

CLINICAL WEBINARS FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Women's Health Across the Life Span: Ten Strategies to Promote Wellbeing

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1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Helen L. Coons, Ph.D., ABPP is the President and Clinical Director of Women's Mental Health Associates and Health Psychology Solutions, Denver, Colorado. She is a board-certified clinical health psychologist known for her clinical work and integrated services in women's health settings. Dr. Coons has worked with women and couples facing PCOS, infertility, recurrent pregnancy loss, perinatal mental health conditions, breast and gyn cancers, menopause, and sexual health challenges for over three decades. She also routinely collaborates with providers and teams on trauma informed approaches to care. Dr. Coons consults at the national level on women's health issues and psychosocial oncology and serves as an expert source for media writers. A fellow of the APA, she was the founding chair of the Leadership Institute for Women in Psychology, a past member at large on the APA Board of Directors and was a former President of the Society for Health Psychology. Dr. Coons is a dynamic speaker who enjoys presenting to professional and community audiences on promoting women's health and wellness.



Conflicts of Interest & Disclosures

Dr. Helen L. Coons

 Has no conflicts of interest related to the content of this continuing education program.

 Generative AI was not used in the production or content of this curriculum.



Learning Objectives

- List sex, gender, social and economic factors which disproportionately impact women's health and mental health.
- Describe ten treatment and prevention strategies to promote the health and well-being in women across the life span.
- Review two interventions to promote cultural humility in caring for women from marginalized communities to improve their health and well-being.



Inclusive Language in Women's Health Care

- This symposium focuses on women's health & well-being. Evidenced is overwhelmingly based on white, middle class, educated individuals who were "classified" cisgender (women or men) vs asking about gender identify.
- We need inclusive language & classifications to recognize the intersecting diversity of patients who receive care & participate in research in traditional women's health care settings.
- We are well-positioned to advance inclusive participation & language in our research, practice, education & training & advocacy related to women's health & mental health care.

American Psychological Association (2023). *Inclusive language guide* (2nd ed.). https://www.apa.org/about/apa/ equity-diversity-inclusion/language-guidelines.pdf

American College of Obstetrics and Gynecology (2022). Inclusive language statement of policy.

Women's Health, Mental Health & Well-being Across the Life Span

What can clinicians do to promote health & wellbeing across the life span?

What evidenced-informed strategies can we use?

How can we use the treatment experience to facilitate deep healing & well-being?

What will you differently in your care of women across the life span after this presentation?



Women are Resilient...

Resilience in Women Across the Life Span

- Multi-task in multiple roles
- Problem-solve
- Primary decision-maker
 - Family, health care, purchases
 - Cultural exceptions

- Relational
- Prioritize others
- Caregivers
- Glue in our communities
- Advocates



Women are Resilient...

Complex & interacting factors impact health & wellbeing >

- Biomedical
- Mental health
- Psychosocial
- Social determinants/drivers
- Discrimination



Women's Health Across the Life Span: Ten Strategies to Promote Wellbeing

Clinical Pearls

- 1. Work within cultural history, beliefs, values of individual, couple, family
- 2. Address biomedical, psychosocial, social, economic determinants of health, mental health, wellness
- 3. Treat stress related physical symptoms including stress that triggers or exacerbates physical conditions
- 4. Promote physical health & prioritize prevention
- 5. Treat & reduce risk for sleep disorders, anxiety, depression, substance use
- 6. Treat trauma across the life span > deep, enduring healing
- 7. Address self esteem
- 8. Wellness plan > physically, mental health, emotional, sexual wellness, self esteem, relationships, work
- 9. Address barriers to self care
- 10. Clarify values > Who & what is important
- 11. Deepen contact, connection & community
- 12. Support empowerment for social, organizational, policy change









Sounds simple > Not so much....



