Collaboration and Competence: The Impact of Women’s Health Issues in Psychotherapy

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Psychologists aim to be familiar with and knowledgeable about medical conditions that may impact patient functioning and to collaborate effectively with relevant medical providers. Certain patient groups, such as women, have more complicated medical issues (e.g., lupus, menopause) than others. There are numerous ethical and clinical challenges for psychologists who treat women with medical conditions. Generally... “the physical and mental health concerns of women and girls are related to complex and diverse economic, biological, developmental, psychological, and sociocultural environments,” affirming the need to focus on the unique needs of women presenting for psychological treatment (APA, 2007).

Obtaining a thorough medical history during the psychological evaluation process is essential as many women, reconciled to having a medical disorder, seek psychotherapy for seemingly unrelated reasons. Knowing that a patient with multiple sclerosis may be fatigued or in pain, allows the psychologist to be flexible regarding certain aspects of treatment (e.g., last-minute cancellations, phone sessions). Another patient seeking treatment during her divorce may be reluctant to acknowledge fears of infertility or changes in hair growth, caused by polycystic syndrome (PCOS). Reviewing and possibly altering office policies to accommodate women’s medical needs is particularly appropriate during the informed consent process (APA, 2010:10.01).

Medical conditions can simulate psychological symptoms (Pollak, 2011). Frequently patients enter psychotherapy to manage anxiety or depression that seemingly is triggered by life stressors, unaware of an underlying medical condition. Depending on the severity, women with undiagnosed thyroid disorders may experience weight changes, palpitations, emotional lability, or poor sleep. Women, especially those in their 30s or 40s, may not know that their mood swings, insomnia, weight gain, panic attacks or hair loss are indicators of perimenopause. Psychologists are encouraged to develop a working knowledge of common medical disorders to ensure accurate diagnosis and effective treatment (APA, 2013).

Unfortunately, patients may be inappropriately diagnosed (e.g., a teenager with an undiagnosed eating disorder diagnosed with delayed growth or tooth decay). Unrecognized medical disorders that produce psychological symptoms can be found in the caseloads of all primary care and mental health professionals (Grace & Christensen, 2007). Over a 100 medical disorders are capable of mirroring psychological conditions (Schildkrout, 2011). For example, women suffering from ischemic cardiac events can be misidentified as having anxiety (Pilote, Pelletier & Humphries, 2014). Rather than just relying on information from the patient’s physician, psychologists can conduct a thorough evaluation, including personal and family medical histories, accidents, serious illnesses, surgeries and medications. It is advantageous for psychologists to be familiar with the symptomology of common medical disorders and medication side effects, as well as the potential impact of these issues on individual functioning.

During her initial session, Ms. G. complains of insomnia, anxiety, weight gain, and headaches. She has a stressful job, working 14-hour days with a two-hour commute on L.A. freeways. Ms. G. tends to pick up dinner on the way home after the gym. She also takes medication for acne and indigestion. These symptoms have been present for months, but she recently went to her doctor because her
hair started falling out. Ms. G.’s physician recommended psychotherapy.

Fortunately, through ongoing continuing education and consultation, her psychologist, Dr. W. has maintained competence (APA, 2010: 2.03) and is highly aware of the comorbid relationship between medical conditions and psychological symptoms. Furthermore, he knows there are numerous medical conditions with medication regimes that have significant psychological side effects. However, Dr. W. is unclear about whether Ms. G.’s physician has evaluated her for possible medical disorders.

Dr. W. explains the complexity of the mind and body relationship and the importance of a comprehensive medical evaluation. He requests permission to speak to her physician.

He explains that he intends to collaborate with her physician (APA, 2010: 3.09) so that all of Ms. G’s physical and psychological problems can be adequately addressed. Dr. W. and Ms. G.’s physician work together to manage the physical and psychological aspects of what was ultimately diagnosed as hypothyroidism.

With the current and planned changes in the healthcare system, particularly the focus on the integration of physical and mental health care, psychologists can be most effective with all populations and particularly women through a good working knowledge of common medical disorders, flexibility as necessary in their office policies, and collaborating effectively and ethically with primary care physicians.

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**REFERENCES**


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