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**HEALTH PSYCHOLOGY:
CONTEMPORARY CLINICAL PERSPECTIVES**

Guest Editor's Column

Gretchen Kubacky, Psy.D.



I am very pleased to introduce this edition of *The Los Angeles Psychologist* magazine. Many people have questions about what health psychology is and what health psychologists actually do—even other psychologists and medical professionals. Health psychologists do many things, including educating and informing patients about how to take control of their health, treating mood disorders, and helping to modify unhealthy behaviors that contribute to the formation or exacerbation of disease. Health psychologists work in a variety of settings, including private practice, community mental health, hospitals, and the military. Medical conditions affect not only the individual, but the family, the workplace, and the community. The statistics are startling:

Nearly 50% of Americans suffer from one or more chronic illnesses (CDC, 2005).

Chronic pain is the number one cause of adult disability in America (American Chronic Pain Association, 2012).

According to the most recent American Diabetes Association Fact Sheet (1/26/11), 25.8 million Americans (8.3%) have diabetes now, and another 79 million are pre-diabetic—fully one-third of the population.

These statistics address just the chronic conditions. Combined with the impact of acute illnesses like cancer, orthopedic injuries, and other conditions, it is clear that psychologists need to understand the mental health implications for the sick and injured population. The stressors of caring for chronic or acute conditions are enormous, and many people who have diabetes, recent heart attacks, or cancer diagnoses also find themselves experiencing depression, anxiety, or exacerbation of other mental health disorders. With a sense of urgency about tending to the medical condition, psychological aspects of well-being are often overlooked.

This issue of *The Los Angeles Psychologist* focuses on current clinical approaches to the treatment of specific diseases. There is also an interview with three private practice health psychologists with diverse histories and areas of expertise.

If you aren't already familiar with health psychology, I hope this issue will serve as an introduction to the specialty. If you do already know something about health psychology, the articles may broaden your conceptualization of what a clinical health psychology practice looks like today. Enjoy in good health, perhaps with a cup of green tea! And if you find yourself wanting to know more, please join us at the LACPA Health Psychology Committee monthly meetings for ongoing education on a diverse array of health psychology and medical topics.

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HEALTH PSYCHOLOGY

An Interview with Three Health Psychologists

John Geirland, Ph.D.



Margaret Donohue, Ph.D.

Most of our readers have heard the term “Health Psychologist” though some may wonder what, exactly, health psychologists do. In order to find out *The Los Angeles Psychologist* conducted an email interview with three respected health psychologists and LACPA members, Margaret Donohue, Ph.D.; Beth Leedham, Ph.D.; and Gretchen Kubacky, Psy.D.

Margaret Donohue, Ph.D., is a health and medical psychologist with offices in Glendale, Valencia, and Mar Vista.



Beth Leedham, Ph.D.

Beth Leedham, Ph.D., has offices in Encino and at the Disney Cancer Center in Burbank. She is LACPA’s Secretary and facilitator of LACPA’s Sexuality and Sex Therapy Special Interest Group (SIG).

Gretchen Kubacky, Psy.D., is a health psychologist in private practice in West Los Angeles. She chairs LACPA’s Health Psychology Committee and serves on the LACPA Board of Directors.



Gretchen Kubacky, Psy.D.

Please describe the type of health psychology clients you serve and the kind of services you provide.

Leedham: I work with patients and families who are coping with chronic and/or severe medical illness, such as cancer, multiple sclerosis, Huntington’s disease, amyotrophic lateral sclerosis (ALS), rheumatoid arthritis, etc. Illness doesn’t just affect the individual, it affects the whole family system, and I help families adapt. I also am a certified sex therapist, an interest that grew directly from my work in health psychology, so I see a lot of people—healthy or medically ill—who are having sexual difficulties.