Address Gender Differences in Psychosocial Factors & Social Determinates of Health

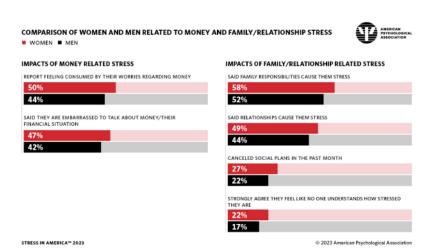
1. Address Stress in Women

2023 APA-Psychology Stress in America Survey

Women say they're stressed, misunderstood, & alone

- Higher average level of stress than men. 5.3 vs. 4.8/10
- 27% of women rated their stress levels between an 8-10 (high) vs 21% of men
- 68% could have used more emotional support than they received in the last 12 months compared to 63% of men

https://www.apa.org/news/press/releases/stress





Stress & Resilience in Women Across the Life Span

Resilient at High Cost

- Acute & chronic stress
- Multitasking, chronic rushing
- Rumination vs executive planning
- Poor sleep quality & quantity
- Decreased self-care (nutrition, exercise, pleasure, connection, etc.)
- Increased stress related physical symptoms &/or trigger or exacerbate physical conditions
- Anxiety, depression, lower sexual desire, substance use
- Dysregulation physically, emotional, self esteem, relationships, work
- Risk for physical conditions



Weathering in Women of Color

Chronic Stress/Exposure

"The weathering hypothesis states that chronic exposure to social & economic disadvantage leads to accelerated decline in physical health outcomes & could partially explain racial disparities in a wide array of health conditions..."

The Weathering Hypothesis as an Explanation for Racial Disparities in Health: A Systematic Review. (2019). Forde, A.T., <u>Crookes</u>, D.M., <u>Suglia</u>, S.F., & Demmer, R.T. Ann Epidemiol. 19;33:1–18.e3. doi: 10.1016/j.annepidem.2019.02.011



Actively Address "Weathering" in Women of Color & "Chronic Enduring" in other Women Across the Life Span

- Chronic stress
- Gender, racial, age, LGTBQI, disability/ability discrimination
- Trauma across the life span
- Economic challenges
- Caregiver burden



Address Impacts of Stress

- Evaluate & tragic stress related physical symptoms &/or trigger/exacerbation of physical conditions
- Promote action vs persistent worry, rumination, frustration,
- Treat poor sleep, anxiety, depression, panic, low sexual desire, substance use
- Stabilize dysregulation physically, emotionally, self-esteem, relationships, work
- Reducing physical, mental health, cognitive, sexual, etc. symptoms is necessary but not sufficient
- Promote self-care, wellness, deep healing & prevention



2. Trauma Across the Life Span

| Sexual & Physical Trauma | Institutional Trauma | Medical Trauma | Discrimination-Related Trauma |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Childhood physical abuse Childhood sexual abuse & rape Childhood emotional abuse & neglect Sexual coercion Sexual assault/rape Interpersonal violence Physical assault Criminal victimization | Institutional sexual & physical trauma Military combat & sexual trauma Political/State/War violence Immigration/refugee Human trafficking Female Genital Mutilation/Cutting (FGM/C) | Medical trauma Prior birth trauma Barriers to fertility treatment Barriers to pregnancy terminations | Gender-based discrimination Racially-based discrimination LGTBQ-based discrimination Age-related discrimination Hate crimes |
| | | | |



Trauma in Women/Persons in the US

Trauma rates

- Sexual trauma
 - 30% of women vs 10% of men
- Interpersonal Violence (IPV)
 - 1 in 4 women vs 1 in 9 men
- Trauma across -
 - Class, racial/ethnic groups & age
 - Sexual identities & partner status
 - Increased rates of substance use

Populations at risk

Vulnerable Populations with Intersectionality

- Adolescents
- Prior hx ACE
- Persons of color
- Immigrants & refugees
- Ability/disability status
- LGBTQI+
- Older & elderly adults > 65 y/o

Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, et al. The National Intimate Partner & Sexual Violence Survey (NISVS): 2010 summary report. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.

Address Impact of Trauma

- Recurrent depression
- Substance use
- Poor self esteem
- Poor body image & sexual health
- Eating disorders
- Challenges in relationship
- Risks for physical conditions (e.g., pelvic pain, experience in menopause, etc.)
- Under/over utilization of health system



Actively Treat Trauma

What does it mean to individual to heal physically, emotionally, relationally, sexually, spiritually, etc.?

