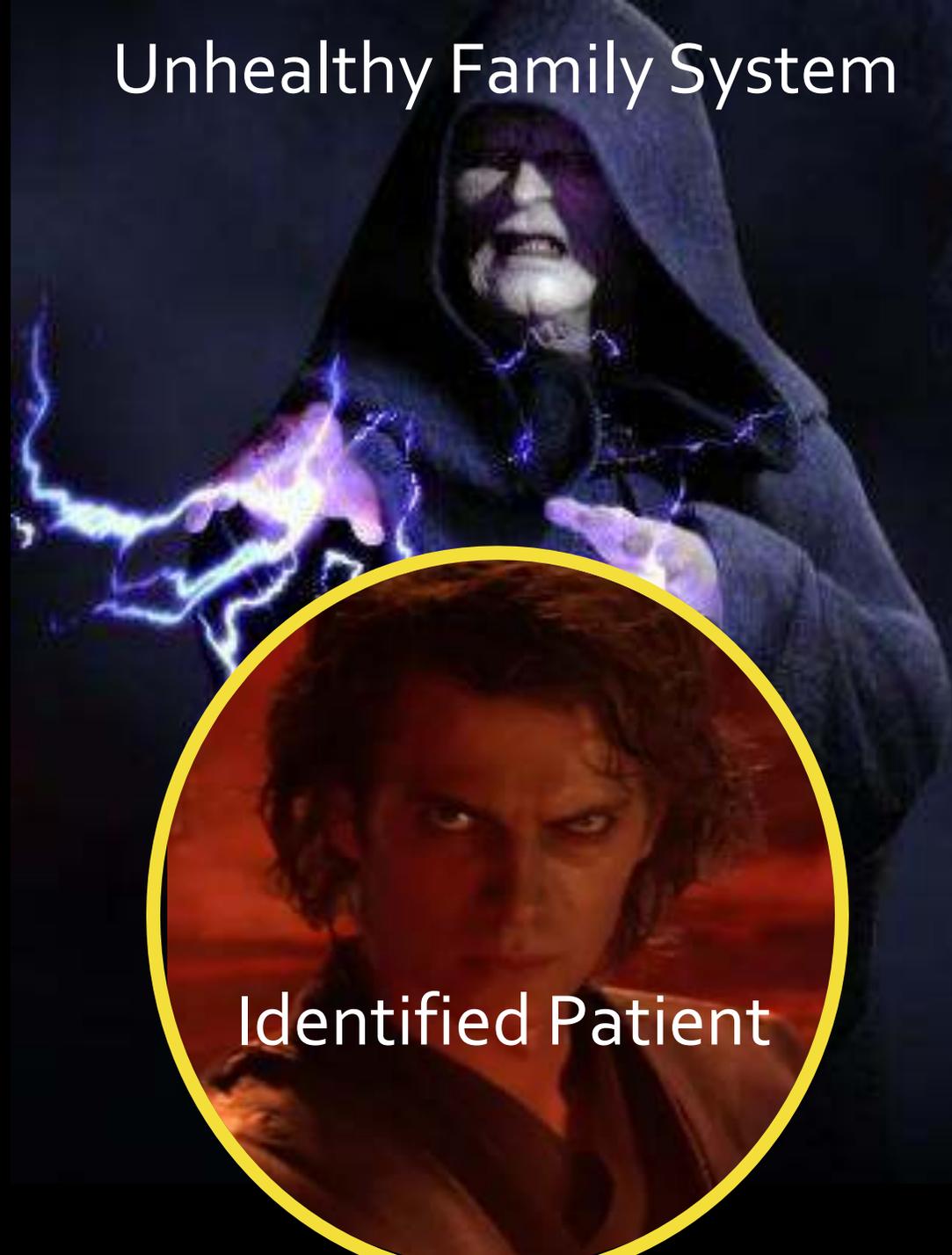
- Hope on the part of the prescriber/therapist can be transmitted to the patient.
- Promote medication for health, not just the absence of illness/symptoms.
- Foster self-agency and adaptive capacity
- Attuned to defensive and disempowering uses of medications

Unhealthy Family System

Is an unhealthy family system orchestrating the persistence of an illness from the shadows?

- Is the family perpetuating an unhealthy illness narrative?
- Is illness serving a function for the family?

How does “treatment resistance” make sense in this patient’s life?



