QOL= Quality of life; ESRD=End stage renal disease; CBT=Cognitive Behavioral Therapy; MI=Motivational interviewing; ACT=Acceptance and commitment therapy; RRT=Renal replacement therapy; KT=Kidney transplant; CMM=Conservative medical management; LOC=Locus of control; SES=Socioeconomic Status

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| **REFERENCES** | **GENERAL THERAPY STRATEGIES FOR RENAL PATIENTS** |
| Zimbrean et al. (2019)  Cove (2015)  O’Connor & Kirtley (2018)  Puttarajappa et al. (2021)  Tulloch et al. (2022) Russell et al. (2011) Garcia-Llana et al. (2013)  Chan et al. (2009)  Moran (2021)  Kaltsouda et al. (2011)  Fennell (2003)  Schmajuk et al. (2019)  Wen et al. (2020)  Natale et al. (2019)  Cukor et al. (2006)  Ma & Li et al. (2016)  Ng et al. (2019) Chopra et al. (2021) | -Assess pre-diagnostic high risk factors (e.g. pre-diagnostic mental health, cultural factors, financial resources) and protective factors ***\*see below\****  -Assess and illuminate defensive depression (numb emotions for protection)  -Assess and illuminate high use of defensive coping (emotional inhibition, denial, suppression, avoidance, devaluation of symptoms, nonadherence)  -Prepare patients for crisis time-points  -Transtheoretical model to assess change readiness  -MI to decrease ambivalence, move more quickly through stages of change, improve treatment compliance, reduce suicide risk, anxiety, depression; increase QoL in pre-dialysis patient  -CBT for treating cognitive distortions; improve illness perceptions; treat illness associated anxiety, depression, insomnia; improve communication with treatment team; reduced anxiety and increased self-efficacy and QoL in dialysis patients  -Supportive and psychodynamic therapy for increasing patient resilience  -Dignity therapy when a patient nears end-of-life  -Existential therapy for meaning-making, note developmental stage  -ACT for managing physical symptoms, processing stages of grief, accepting suffering  -Physical exercise to treat depression, anxiety, improve QoL in ESRD patients  -Refer for neuropsychological and cognitive testing  -Help patients process loss as mediating factor for depression  -Identify, treat chronic illness & Iatrogenic (healthcare associated) induced trauma |
|  | **PROTECTIVE FACTORS FOR RENAL PATIENTS** |
| Turner (2000)  Stanton, et al. (2007) Stanton & Hoyt (2007)  Chan et al. (2009)  Kaltsouda et al. (2011)  Cove (2015)  Moss-Morris (2013) Zimbrean et al. (2019)  Santos (2010)  Kalantar-Zadeh et al. (2001)  Fennell (2003)  De Ridder et al. (2008)  Moos & Holahan (2007)  Taylor et al. (1991)  Pellizzari (2022)  Schulman‐Green et al. (2012)  Fife (1995)  Du et al. (2022) Kulikowski et al. (2022)  Cukor et al. (2021)  Photharos et al. (2018)  Barberis et al. (2017)  Khodarhimi et al. (2021)  Kim et al. (2020)  Calia et al. (2008)  Roberti et al. (2018)  Stavropoulou et al. (2020)  Poppe et al. (2013)  Hayes et al. (2011)  Iida et al. (2020)  Levenson & Olbrisch (1987)  Lewis (1998)  Lazarus & Folkman (1984)  Knowles et al. (2014)  Koller (2023)  Lahijani et al. (2019) Yinusa et al. (2022)  Nicholas et al. (2015) Crews et al. (2014)  Nair et al. (2021)  Choi et al. (2019)  Gregory et al. (2022)  White et al. (2002)  Tong et al. (2009)  Zimbrean et al. (2017)  Weisbord et al. (2007)  Kalantar-Zadeh et al. (2001)  Knight et al. (2003) Lockwood et al. (2021)  Weisbord et al. (2014) | FOUNDATIONAL FACTORS/BEHAVIORS:  -Absence of unresolved anger or grief from the past  -Not using substances and alcohol to regulate emotions  -The absence of a pre-existing psychological condition  -Strong pre-diagnostic physical and psychological health history  -Being physically active  -Pursuing positive meaning in life (dialysis patients)  INDIVIDUAL FACTORS: -Reality-based expectations  -High decision-making capacity  -High ability to problem-solve  -High positive emotionality  -High quality of life  -Perceptions of low stress  -Low neuroticism  -Having hope  -Reaching acceptance  PSYCHOLOGICAL SKILLS:  -High internal LOC  -Willingness to process loss  -Moderate use of defensive coping (high defensiveness = lower mental health)  -Adaptive coping  -Adaptive use of anxiety  -Strong emotional regulation skills, emotional Intelligence  -Healthy expressions of emotions  -Strong self-observation skills  -High meaning-making capacity  -Low death anxiety  -Psychological flexibility  -Use of coping strategies that are solution-focused, meaning-making, benefit-finding  -Strong conflict-management skills  -High adaptability tolerance  -High uncertainty tolerance  -High tolerance for ambiguity  -High tolerance for chronicity  ILLNESS BEHAVIORS/PERCEPTIONS:  -Strong self-management skills and illness-management self-efficacy  -High engagement in health endorsing behaviors  -High illness knowledge and health literacy  -Illness perception of control or vicarious control  -High illness accommodation (lifestyle, dietary, fluid)  -Positive health beliefs and illness representations  -Treatment compliance  -Accepting dialysis therapy as a part of daily life  -Frequent follow up visits and nephrologist contact (patients on dialysis waitlist)  -Seeing illness as challenge, not threat  -Focus on potential positive outcomes of illness  -Low pain perception  SOCIAL FACTORS:  -Healthy and adaptive social supports  -Perceived social support  -Psychological support  -Ability to delegate tasks and ask for help  -Confidence to ask for help, ask questions, communicate, access information  -Strong working relationships with healthcare providers, high patient-doctor trust  -Superior family functioning  -Effective communication skills  -Willingness to live through meaningful relationships (dialysis patients)  SYSTEMIC FACTORS:  -Low Iatrogenic trauma  -High SES  -High education  -Being White  ILLNESS FACTORS:  -No adverse post-KT side-effect  -No adverse post-KT events  -Slower disease progression  -Low illness imminence  -High illness predictability  -Low levels of illness uncertainty |