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Planning for Success: Psychosocial Considerations in Kidney Transplant

Alex Larson, LCSW

UVA Health

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Disclosures

I have no financial interests or relationships to disclose.

Disclaimer

Some of the information provided in this presentation is specific to UVA Health's kidney transplant program so please contact your local transplant programs to learn what psychosocial criteria they have.

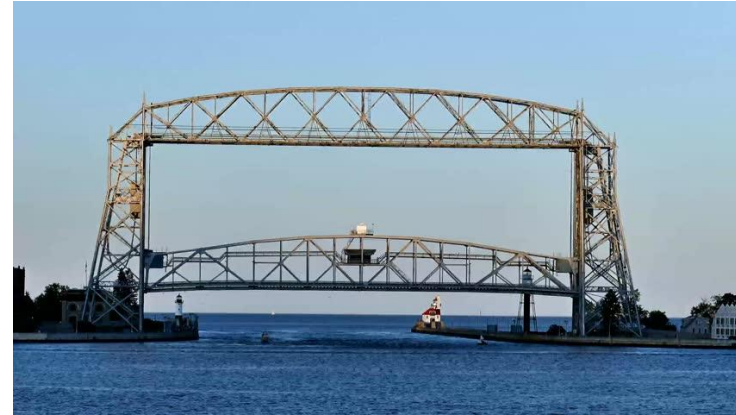
Psychosocial criteria specific to UVA will be marked with an asterisk *



Learning Objectives

- Describe at least 3 components of a kidney transplant support network
- Identify how mental health and cognitive functioning is assessed
- Assess transportation needs of potential transplant candidates
- Gain knowledge of how to discuss transplant psychosocial needs with patients

Making Bridges



- Dialysis clinics are the primary source of kidney transplant referrals by a large margin.
- Many patients are unaware of kidney transplant prior to starting dialysis so rely on clinic staff for education about transplant and to refer them.
- If a patient comes in for a dialysis information session provide education on transplant and refer them to a transplant center for evaluation. Pre-emptive kidney transplant has better health and psychosocial outcomes. We can start wait-list time once eGFR is equal to or less than 20 and pt has met with Nephrologist and Social Work.
- If a patient is highly complex call a transplant center to discuss if a referral is appropriate.

One barrier to kidney transplant referral is dialysis clinic staff being uncertain of criteria for kidney transplant so this presentation will hopefully shed light on psychosocial criteria to enhance your knowledge.

Why Does Psychosocial Evaluation Matter?

- CMS guidelines state inadequate support is a contraindication for transplant. (Centers for Medicare & Medicaid Services [CMS], 2020)
- Social Determinates of Health (SDOH) and other psychosocial factors can present barriers to transplant, influence success post-transplant, impact adherence, and decrease quality of life.
- Social Workers will assess for any mental health or cognitive concerns and make referrals as needed to intervene.
- Psychosocial factors have a huge impact on patients ability to manage the transplant process and can exacerbate issues present for other disciplines
 - Eg. Patient with financial concerns can't afford increased cost of gas for post-transplant appointments so misses labs and infusions resulting in hospitalization.

The entire transplant evaluation process is designed to learn more about patients so functioning can be optimized prior to transplant as higher functioning prior to transplant lowers risk for complications (medical and psychosocial) during and after transplant.

Key Components of a Transplant Support Network

- Primary care partner
- Private transportation
- *24/7 support for at least 2 weeks upon returning home
- Assistance with managing medications and appointments
- Emotional support

Primary Care Partner



Kidney transplant programs require all patient's to have at least one primary care partner though a secondary is sometimes needed and is always recommended. Having a large support system is beneficial to help “share the load.”

Roles of a primary care partner

1. *Present to transplant clinic with patient for education prior to active listing.
2. Be available for in-person education during transplant event.
3. May assist patient in managing appointments, medications, transportation needs.
4. May stay with patient for several weeks following transplant for in-home support.

*24/7 Support Upon Returning Home

All patients will need 24/7 support for at least the first two weeks after returning home. For those who live alone this will involve them either moving in with someone else or someone staying with the.