Identified Patient



*"Do not underestimate
the power of the sick
role."*

-Vader

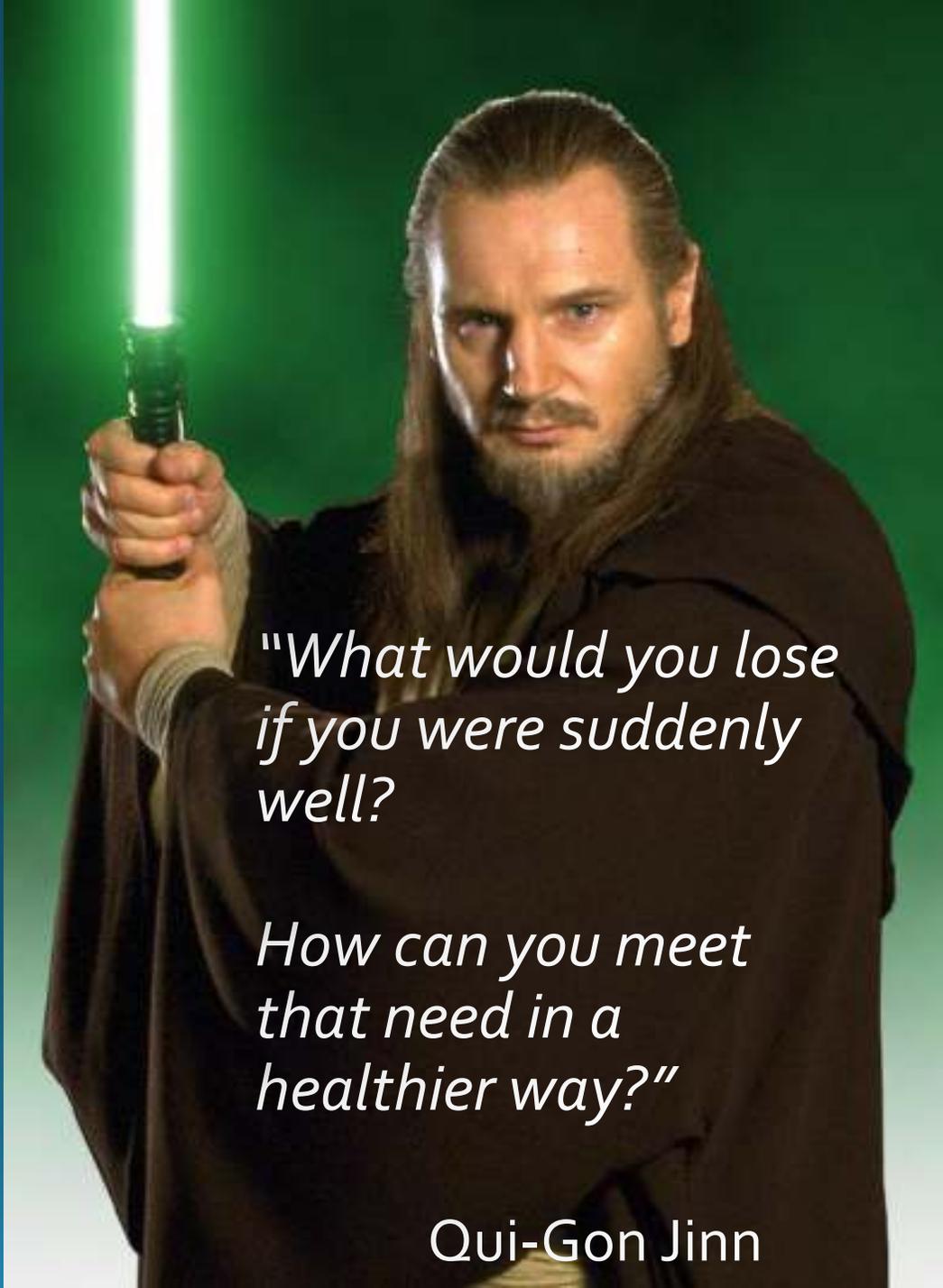
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Patients, even while desiring to be rid of symptoms, may value them. Look for subtle ways that symptoms serve defensive functions.

- Secondary gains
- Part of their identity
- The sick role gives them power/ frees them from overwhelming obligations/expectations
- Symptoms are “partial solutions” to a problem

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

David Mintz, MD

A photograph of Qui-Gon Jinn from Star Wars, holding a glowing green lightsaber. He is wearing his characteristic brown robes and has a serious expression. The background is a solid green color.

“What would you lose if you were suddenly well?”

How can you meet that need in a healthier way?”

