Lyme Disease - a Psychotherapy Perspective

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Much has been written about the medical side of Lyme Disease, making resources on diagnosis and treatment available to the medical practitioner. The psychiatric and cognitive manifestations have been documented, as well. However, little has been written to encourage the psychotherapist to appreciate the role he or she can have in reaching a diagnosis, or treating a diagnosed Lyme patient.

The psychotherapist has a unique opportunity to see Lyme Disease in a different way, through the reports of the behaviors, mood, and cognitive functioning of the individual who seeks treatment. By writing this, our hope is that it will encourage psychotherapists to learn more about Lyme, and to promote dialogue between the medical and mental health practitioners regarding diagnostic and treatment strategies, with collaboration and coordinated treatment planning.

We have seen many undiagnosed Lyme Disease patients in our office over the past 10 years. For the majority, our office was the first place they heard that their problems might be connected with a medical illness. For some, they had psychiatric or psychotherapeutic treatment, in some cases, inpatient, for years before coming to Family Connections. Our referrals to medical practitioners for a Lyme disease evaluation have been, for the most part, accurate, with good to excellent outcome following coordinated medical and mental health treatment.

Mental health practitioners who practice in Lyme-endemic areas need to have a comprehensive knowledge of the illness, including an awareness of the difficulties with diagnosis. That can be accomplished through conference attendance, literature searches (there are some fine web sites), and conferring with medical professionals who are Lyme disease specialists, and who have had good treatment outcomes with chronic Lyme patients. It's also important to maintain a personal library of resources, to keep informed of new developments in this field where new information is emerging constantly.

Of primary importance is the effect that Lyme disease can have on the brain, with just about any psychiatric presentations: mood disorders, psychosis, bipolar disorder, eating disorders, attentional and cognitive problems (see articles by Brian Fallon, MD, and Marion Rissenberg, PhD, among others).

Lyme disease patients may use drugs or alcohol, to self-medicate the physical pain, depression, or anxiety . An adolescent may be brought for treatment for behavior problems, school phobias or very poor school performance, conflicts with the family, or just about anything else a psychotherapist sees in an adolescent-focused practice. We have seen, in our Lyme-endemic area, that Lyme may well be the cause, or a factor, with many of these adolescents. If, in fact, it is a part of the picture, little improvement occurs until there has been a medical diagnosis, and treatment has begun.

Below is a Lyme disease screening protocol we have developed. If Lyme is suspected, a referral should be made to a Lyme-literate physican as soon as possible.

Berenbaum-Canon Lyme Disease Screening Protocol

1. History of changes in:

- behavior at home, school, or in other settings
- school performance or attendance
- sleeping and eating patterns
- socialization patterns, or dramatic change in peer group
- mood
- depression
- anxiety
- temper flare-ups
- suicidal ideation or gestures
- intensification of PMS

2. History of changes in activity level, that could be suggestive of Lyme disease. Sudden loss of interest or inability to participate in activities such as organized sports, music, dance, drama, youth group, etc.

3. A discreet point in time at which problems began

4. History of onset of other psychiatric symptoms (panic attacks, hallucinations, attentional problems not present in early childhood)

5. History of use of psychiatric medications, with either no success symptom reduction or a paradoxical response

6. History of any physical illness (flu, mononucleosis, bronchitis) occurring prior to start of psychiatric, learning or behavioral problems

7. History of short term antibiotic treatment for medical problem (strep infection, etc.) with temporary improvement of symptoms

Given that so many youngsters with Lyme have, at the very least, attentional problems, understanding diagnostic issues and treatment options for ADD and AD/HD can be very helpful. Mental health practitioners who are working with children and adolescents can avail themselves of continuing education in these areas. CHADD (Children and Adults with Attention Deficit Disorder), for example, sponsors a fine conference annually on ADD and AD/HD.

Many young Lyme Disease patients require school accommodations to succeed. It is therefore important that mental health practitioners become familiar with special education laws, as well as Section 504 of the Civil Rights Act, so that they can engage with parents and school personnel in the development of a school plan (IEP or 504 plan) that will promote maximum functioning for Lyme disease patients. The Disabilities Law Center at Albany Law School offers an excellent annual training conference, usually in June.

Family Connections Center for Counseling began 15 years ago, as a private practice, utilizing an innovative co-therapy approach to treating adolescents and their parents. Our treatment method was designed for work primarily with high-risk adolescents, with psychiatric or substance abuse diagnoses or behavioral problems. The goal of our practice has always been to improve the functioning of adolescents, to keep them from long-term inpatient and residential facilities, and to help their parents provide the supports and structure they needed, despite a history of dysfunction and/or trauma.

We never anticipated that a medical illness would produce the variety of psychiatric and family problems that we have seen in Lyme patients and their families, particularly when Lyme is chronic, or has not yet been diagnosed. Given the complexities of the illness, and the effects on the patient and family, many chronic Lyme disease patients and their families benefit significantly from a comprehensive, collaborative approach to treatment of both the Lyme disease, and the psychopathology and family problems that can accompany it. We hope this article encourages further development of multi-modal strategies and treatment plans.

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