Common support needs include:

- Assistance with activities around the home as patients are asked to limit lifting to 5-10 lbs immediately following surgery.
 - Activities around the home include cleaning, laundry, taking out the trash, groceries, and yard work

Medication Management



- Managing medications is overwhelming to many when they first go home.
- A support person can help track medication changes in a notebook, ensure pill organizer is up to date, and help with re-ordering medications.
- Many patients are on 10 or more new medications when they are discharged home which adds to already long medication lists.

Mental Health Considerations



- “The prevalence of depression in patients with kidney failure is 39%, approximately double the prevalence of 18.5% in the general population.” (Palmer, et al.) Other studies have found up to 50% of patients with CKD will meet diagnostic criteria for depression at some point.
- Active mental health concerns will often impact relationships, ability to manage care, and decrease quality of life.
- New onset or worsening of anxiety, depression, PTSD, and adjustment related concerns may occur post-transplant so it is best to address concerns early on.
- Some conditions, like personality disorders or psychotic disorders, are especially concerning as they have greater likelihood for non-adherence and behavioral issues.

According to a study done by Wube, et al. (2025) Participants from urban areas often expressed greater access to social support and healthcare resources, which contributed to more positive psychological experiences.

Cognitive Functioning Considerations

- Neurocognitive diagnosis that are progressive in nature, such as Dementia, may result in closure of transplant evaluation or declining a referral depending upon current level of functioning.
- Assessments completed by social workers and other professionals help to determine if cognitive concerns are due to an undiagnosed cognitive disorder, health literacy, or other factors.
- By identifying cause of cognitive concerns interventions can be put in place to enhance teaching and improve patients ability to more independently manage medical needs. Interventions can be as simple as setting up electronic calendar reminders or more complex, such as additional support plan considerations.

Emotional Support



- The process to get on the kidney transplant waitlist and receiving an organ offer can be stressful and takes time (often years) so having support helps keep a positive mindset.
- Some may feel guilt over someone willingly offering a kidney for living donation or in the case of a deceased donor knowing that the kidney means someone lost a loved one.
- Transplant medications may contribute to changes in mood.
- Change = Bad, quote from your very own brain
 - Our brains are biologically wired to hate change as it involves uncertainty, risk taking, and not being able to run on autopilot which leads to higher energy usage.
 - Many patients have become used to functioning with CKD symptoms so have forgotten what “healthy” feels like which can create emotional distress as they adjust to a new life.

Transportation Considerations



- Medicaid, public transportation, taxi, and ride share options are not sufficient to meet requirements for psychosocial listing as they can be unreliable, may not be available 24/7, or add financial burden.
- Patients are asked not to drive for 1-2 months following transplant, though this varies based on recovery.
- Transportation is needed for transplant event admission, lab visits, dialysis, clinic visits, trips to local pharmacy, infusions, and other appointments as indicated by transplant team.
- Many appointments are scheduled ahead of time but some will be urgent with little to no advance notice (hospitalization, urgent biopsy).
- Fuel costs will increase following transplant due to follow up appointments and labs which can strain budget.

Medicaid Transportation Benefits

While Medicaid cannot be the sole transportation provider it is a great benefit and is more reliable for local trips.

- Free transportation is available to all who have Full Medicaid. Those who are on a Spenddown or have Partial Medicaid often only receive assistance with paying Medicare premiums.
- For most Medicaid plans transportation must be requested at least 5 business days in advance and often have a one-way mileage limit. For trips less than 5 days away or over the mileage limit a worker at the providers location must call to request/ approve transportation.
- Members have access to two different forms of transportation assistance
 1. Transportation provided by a Medicaid approved vendor.
 2. Mileage reimbursement to help pay for fuel. This is based on shortest possible path and members need to call Medicaid for trip # and have provider sign a trip log.

How to Open a Conversation About Transplant

Motivational Interviewing has a process called Ask-Tell-Ask that gives a guide on how to provide education while making patients feel more in control.

- Ask- ask patient's thoughts about area in question. "What do you know about kidney transplant"? This gives you the opportunity to assess starting knowledge, motivation, and identify areas where education is needed.
- Ask- ask for permission to share information, this invites patients into the conversation and often increases engagement as they were given an option (control), many patients with chronic health issues feel a lack of control over life . "May I offer some additional information about transplant that may help you make a decision"?
- Tell- If patient approves, offer information and focus on keeping it short and simple.
- Ask- ask what patient thought of information to determine if it was beneficial or if they have additional questions.