Qui-Gon Jinn

STAR WARS

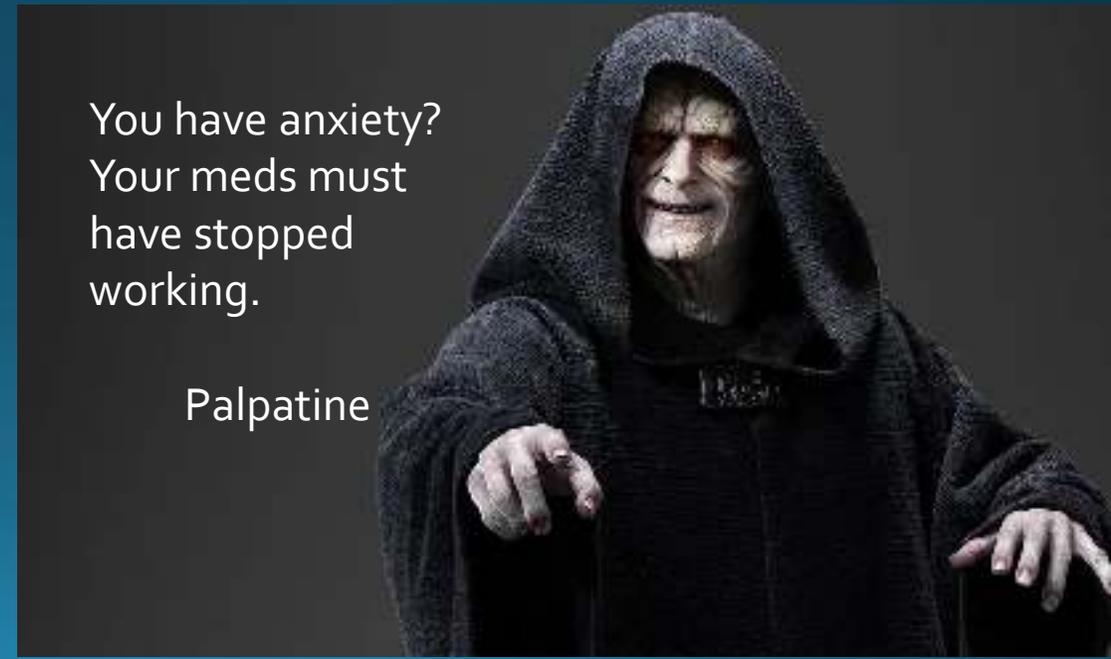
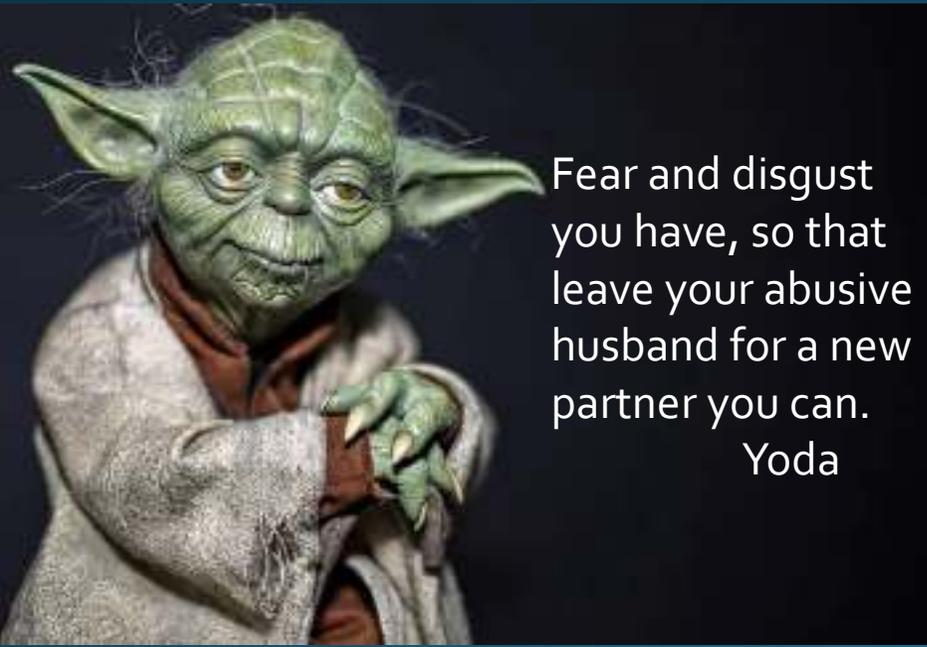
RISE OF THE RESISTANCE

- Resistance **To** Medication
 - Patients are resistant to allowing the medication to have the desired affect.
 - Discontinuing medication, “forgetting” to take medication, nocebo effect.....
 - Countertransference felt by treatment provider is frustration and helplessness.
- Resistance **From** Medication
 - Patients are using medications in a way that is countertherapeutic.
 - Explicit
 - Medication used for self-harm, recreational purposes, or to numb healthy feelings.
 - Covert
 - Medication used to avoid healthy developmental steps, to replace people, to replace patient’s own adaptive capacity, to re-enact trauma/abuse, to reinforce the sick role....
 - Countertransference felt by treatment provider may be vague guilt or shame.

Over-use of Medication

When Medications Replace Healthy Capacities

- Psychiatric patients have been betrayed by their feelings. They may learn to view all painful feelings as part of a disease process.
 - Help patients understand the purpose of painful feelings as sources of information and inspiration for growth.
- Curiously explore other possibilities when patients suggest their medication has stopped working.
- Psychotherapists can ally with psychiatrists in teaching patients the value of healthy painful emotions and ensuring that medication treatment is not used subversively to replace healthy capacities.