Kubacky: My clients are people with chronic and terminal illness, and many of them have “invisible illnesses.” They are people who look well on the outside but are dealing with significant diagnoses such as chronic cancer, Polycystic Ovarian Syndrome (PCOS), diabetes, multiple sclerosis, lupus, or fibromyalgia. I have a specialty in endocrine disorders—diabetes, PCOS, infertility, thyroid cancers, etc. I address grief and loss issues within the context of self-care, developing coping strategies, and dealing with being different, or having fewer opportunities than others may have,

e.g., a young person whose cancer treatment has rendered her or him infertile.

Donohue: I see myself as a medical psychologist working with chronic, seriously, and terminally ill clients. I also see a large number of disabled clients. The majority of my work involves psychological and neuropsychological testing and assessments. I also provide consultation to patients and others to offer information, aid in diagnosis, or assist with treatment compliance. I also perform evaluations over extended periods of time to document symptoms, provide histories, or document response to treatment in complex cases.

How do you see yourself—and health psychologists in general—fitting into the medical model? What role do you play?

Donohue: Taking time with a client to get an adequate history is a luxury I have that physicians do not. I can also provide physicians with information about how to approach clients to assist them in their own treatment. Many physicians are attracted to the benefit of psychological or neuropsychological testing because this information helps them practice better medicine.

Leedham: Health psychologists can help patients and families manage their feelings about a medical condition and plan effective coping strategies to maximize their emotional and physical wellness. I have found medical personnel to be extremely receptive to my work and grateful for the contributions I can make in caring for their patients. Recently, for example, I did a brief, intensive behavioral intervention with a claustrophobic patient who required radiation treatment and panicked every time he approached the radiation apparatus. With my help he was able to complete the treatment, much to the relief of the radiation team.

Kubacky: Ideally, I see health psychologists as part of a team that includes one or more physicians, a dietician, and other specialists, such as an acupuncturist. My approach is integrative, particularly with the chronic illnesses that present life-long management challenges. I like to work closely with physicians so that I know what’s going on medically, and so I can get their observations about the client. For example, my PCOS clients will typically have an endocrinologist, a reproductive endocrinologist, a dermatologist, and a gynecologist involved in their care. I will speak to the primary physician regularly and provide progress updates, and the physician will send me notes or call me as well. We help increase compliance with treatment, monitor closely for medication side effects, and treat other hindrances to self-care, such as underlying alcoholism or self-esteem issues.

HEALTH PSYCHOLOGY

What kind of obstacles do you face in doing this work?

Kubacky: I face the usual obstacles such as having difficulty getting psychiatrists to return phone calls, finding physicians who haven't taken the time to fully know their patients and are thus making highly inappropriate recommendations, e.g., a green juice cleanse recommended by a new endocrinologist to a patient with a history of eating disorder. The other frustration that's unique to health psychology is that medical treatments can interfere with psychological treatments. Sometimes people are just too sick to come to the office or even to do a phone session.

Donohue: Many professionals, clients, and even other psychologists don't seem to know what the field is and have never heard of it. Clients sometimes mistake me for a physician.

Leedham: It is important for psychologists who work in medical settings to understand the culture and customs of the medical settings where they work. For example, the days of long hospital stays, when psychologists could essentially do brief psychotherapy with medical inpatients, unfortunately are behind us. We need to offer targeted, brief interventions to medical patients and also master follow-through.

How did you become involved in Health Psychology?

Leedham: As an undergraduate at Barnard College, I took a class with noted health psychologist Tracey Revenson, Ph.D. Her work with rheumatoid arthritis inspired me, and the topics covered in the class fired my imagination. Health psychology sits at the intersection of clinical psychology, social psychology, and medicine, all of which are fascinating, and I became really interested in how people coped with health issues and how they made health-related decisions. I attribute my lifelong obsession with flossing to that class.