- Early, recent +/or ongoing trauma
- Healing for long term
- Evidenced-based approaches
 - Exposure, IPT, DBT, etc.
- Trauma-informed care across health & mental health settings
- Engage support
 - Groups (military, sexual assault, IPV)
 - Partner
 - Other (substance use)



3. Address Gender Differences in Economic Status

Economic challenges

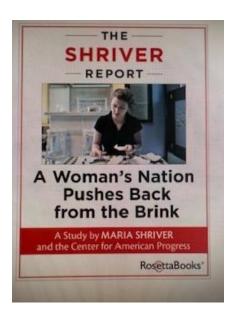
- > 50% women are single
 - Single mothers face highest risk for poverty
- 41% of women are sole/primary earner
- 59% of part-time workers are women
 - Most in low-wage jobs
 - Less benefits
- Disproportionately lower retirement savings

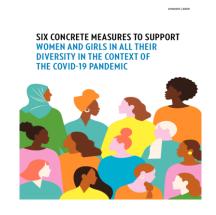
Gender, racial, age & wage discrimination

- Employment vulnerability
- Economic vulnerability
- Racial discrimination in wages

Women On the Brink Financially

- Women in US are 35% more likely than men to be poor
- **The Shriver Report**: 2014 One in three American women is living at or near the brink of poverty.
- Impact of COVID-19 Pandemic
- Current threats to employment in uncertain times
- Marked gender differences in retirement assets







Address & Empower Women's Economic Wellbeing

- Financially on the Brink?
- Credit cards > Establish credit
- Debt
- Goals. > Budget > Savings for emergencies, pleasure
- Retirement planning & funds
- Active management of financial wellbeing
- Consultation: banker, CFA, trusted family or friend, workshops
- Active career management for personal, professional & economic advance
- Small goals
 - Return school, degree, training, etc.
 - Asking for promotion
- Plans for care needs if living with life-threatening condition
- Legal consultation BEFORE separation/divorce
- Discuss risk for financial scams especially among older women



4. Address the Burden of Caregiving

- 75 % of all caregivers are women most are unpaid
- Evaluate burden of family decision making & caregiving
- Impact of caregiving on physical, mental health, economic status, educational & professional advancement
- Increase access to support
 - Practical, financial, emotional, time
 - Role of sibs, other family members
 - Connect with community organizations
 - Refer for respite care
- Loss, grief, isolation



5. Promote Women's Health



Sex & Gender Differences in Physical Conditions, Symptom Presentation, Treatment

Higher rates in women

- Insomnia
- Thyroid disease
- UTI's
- Migraines
- Autoimmune diseases
- Osteoporosis
- Alzheimer's disease
- Stroke deaths
- Breast cancer

Unique Conditions

- Pregnancy & Post-partum conditions
 - Physical symptoms & complications
 - Pregnancy related mood & psychiatric disorders
- Vulvodynia, vestibulitis
- PMDD
- PCOS
- POI
- Menopause
- Gyn cancers



Medications Impact Physical, Cognitive, Mental & Sexual Health



<u>Iatrogenic side-effects</u>

- Anti-hypertensives
- Anti-histamines
- Anti-lipids
- Pain meds
- Anti-depressants
- Anxiolytics
- Anti-emetics
- Ovarian suppression
- SERMS/Aromatase inhibitors



5. Promote Women's Health

- Directly address & support health behavior & self care that promotes health & wellbeing
- Provide accurate information about health & mental health
- Affirm that women know our bodies & when something is wrong...
- Address physical symptoms & impact on functioning > QoL
- Reduce burden of disease(s), medications & other treatment side effects
- Refer to primary & specialty providers with expertise in women's health
- Refer for second options
- Collaborate with patient & providers to prevent mis-diagnosis
- HEAR Women
 - CDC Hear Her Campaign: https://www.cdc.gov/hearher/index.html
 - Providers to listen
 - Individuals trust the they know their bodies when something is wrong



6. Improve Sleep Quality & Quantity

Evaluation

Initial, middle insomnia, EMA
Sleep quality & quantity, feeling rested
Sleep hygiene
Rumination before or in bed
Split shifts
Medication, ETOH, other substances use

Treatment

- Sleep hygiene
 - Bedtime, decrease activation, etc.
- Sleep anxiety, beliefs about sleep
- Aerobic exercise > DOSE of exercise
- Sleep yoga
- Mindfulness, music, quieting approaches
- CBT, CBT-I
- Medications

Harris, S. (2019). The Women's Guide to Overcoming Insomnia: Get a Good Night's Sleep Without Relying on Medication.



