



# An Examination of How Clinicians Diagnose and Treat Premenstrual Dysphoric Disorder (PMDD).

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# Abstract:

- ▶ **PMDD, has unclear definitive explanations regarding its origins and mechanisms. No current validated objective assessment measures exist. Sixty-five licensed mental health clinicians were assessed on their ability to accurately diagnose a fictional vignette depicting PMDD. Rule-out diagnoses and treatment intervention recommendations were examined. Subjects were recruited via purposive convenience sampling using online platforms. Results indicate that almost half of participants (49%) provided a misdiagnosis. Female therapists were more likely to make an accurate diagnosis. Number of years licensed was not found to be correlated with accurate diagnosis. Further education/training on PMDD should be made available to students and clinicians internationally.**

# Results

## Based on Four Hypotheses:

- ▶ 1: Licensed mental health clinicians will misdiagnose a fictional clinical case vignette depicting PMDD.
- ▶ 2: Licensed mental health clinicians will recommend three wrong forms of treatment for the fictional patient.
- ▶ 3: Licensed mental health clinicians will list inappropriate rule-outs (including not listing PMDD if not an initial diagnosis in hypothesis 1) for the fictional patient.
- ▶ 4: Gender and years of practice of clinician will not be correlated to hypotheses 1, 2 and 3.

# Results

## Descriptive Statistics

### Demographics of Participants:

The youngest age of participant (N=1) was 27 years-old, and the oldest age (N=1) was 76 years-old.