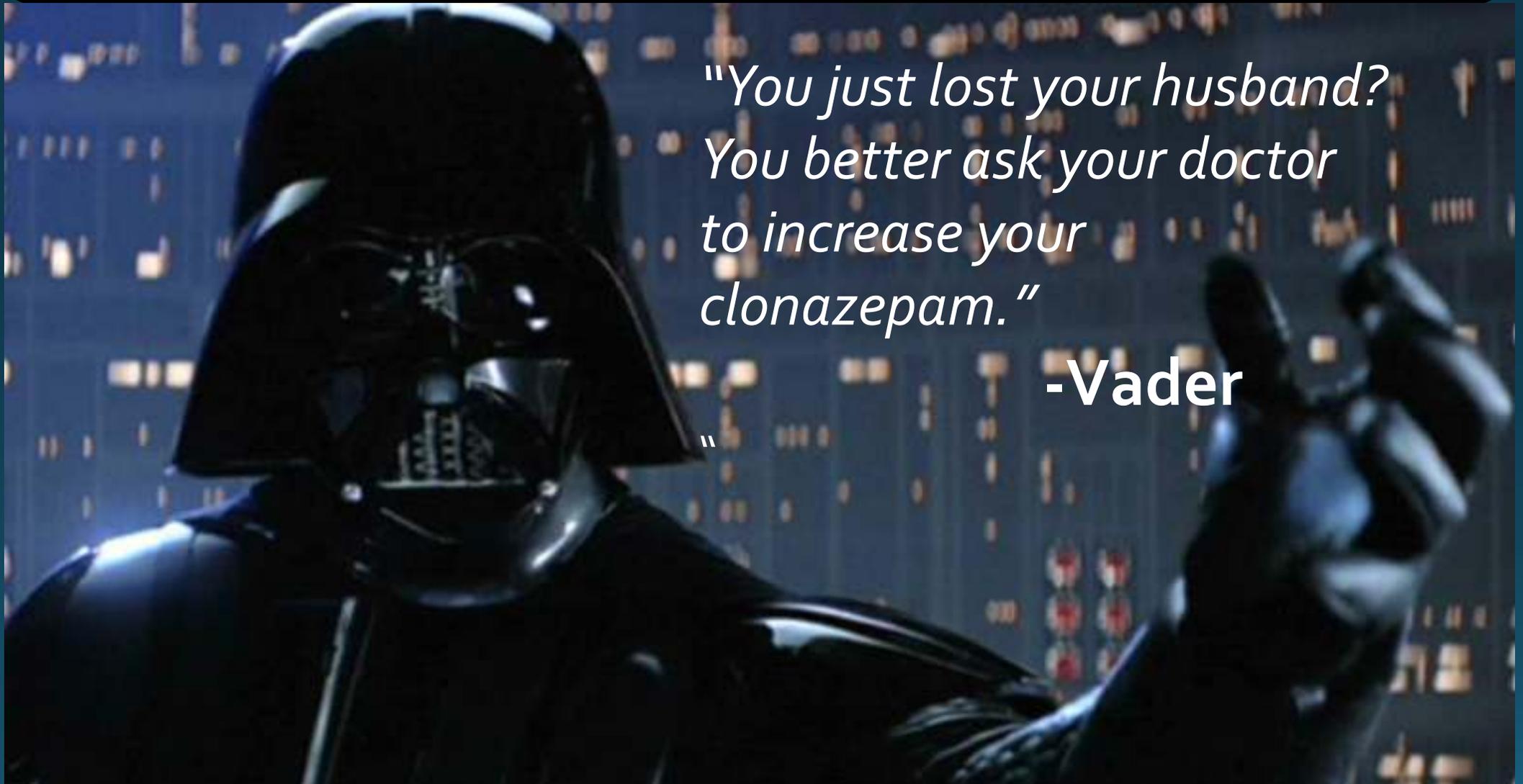


RESIST TREATING HEALTHY PAINFUL EMOTIONS

*"You just lost your husband?
You better ask your doctor
to increase your
clonazepam."*

-Vader

"



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 medication bottle.

Discussing with a patient the treatment-interfering meanings they hold of medication or of wellness may not resolve the treatment-resistance, but it can still save the clinician from piling on medication after medication and feeling inadequate as a physician.



"Absence of symptoms, absence of pain, treatment is not. Achievement of health, resilience, adaptability, and capacity to work and love, it is."

-Yoda

Addressing the Meanings of Medication in Children



Discussing the meanings medications hold for children.....

- Children are particularly focused on autonomy, competency, and identity.
 - “Did I really get an A on my test or was it my medicine?”
 - “Are these my feelings or my medicine?”
- They are **more vulnerable to nocebo effect** and expressing dissent covertly because they have less control over their lives.
- 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.”
- **Talk to kids about the role their medication plays and the role they play in managing their feelings, behaviors, and relationships.**
- **Emphasize a child’s self-agency and competency.**

A colorblind painter may only be capable of finer art once he is wearing corrective glasses, but his artwork is still fully his own. He is deserving of no less praise and his effort and ingenuity are still required.