Introduce the topic of transplant as soon as possible when a patient starts dialysis as some patients want time to think about it.

Topics to Discuss During Education

1. Review basic guidelines that transplant centers have so patients are prepared for initial visits.
2. Offer encouragement. The workup process has many steps and even after meeting recommendations some patients may have to wait years before getting an offer so it can be easy to lose motivation over time. This is a chance to identify and strengthen social ties that a patient may have to maximize support. It's also a great way to speak with patients about living donation and refer them to their transplant center for additional information.
3. Work with patients to address any psychosocial concerns and complete other important tasks prior to initial visit with transplant center (identifying care partner, obtaining PCP and getting routine dental care).
4. Ask if the patient has any concerns about the surgery and if you would like to connect them with someone at the transplant center.

Addressing Adherence Concerns

This is where Motivational Interviewing again helps out by giving a guide called DARN-C that can help show patients how current behaviors are a barrier to their goal (transplant). Remember to approach topic with non-judgmental attitude and resist “fixing.” In the medical field it is common to try “fixing” something by telling or instructing the patient what to do. While this works for some it often increases resistance and reduces likelihood of patient wanting further interactions.

Desire- Identify wish to change. “I want a kidney transplant so I can get off dialysis”

Ability- Patients perceived capability to change. “I could start taking my medications to prove I can manage things as you mentioned transplant centers want to ensure I can follow recommendations”

Reason- Specific reason for wanting to change. “I could live longer and healthier with a transplant”

Need- Feeling of obligation or need for change. “I need to live longer to watch my grandchildren grow up”

Commitment- Expressing direct actions to make change. “I will stop shortening treatments and take my medications as prescribed so I can get a transplant”

Psychosocial Contraindications

- Lack of social support or private transportation.
- Active substance use: cocaine, heroin, non-prescribed medications, and other illicit substances. Tobacco, alcohol, and marijuana use are not immediate contraindications but patient may need to cease use depending upon history and current health concerns.
- Severe psychiatric illness which is untreated or uncontrolled even with therapy/ medications.
- Unstable or lack of housing.

What Does the Perfect Support Network Look Like?

Simply put there is no “one size fits all” support network for transplant patients as individual needs differ. All support networks will involve at least one primary care partner and backup support is always encouraged. Some patients have many individuals offering support and need help with organizing who will do what so everyone is clear on responsibilities. Other patients may be hesitant to ask family or friends for help so it will take time to solidify a support plan. If you, a patient, or potential support person ever have questions related to a support plan please don't hesitate to reach out to a transplant Social Worker.



LIVING D@NOR FIRST



Living Donor First is a new program at UVA that was just launched in September that encourages kidney and liver transplant patients to seek out living donors. From the time patients enter the clinic they receive consistent messaging from the transplant team providing them with information on living donation. Our Living Donor team can also help them with creating ideas on how to discuss living donation with others to find a donor.

Benefits of living donor transplant include:

- Reduced wait time
- Potential to avoid starting dialysis and reduced risk of needing dialysis after transplant if already on it
- Living donor organs last longer
- Higher quality of life as transplant will occur when someone is relatively healthy vs more ill

We Are Here For You!

Our transplant team at UVA Health is just a phone call away and we are happy to answer any questions you may have regarding patient referrals or transplant in general.

I also welcome you to contact me if you have any questions regarding the information provided today.

Bridging Dialysis to Transplant: Upcoming Webinars

Understanding Kidney Transplant Listing and Allocation
January 14, 2026 at 12:00 PM, ET

Living Kidney Donation: Expanding Access and Transformation
February 11, 2026 at 12:00 PM, ET

The Evolving Landscape of Kidney Transplantation
March 18, 2026 at 12:00 PM, ET

Nutrition for Dialysis Patients Before and After Kidney Transplant
April 15, 2026 at 12:00 PM, ET

References

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Questions?

Alex Larson, LCSW, CCTSW
UVA Health
vvq2eb@uvahealth.org