**Table I: Participant Age and Years of Practice:**

Factor	Mean	SD	N
Age	46.53	12.92	65
Years of Practice	12.02	11.30	65

# Results

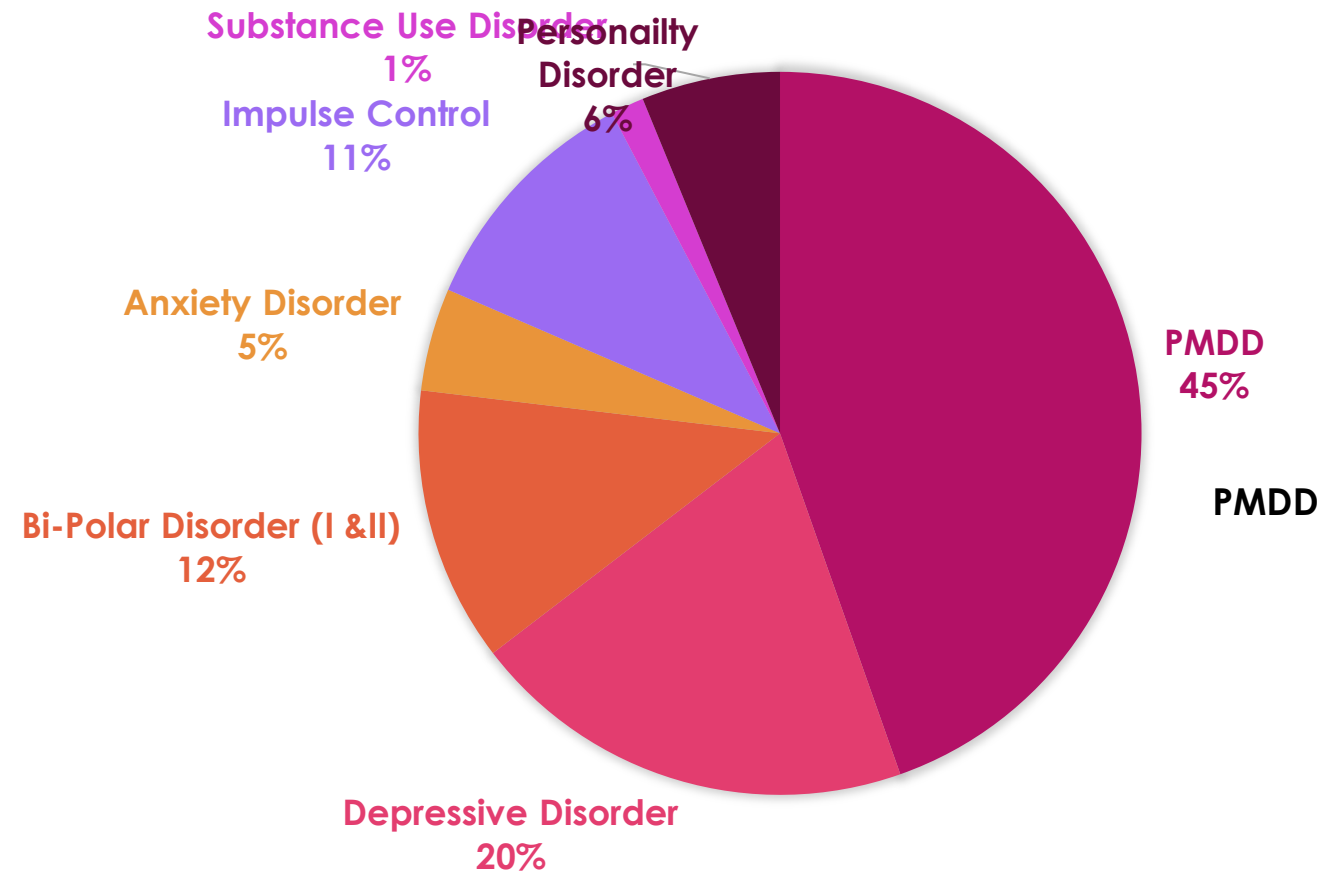
## Descriptive Statistics

**Table II: Type of Licensed Mental Health Clinician:**

Type of Clinician	N	%
Ph.D.	22	34
LMFT	13	20
LCSW	13	20
Psy.D.	12	19
MD	5	8

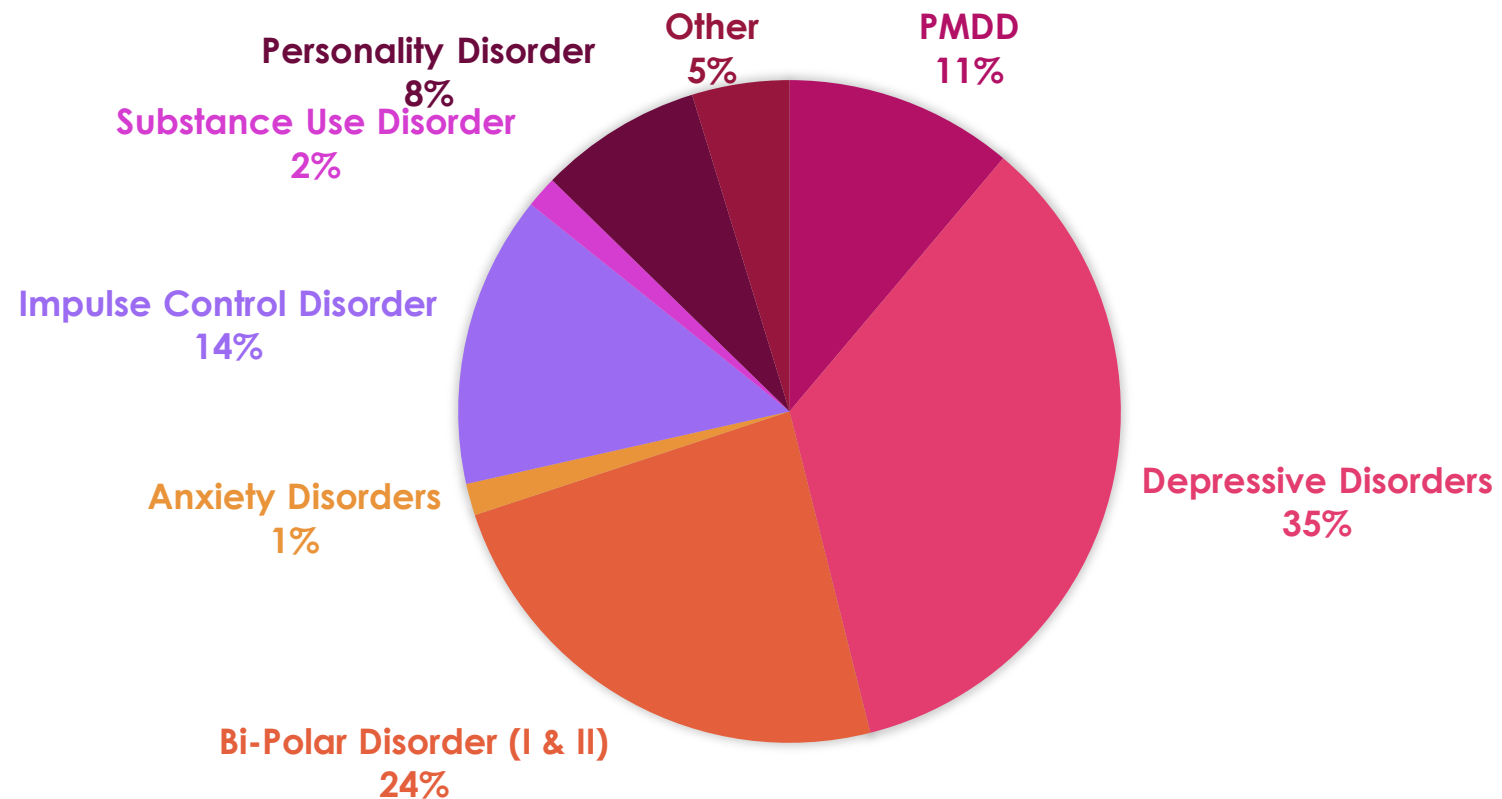
# Results:

Figure 1: Primary Diagnosis



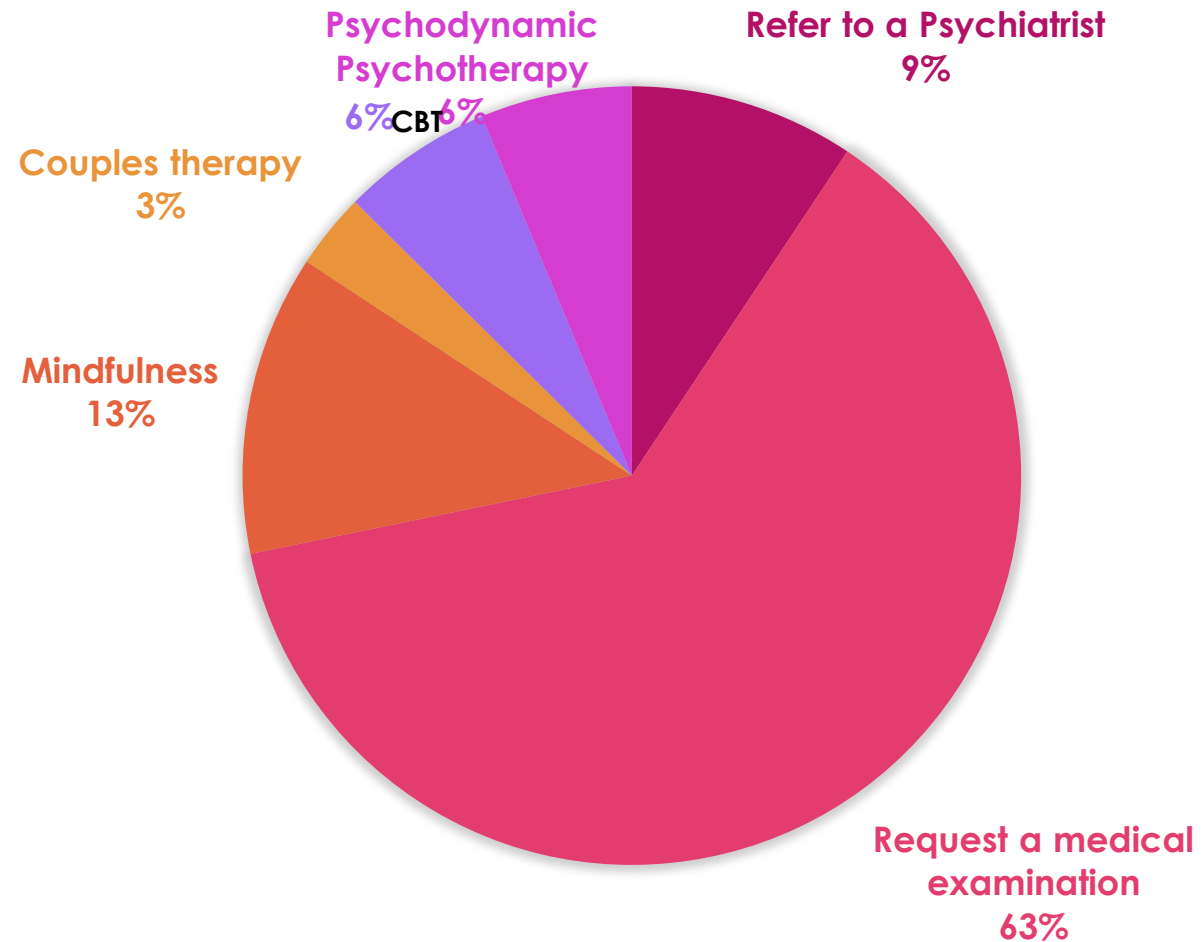
# Results:

Figure 2: Rule-Out Diagnosis



# Results:

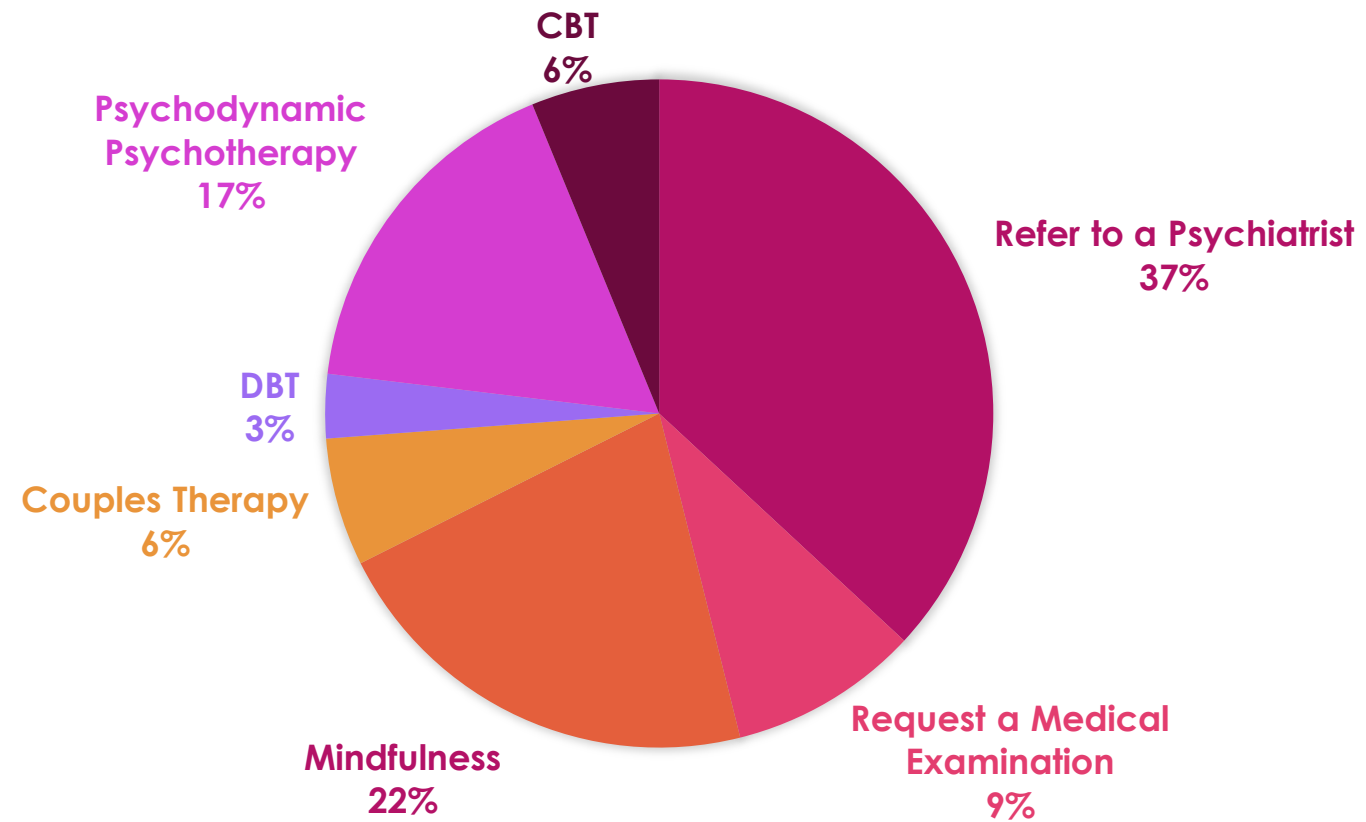
Figure 3: First Treatment Choice





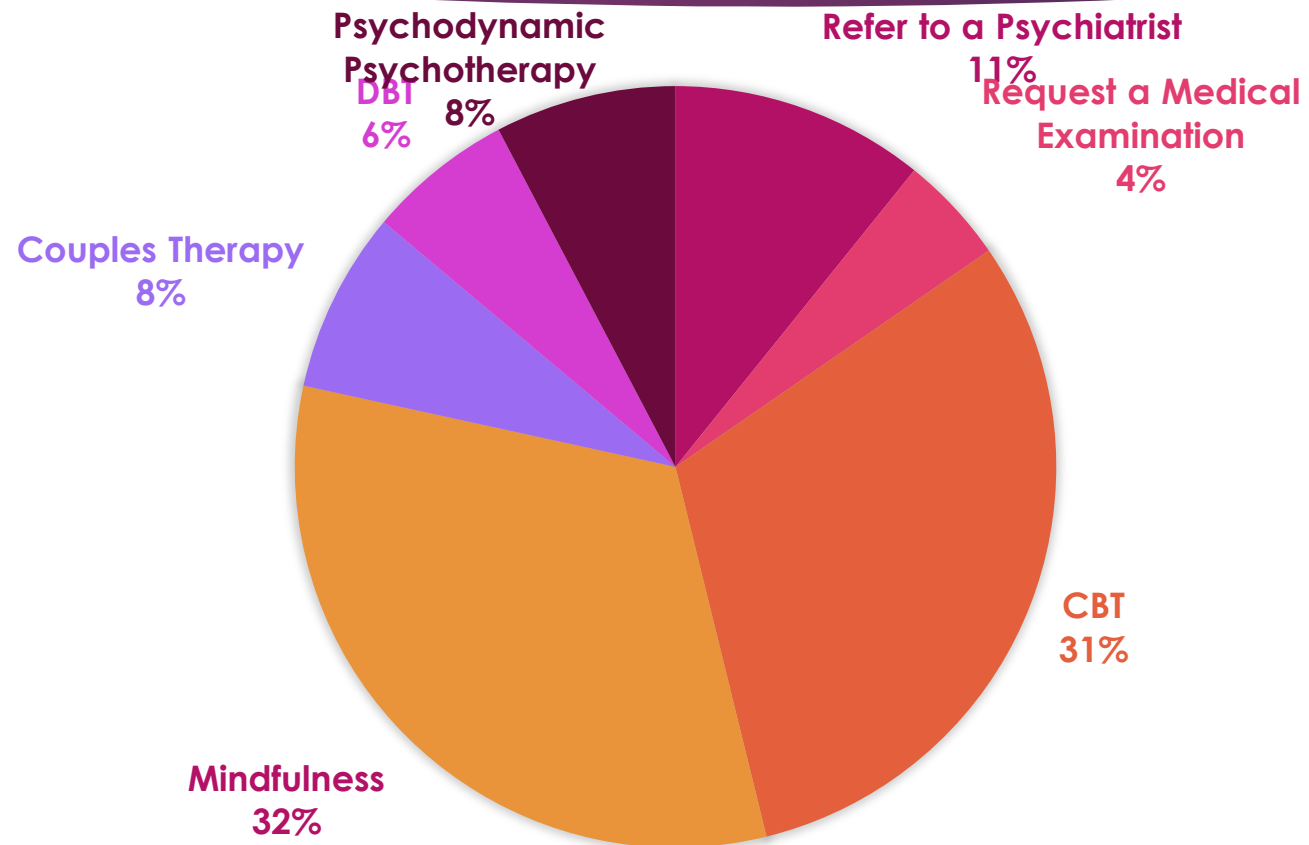
# Results:

Figure 4: Second Treatment Choice



# Results:

Figure 5: Third Treatment Choice



## Chi-Square Test:

As can be seen by the frequencies cross tabulated in Table III, there is a significant relationship between gender and accurate diagnosis of fictional client,  $\chi^2 (2, N=65) = .01, p < .05$ .

**Table III: Gender and Accurate Diagnosis:**

Gender	PMDD	Other Diagnosis	N
Male	4	13	17
Female	29	18	47
Other	0	1	1
	33	32	65

# Clinical Implications:

PMDD  
premenstrual dysphoric disorder

It wasn't all in my head...

VainMommy

12

- ▶ This study should serve as a catalyst for increased research about how clinician's gender may impact the diagnosis of PMDD.
- ▶ This research can add to the feminist theory within psychology because some men may unconsciously hold biases about women's reproductive health which gets displayed as a hesitancy or lack of awareness around assessing for diagnoses like PMDD.
- ▶ Approximately half (49%) of participants in this study chose the inaccurate primary diagnosis for the fictional patient, which indicates that PMDD may not be imbedded into training/curriculum of accredited mental health masters or doctoral level programs.
- ▶ PMDD is a recently recognized illness (only considered six years prior to this study), and therefore, it could indicate that relevant academic programs may not be thoroughly or properly training students about the differences between the new DSM-5 and it's previous (DSM IV-TR) version.