Helping Women Cope: A Collaborative Behavioral Health Resource

BY HEATHER CHAVIN, MA
PROFESSIONAL COUNSELOR ASSOCIATE, JOYFUL LIVING BEHAVIORAL HEALTH

A patient in her late 40s walks into my office with a familiar refrain: "I just don't feel like myself anymore."

Over the course of a single year, she visited her primary care physician, a doctor she likes and trusts, three separate times. During visit one, she presented with unexpected weight gain and profound fatigue. Given the high patient interest, a detailed discussion of GLP-1 medications, alongside metabolic lifestyle modifications, was provided.

During visit two, she sought help for insomnia, reporting waking up at 3 a.m. with a racing mind. This resulted in a standard sleep hygiene checklist. By her third visit, she described a new cluster of heavy anxiety and depressive symptoms, and was prescribed an SSRI to address both mood and sleep issues.

Three distinct problems, three logical, evidence-based solutions. Yet the larger physiological pattern remained invisible, a natural byproduct of standard 15-minute visits and fragmented patient disclosures.

In my therapy sessions and my Perimenopause and Menopause therapy groups, we have the luxury of time to draw out the rest of the clinical iceberg. When asked directly in a safe, collaborative space, she connects a staggering multi-system constellation of symptoms. She shares what she had omitted during her brief medical exams: debilitating brain fog, persistent digestive issues, difficulty concentrating, stress incontinence during workouts, painful intercourse, and a vanished libido. These symptoms are not random; they reflect the systemic reality of the menopausal transition.[1,2]

> "Society frequently tells women that these multi-system symptoms are just stress or normal aging... We reframe them not as relationship failures, but as the direct neurobiological result of dropping estrogen."

This was a patient navigating a massive neuroendocrine transition without a map. Fluctuating and declining levels of estrogen, progesterone, and testosterone do not just affect reproductive organs. Receptors for these sex hormones are widely expressed in non-reproductive tissues throughout the brain, gastrointestinal tract, and cardiovascular system.[3]

When hormone levels fluctuate and decline, the systemic fallout is rarely uniform; it can be gradual, erratic, and highly individualized. Shifting estrogen alters oxytocin pathways, generating a profound sense of irritability and emotional disconnection. Simultaneously, neuroendocrine disruptions alter dopamine pathways, wiping out motivation and focus.[4]

Because no physiological system is untouched by this transition, behavioral health professionals are a critical branch of the multi-disciplinary team. In our therapy group strategy, the first step is psychoeducation. We provide clarity on the neurobiological transition and the constellation of possible symptoms.[1,5]

For patients whose previously stable mental health conditions suddenly shift, or who find that standard psychiatric medications, such as SSRIs and stimulants, lose their efficacy as ovarian hormones decline, we normalize this impact and encourage them to consult their prescribers.[4] Cognitive reframing helps patients understand their daily nervous system responses, shifting their internal narrative from personal shame to self-compassion and proactive problem-solving.

Society frequently tells women

1. "The Menopause Guidebook," The Menopause Society, menopause.org/patient-education/menopause-guidebook.
2. "Menopause: What Your OB-GYN Wants You to Know," American College of Obstetricians and Gynecologists, acog.org/womens-health/faqs/menopause.
3. "The Roles of Estrogen and Estrogen Receptors in Gastrointestinal Disease," Oncology Letters, spandidos-publications.com/10.3892/ol.2019.10983.
4. "Menopause and Mental Health: A Clinical Review," BJPsych Bulletin, cambridge.org/core/journals/bjpsych-bulletin/article/menopause-and-mental-health-a-clinical-review.
5. "The Hormone Cure: Reclaim Balance, Sleep, Sex Drive, and Vitality Naturally with the Gottfried Protocol," Scribner, simonandschuster.com/books/The-Hormone-Cure/Sara-Gottfried/9781451666950.
6. "Sex Hormones Affect Neurotransmitters and Shape the Adult Female Brain During Hormonal Transition Periods," Frontiers in Neuroscience, frontiersin.org/articles/10.3389/fnins.2015.00037.

that these multi-system symptoms are just stress or normal aging, leading them to mistrust their own bodies. Our therapy group format utilizes peer validation to fast-track somatic trust, helping women build accurate interoception so they can firmly understand their physical experiences.

We openly address unprompted symptoms like a vanished libido, intimacy pain, and feelings of disconnection, reframing them not as relationship failures, but as the direct neurobiological result of dropping estrogen.[4] This shift allows women to center their own well-being and take active care of themselves. Armed with a biological blueprint, a patient can transition from feeling like a broken machine to actively collaborating with her healthcare providers to reclaim her health. Optimizing care for midlife women requires connecting patients to supportive community resources.

Joyful Living Behavioral Health, LCMS's partner for its own members' mental health benefits, offers ongoing ten-week Perimenopause and Menopause Therapy Groups. These groups focus on the neurobiology of hormone shifts, helping women understand how fluctuating hormones impact serotonin, dopamine, cortisol, and oxytocin.[4,6]

By translating these chemical shifts into practical mental health coping strategies and providing peer support, the group helps women navigate the emotional and cognitive aspects of this transition so they do not have to do it in isolation.◆

Heather Chavin, MA, is a specialized behavioral health clinician at Joyful Living Behavioral Health in Eugene. She specializes in supporting women navigating the complex neurobiological and mental health transitions of midlife, and is the developer and facilitator of the LCMS-partnered Perimenopause and Menopause Therapy Groups. She practices under the clinical supervision of Naamith Heiblum, PhD.