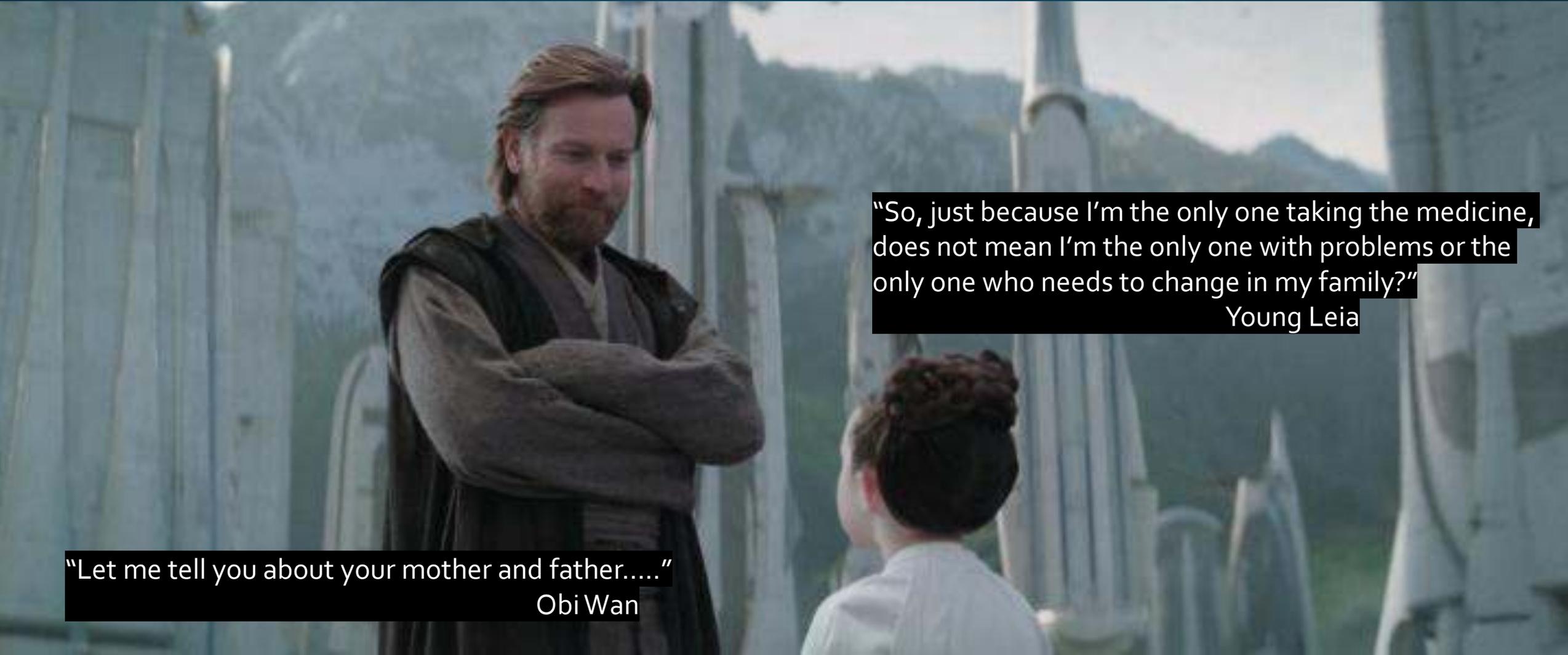


“So.... Even though I couldn’t have done it without the medicine, I still get credit for doing it?”

“And even though I’m on medicine, I still need to take responsibility for developing emotion regulation skills.” Young Leia

“You will grow into a very wise woman some day Leia.”
Obi-Wan

Pills can be a powerful symbol that localizes the defect of a family system in the child who takes the pill.



“So, just because I’m the only one taking the medicine, does not mean I’m the only one with problems or the only one who needs to change in my family?”

Young Leia

“Let me tell you about your mother and father.....”

Obi Wan

Discussing the meanings medications hold for 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.

A Jedi appreciates how the entire family system contributes to maladaptive behaviors.



“Little Billy is having more anger outbursts. Let’s increase his medication.”