7. Address Women's Mental Health & Substance Use Concerns

- Rumination,
- Anxiety
- Panic, hyperarousal
- Depression
- PTSD including hypervigilance
- Substance use/misuse





• Impacts > risks, work, functioning, relationships, well-being



Use Evidence-Informed Treatment Approaches

- CBT
- Aerobic exercise
- Behavioral activation
- ACT
- IPV
- Trauma therapy
- DBT
- Relapse prevention

- Mindfulness based approaches
- Groups
- Medications
- Alternative approaches if evidenced-informed
- Collaborate with other providers involved in patient care



Share Indicators for MH Referrals from Primary & Specialty Women's Health Providers

Patient asks for referral

High levels of stress, overwhelmed, sad, irritable, withdrawal

Depression, anxiety, panic, PTSD, psychotic disorders, SI, HI

No or little improvement on medication(s)

Substance use

Changes in functioning, QoL

Cognitive symptoms

Trauma-informed care planning

New/progressing chronic or lifethreatening physical condition

End of life planning

Preparing for dx or tx procedure

Non-adherence to tx recommendations

8. Body Image & Sexual Health

- Evaluate Irrespective of relational status or age
- Note high base rate of sexual health issues across women > 40%
- Address body disdain, social comparison, media messages
- Respect cultural differences in body image
- Address untreated trauma across types & life span
- Address experiences of body shaming
- Discuss acceptance &/or leverage science
 - Teeth, hair, weight, plastic surgery, incision revision, new prothesis, etc.



Body Image & Sexual Challenges in Women

| General population of women in US | | > 40 % with sexual health concerns |
|------------------------------------------------------------|------------------------------------------------------|------------------------------------|
| Menopause | GSM | 42-88% |
| Breast cancer | Unhappy with appearance Sexual desire & satisfaction | 60% 40-83% |
| Gyn cancer | Uterine, Ovarian, Vulvar, Cervical, etc | 60% |
| Persistent Pelvic Pain | Vulvodynia, IC, Vestibuldynia, pelvic injury | 49-90% |
| Urogyn conditions | UI, BI, bladder prolapse, vaginal fistula | 64% |
| Nutcracker syndrome | Flank/pelvic pain | ? |
| End stage kidney disease | | 30-60% |
| Ganz (2004); Hunter et al (2024); Pyrgidia et al (2021) | | |
| | | OF HEALTH SERVICE PSYCHO |

Improve Women's Sexual Health

- Increase access to accurate information about sexual health & treatment options
- Provide care within cultural & relational context
- Prevention interventions to minimize risk for adverse sexual SE of aging & treatments
 - (menopause, surgery, medications, other treatments)
- Pharmacological approaches
- CBT, ACT, Mindfulness, etc. interventions to improve sexual health
- Sex therapy
- Couples therapy
- Collaboration with sexual medicine, obgyn, women's health providers, PT, psych med prescribers, etc.



Physiologic Vaginal Changes With Estrogen Loss

Vaginal walls

- Thin
- ↓ Elasticity
- Pale
- ↓ Rugae
- ↓ Secretions

Vaginal surface

- · Becomes friable
- Easily ulcerates

Vagina

- Shortens
- Narrows
- ↑ pH



Estrogen Loss



Vaginal secretions

- ↓ Mucus
- Changes in protein, carbohydrates, fatty acids

Vaginal histology

- ↓ Superficial cells
- ↓ Intermediate cells
- ↑ Parabasal cells

9. Self Esteem, Confidence, Empowerment

20 things women should stop wearing after age 40:

1-20: The weight of other people's expectations and judgements.



Factors impacting Self-Esteem

- Long-standing, recent or ongoing issues
- Trauma experience across life span
- Bullying experience
- Discrimination experience sex/gender, racial, age, LGTBQI
- Differences between social markers of success, internal script,& others' narrative about individual
- Unchallenged &/or inaccurate scripts that contribute to negative selfesteem
- Is patient carrying shame...
- Consider using standardized measure of self-esteem
 - The Rosenberg Self-Esteem Scale (RSES)



10. Establish Health & Wellness Goals



Clinical Strategies to Focus Women on Health Promotion & Wellness

- Ask direct questions about
 - Self-care
 - Well-being
 - Who & what is important to patient
 - What are their goals
- Small goals
- Lack of motivation is a symptom. It is NOT as character flaw
- What is getting in the way
- Biopsychosocial issues
- Need support
- Mental health, health psychology or substance use evaluation

Poor Motivation for Self-Care

Not a Character Defect Listen for Critical Self-Talk



Clinical Considerations

Stress/overwhelmed

Competing demands

Physical pain

Poor sleep > fatigued

Poor self-care

Body compassion/disdain

Perfectionism

Depression

Untreated trauma

Self-medication

Is she on her task & wellness list?