Donohue: I was a student at the Los Angeles campus of the California School of Professional Psychology when Michael Jospe, Ph.D., was teaching there, right before he started the health psychology curriculum. He became my mentor and was working with cancer patients while I wanted to work with chronic, seriously and terminally ill medical clients, so it was a nice fit. I had worked in my adopted father's pharmacy as a pharmacy technician for years and had always been interested in medicine. I knew physicians in the North Hills section of the San Fernando Valley, and they referred their patients to me. In the early years of the field, medical psychology was being conceptualized as having psychologists work as physician extenders much like nurse practitioners are now. I worked in a general practitioner's office before I moved to a private practice. I did psychological testing and treatment, but my most important contribution to their practice was taking histories to provide the physicians with a review of the client's symptoms, assistance with medi-

cation compliance issues, and research into medical differential diagnosis.

Kubacky: From the time I was four years old until the time I dissected a frog in 7th grade, I had wanted to be a physician. Although anatomy classes proved a little much for me, I always had a keen interest in medical issues. As a child and teenager, I was exposed to many people who had cancer and other illnesses, and I was interested in their well-being and how having an illness affected them. Through my twenties, I had dozens of friends who died of AIDS, and I saw the terrible emotional effects of their medical issues and the psychological fallout from the way they were treated. By the time I was studying to be a psychologist and starting my first internship, it seemed natural to select what was then called The Wellness Community. I spent a year working with cancer patients and their families, addressing psychosocial issues. I had developed some health problems of my own around this time and was feeling unsupported by the medical community, especially when it came to implementing lifestyle changes and utilizing alternative care. It was clear to me that a gap in care existed, and I thought health psychology was a perfect way to blend my interests in medicine, psychology, and self-care.

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What would you recommend others do to prepare for a career in health psychology?

Leedham: Over the years I have learned quite a lot about medicine, and it helps me to think more clearly, develop smarter hypotheses, and communicate more effectively with medical personnel.

Kubacky: Get professional education on an ongoing basis, especially about things outside of your specialty. Incorporate training and awareness of alternative treatments and try them yourself so that you can discuss them with your clients more knowledgeably. Pick a niche and market it by providing information, such as I do with PCOS or diabetes. Educate others about the unique offerings of health psychology. They may not know that highly specialized help is available to them.

Donohue: Having some background in a specific area or two of medicine is very helpful. Psychological testing also serves as an entry point to physicians. You can explain things to physicians so they can observe them as well. There are more formal post-doctoral opportunities available now, and they are a nice way to gain the education.

What do you like best about this work? What do you like least—other than dealing with insurance companies?

Donohue: I don't take insurance, so that's not a hassle for me. I like the puzzle of what's wrong and figuring out how I can help. Of course, on occasion I literally get to save someone's life in this field, and there's nothing better than that.

Leedham: Helping medically ill patients and their families is deeply meaningful work. These are people who are dealing with the most profound human issues—life and death, quality of life, finding meaning in the time we have. Individuals at this stage of life are very open to connection and to examining what is important to them. Working with them enriches me as a human being.

Kubacky: I love getting to integrate two passions—medicine and psychology—without actually having gone to medical school! I like seeing clients go from hopeless, confused, and frustrated to feeling strong, empowered, and armed with knowledge and know-how to deal with their disease. It is also deeply gratifying to be the one who identifies a disorder that a physician has missed and have it prove to be the missing link in why someone's not getting well. What I don't like is dealing with physicians who think we're irrelevant, and I don't like it when clients become worse in spite of good medical and psychological care.

What do you see as the future of health psychology?

Leedham: My hope is that as the population ages, more opportunities will become available for psychologists with expertise in health and behavior issues.

Donohue: I'd like health psychology to return to phenomenology and a more person-centered approach to treatment. I think—and fear—that health psychology will become more computerized and focused on optimization of people's strengths rather than dealing with illness and coping.

Kubacky: Fifty percent of the population is currently dealing with one or more chronic illnesses, and this will increase as the population ages. I hope that health psychologists will become more integrated into medical care teams and that more people will learn about the specialty so they can utilize our expertise. ▲

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