-Emperor Palpatine

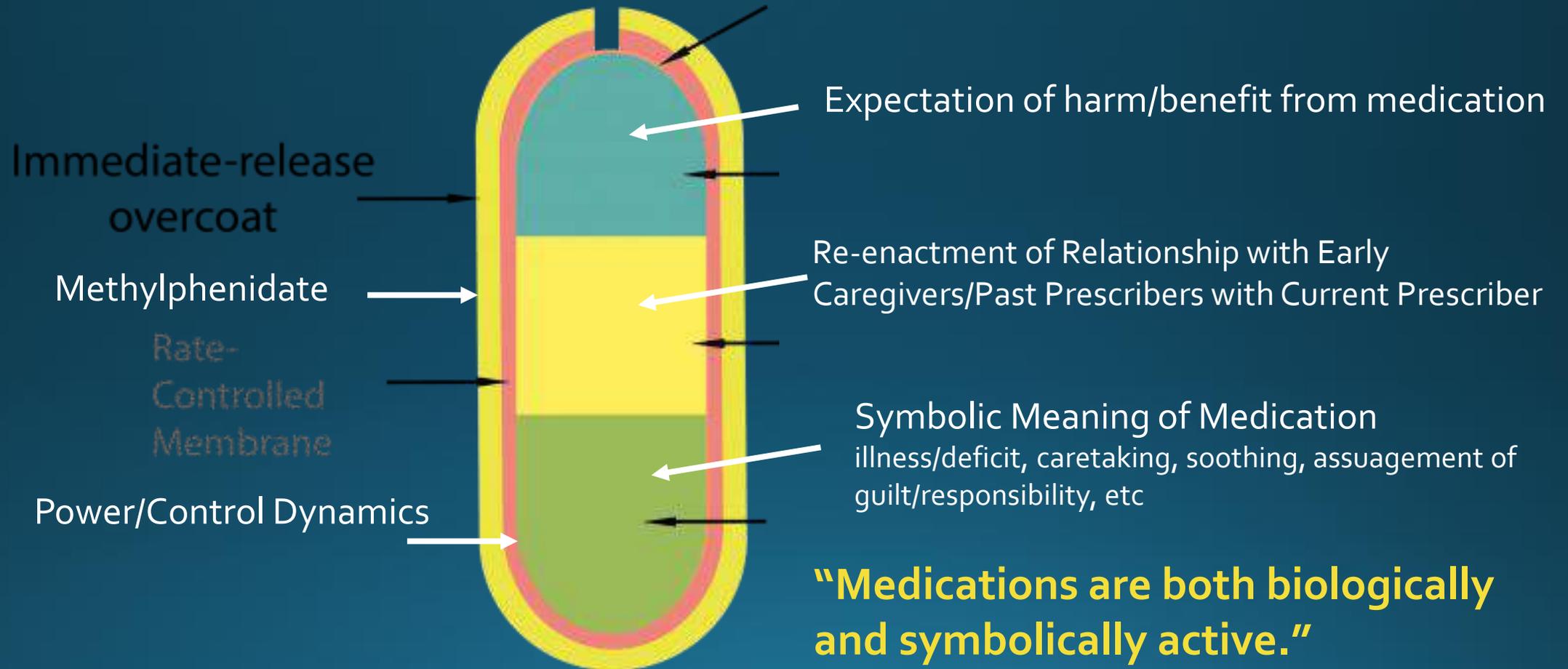


“Little Billy may indeed need an increase in his Adderall, but first let’s explore what might be making him more angry.”

Billy reminds his mother of her abusive ex-husband, his father, and perhaps mother’s favoritism to his sister and unconscious hostility towards him is playing a role.

-Mara Jade, MD Child Psychiatrist

What's really inside a pill?



“Medications are both biologically and symbolically active.”

Concerta OROS delivery system

David Mintz, MD
Jedi Psychiatrist

Psychotherapist allies can....



- Reframe taking medication as a strength and healthy behavior, decreasing shame.
- Explore what medications mean to patients.
- Tell us what we missed. Tell us your concerns.
- Teach patients to advocate for themselves and assertively disagree with their doctors.
- Tell us your specific observations of how your client is doing.
- Tell us which symptoms you believe are impairing your client the most. What's your wish list for what your client would gain from medication?



Monitoring Use of Medication

- Patients have the closest relationship with their therapist, so are more likely to readily admit to:
 - Non-compliance with medication
 - Substance abuse
 - Medication mis-use and overuse
 - Side effects or other issues patients are too embarrassed tell their doctor about (ie anorgasmia)

Psychotherapist allies please **do not** recommend specific medication names or categories of medications.

Psychotherapist allies please **do** suggest specific symptoms to target with medication.

A still from Star Wars showing Darth Vader standing behind Emperor Palpatine, who is seated in his throne. The scene is set in a dark, industrial environment with light streaming through a window in the background.

"Lexapro is a good medication for anxiety. Xanax works really well."

"You need a mood stabilizer."

A still from Star Wars showing Anakin Skywalker and Obi-Wan Kenobi in a lightsaber duel. Anakin is on the left, holding a purple lightsaber, and Obi-Wan is on the right, holding a green lightsaber. They are in a dark, industrial setting.

"Ask Dr. Greeter what else can be done with medication for your anxiety."

"Please tell Dr. Greeter that you have periods of not sleeping for many nights in a row and have an increased sex drive."

Call me!

Doctor! We're not fine over here.