Strategies to Activate Self-Care in Women

Rx for Health

- Statins
- HTN
- GLP-1 agonists
- Opioids
- HRT
- Vitamins
- Antidepressants
- Anxiolytics
- Sleep meds



Rx for Health & Well-Being

- Motivational interviewing
- Address barriers & expectations
- Address cultural beliefs
- Review safety concerns
- Rx > Wellness plan



Promoting Women's Wellness – Patient Exercise

Coons (2024, 2025)





Who or What fills your battery?

Source of image unknown





Self-Care Wheel
Adapted from Self Care Assessment Worksheet from Transforming the Pain: A workbook on Vicarious
Traumatization by Saakvitne, Pearlman & Staff







Motivational, Supportive, Engaging Interviewing

- How did you feel after speaking with your closest friend?
- How do you feel after a walk?
- How do you feel about your body after exercise or healthy eating?
- How do you feel about your self when you take good care of your health & well-being?
- How do you want to feel about yourself when you go to bed tonight?







Increasing Self-Care in Women Across the Life Span

How do you feel about yourself after you exercise, prepare a healthy meal, see a close friend?

What gets in the way of starting, increasing & sustaining regular physical activity, healthy nutrition, seeing a friend, going to service, etc.?

Who can support & join you in small steps towards regular exercise, contact with friends, etc?

What can you do today to take good care of your well-being?



Promoting Women's Health & Wellness (Coons 2021, 2024, 2025)

| A | Ask specific questions about women's health, health behavior & wellness |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| l | Review what is getting in the way of initiating, increasing & sustaining good self-care, following tx recommendations, taking steps towards goal, etc. |
| M | Use motivational interviewing for behavior change to prompt & sustain good health behavior & self-care. |
| S | Support small steps in follow-up clinical communication about health & well-being |



11. Meaningful Life > Three P's

- Promote connection > 3 P's
 - **→** Priorities
 - **→** Passions
 - ➤ Purpose
- Establish goals > consider time frame for goals
 - One week, one month, three months, 1 year, longer?
- How does patient spend time? Any focus on who & what is important?
- Focus on chores? Or protected time that give meaning, pleasure, connection, happiness, laughter?

See Santos, L. Happiness Studies, Yale University.



12. Connection > Three C's

Social isolation is associated with poor physical, immunological & mental health outcomes.

Promote social contact > 3 C's!

- ➤ Increase Contact
- ➤ Deepen Connection
- ➤ Create Community

Coons (2007, 2024, 2025)









13. Systemic Policy Changes to Improve the Health & Well Being of Women

Systemic & institutionalized discrimination & oppression

Public & private organizational policies across sectors

- Adversely impact the status of women
- Sex/gender, race, age & LGBTQI+, dis/abilities discrimination

Examples

Salary & benefits inequity

Health & reproductive care & counseling

DEI programs & polices

Medicaid changes

Other

Empower individuals to participate in & lead social & organizational change for themselves, others & generations ahead to improve the status of women across the life span.



Clinical Resources

- Self Care Wheel > https://positivepsychology.com/self-care-wheel/
- Thorn, B.E. (2027). Cognitive Therapy for Chronic Pain: A Step-by-Step Guide. Second Edition. Guilford Press.
- Black Women's Health Imperative > https://bwhi.org
- The Menopause Society >. https://menopause.org/
- https://www.isswsh.org
- Society for Women's Health Research > https://swhr.org/
- Midlife Care > https://swhr.org/resources/prioritizing-care-during-midlife-personal-professional-and-health-care-strategies-for-women/
- Rosenberg Self Esteem Scale > https://www.wwnorton.com/college/psych/psychsci/media/rosenberg.htm



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- Murray, J.L. & Lopez, A.D. The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020. Harvard School of Public Health, World Health Organization and the World Bank.
- Otto, M.W. & Smits, J.A.J. (2011). Exercise for Mood and Anxiety: Proven Strategies for Overcoming Depression & Enhancing Well-Being. Oxford University Press.



Q&A With Dr. Coons



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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