- Coordinating times both clinicians are available may impractical difficult, but an exchange of detailed voicemails can go a long way!
- Focus on your specific clinical observations – avoid jargon
 - Instead of just saying “manic” or “paranoid,” **please describe the specific behavioral evidence that you observed.**
- Back up your perspective with specific facts/behavioral observations.
 - Doctors are scientists at heart; we look for specific evidence.
- Be confident. **You have a different perspective that is worth sharing with the physician/other prescriber.**

May The Force Be With You!



Psychoeducational
Fanfiction Videos:

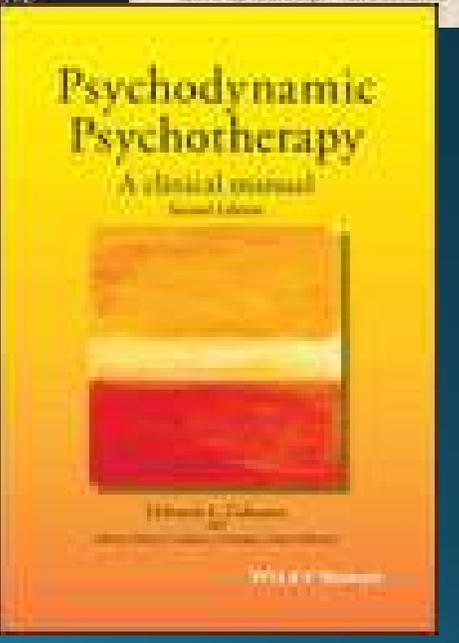
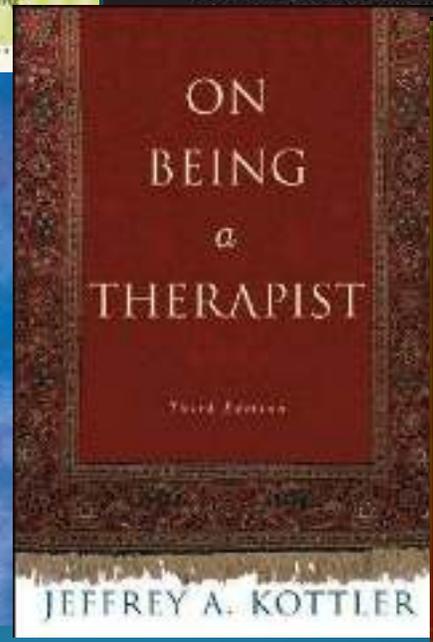
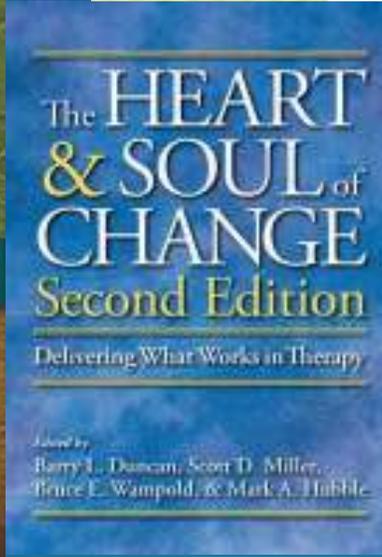
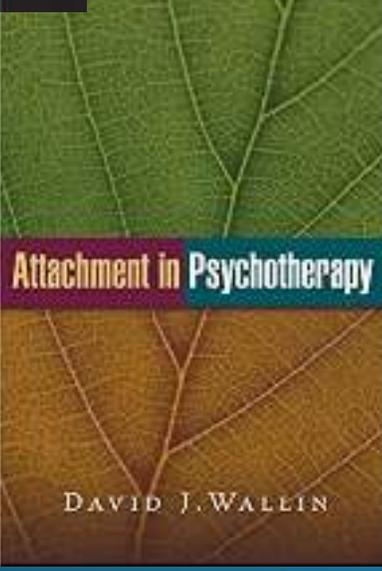
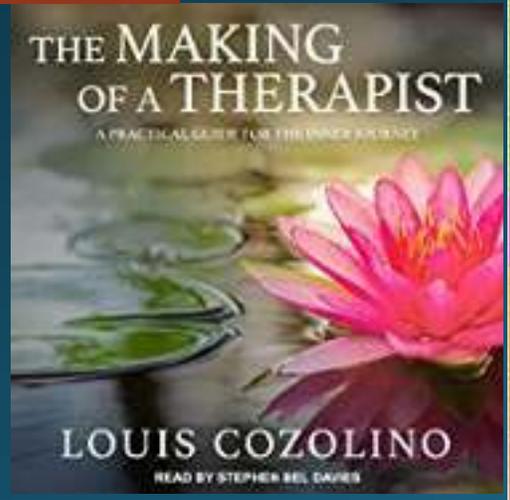
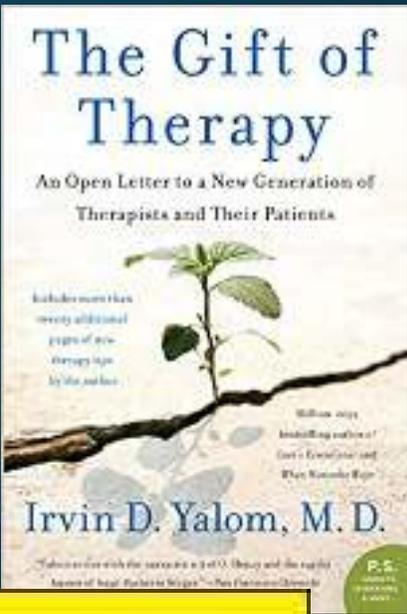
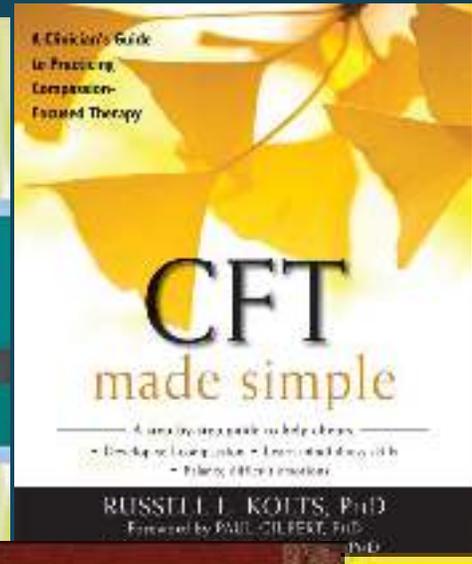
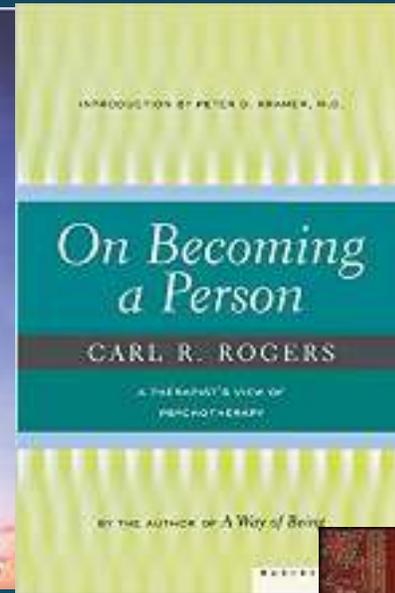
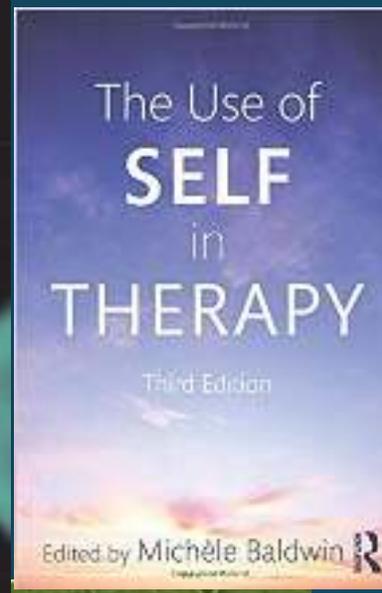
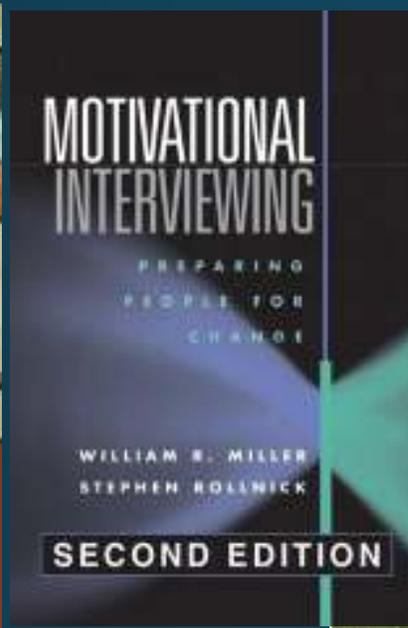
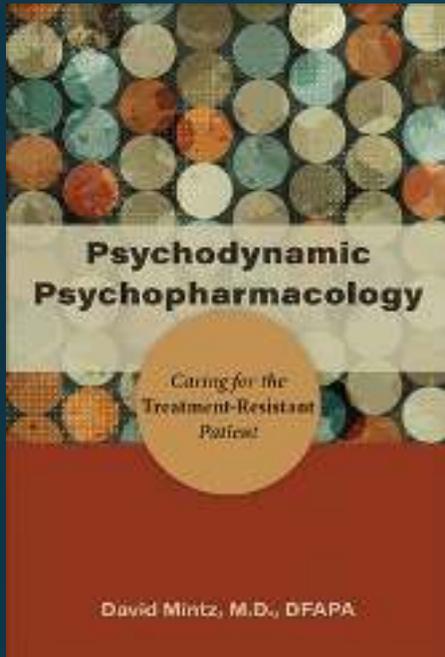
youtube channel: @stacygreetermd

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Some Favorite Books:



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