The ICD 10 code Z-277 appears to be the closest one to use when the issue is some response or interaction with environmental hazards. We need to find a specific code, or asked that one be produced, that deals with the emotional reaction to climate change. It should also qualify for reimbursement. Currently it’s probably best to use an adjustment disorder with mixed features. CPT codes, such as DSM-4, Axis 4, **described psychosocial and environmental factors affecting** the person.

Traditional psychotherapy techniques are generally adequate. The difference is in the endpoint to which the therapy is focused. Many layers exist.

A central notion that perhaps not all therapists are capable of managing is the inherent and the mostly unsolvable existential crisis that comes from looking at climate changes. Science has threatened many naïve beliefs about a larger protective quality from a deity. People have to mature to accept that certain things that they thought would be forever are not. There is the more immediate response to lack of human endeavors to reduce our contributions and minimize our dangers, as many people will feel about exists also in gun control laws that no longer exist and make mass shootings more unpredictable. And the patient’s plus we, the therapists, in union and our own psychological preparations, and modifications, are vital components of our therapeutic interactions. It’s not enough label or quantify a condition, but we have to help people modify their behaviors and the behaviors of their communities and also to essentially wait out this climate change cycle. That’s a very different endpoint.

In science the only authority is the science. We too often act as if options hold the same authoritative weight. We elevate people based n how much science a person appears to know. Safely people misrepresent for selfish reasons. That can confuse and delay progress. And the science can be confusing! Einstein mused at how often people prefer to proffer about complex items, since their retorts are harder to refute. Karl Popper spoke of the need to try to falsify one’s own conclusions before publishing them. The therapeutic process therefore requires the development of syllogistic skills as well as the more traditional psychosocial skills. Not everyone is capable of developing equal proficiencies of these skills, so modifications need to exist in the treatment algorithms.

The diagnosis has to be correct and psychosocially comprehensive. It has to allow for concurrent or premorbid other emotional conditions that are now being combined with climate change concerns. Consideration and intention to larger issues are mandatory and have to be rendered to the larger positions. For example, someone nervous about losing the job and hence anxious may now have to prepare to lose the job because the job no longer exists as coastal areas are submerged.

Therapy may have to concurrently address the anger at others for not being more aggressive over the past decades to reduce the climate change problem. It may leave in their psyche an ongoing anger at the inconvenience of having to change one’s environment because of insufficient, for example, reduction of carbon dioxide footprints.

A careful study of ego strengths must be done since the initiating problem will not disappear. So the resiliency needed applies to not being psychologically decimated because of the changes, but to earnestly discuss how someone might need to change where they live and how they survive – new jobs, new communities, etc. – which is a perfect candidate for behavioral therapy.

The therapist must also be aware of their own inner reactions, fears, and the need for resiliency, for the same concerns. Climate change issues do not occur to other people. They occur to all people.

Medication use must be extremely judicious. Prescribing sleep medicines because people take these worries to bed with them might be prudent but only if the patient is engaged in well focused behavioral therapy regarding climate change induced impacts.

The therapist must first assess from where the presenting anxiety or depression, etc., emerges. What do they think will happen to them as these climate changes more and more materialize? One rather strong patient put this in balance when I was asked “so, do you want me to worry about something else as well?” I said yes, but in a timely manner and when we can get other things a bit more grounded.

There has to be a choreography of therapy actions. It may not be wise to ask about concerns regarding climate change when a person is still too new to therapy. It may overly complicate and add too additional fears. But the question of climate change concerns must somewhere be asked if the psyche is not psychotic or delusional.

Climate change deniers or those who regress to parental like relationships that they will be taking care of, such as perhaps those with strong religious beliefs that they are protected by their God, can possess elements that could destroy all the other aspects of the therapeutic process. Perhaps the topic could be broached with a comment “and does this, such as climate change?” The initial steps, will would appropriately into other psychodynamic and treatment needs, might be gentle but real education about the science. It might be helpful to couch it that the earth is going through another one of its “natural cycles that has been sped up and modified” by human activity. The focus is that we are merely understanding a natural cycle and the importance of us preparing for the ramifications of that cycle.

Using psychometric scales can be misleading if done improperly. Initial use may establish a baseline, but follow-up use might reflect efforts to please the therapist by showing lower pathologic scales or, to the contrary, keeping a pathologic scale higher in order to continue in therapy. The endpoint of therapy has to be an eventual graduation into independence and emotional resiliency. With climate change, the antagonist never changes, but we want the patient to develop the ego structures, cognitive skills, emotional acceptance, and resiliency to say “I don’t like what’s happening, but I’m going to find a way to survive.”

Many anxious people are also very passive. The passiveness is either by nature, trauma, laziness, or perhaps depression and/or thought disorder. We are asking people to become much more aggressive and less passive about climate change events. It may be, for them, and entirely new language of lifestyle.

People with obsessive-compulsive thinking may be painfully suffering from lack of control over the situation and its effects on our life.

Narcissistic and type A personality people may suffer a tremendous frustration at not being able to find a safe haven. A NASA engineer told me that “I’ve always been able to figure things out, and now I can’t. The problem is in no or nominal control.”

This is especially so if people cannot afford, so to speak, to move from a coastal community to a mountain community. But even living in Colorado cannot immunize them the way that they would perhaps like to be, and the way that they have been previously able to do in so many domains of their life. Living in the mountains also does not guarantee a working supply chain of resources from lower elevations of farms, mines, water supplies, etc.

Educational, religious, governmental, general community attitudes, media, etc., all have to constructively dovetail with these concerns. The goal is to create behavioral resiliency and acceptance and not panic.

Every psychotherapist must weave into their treatment strategies the impact of nefarious biological changes secondary to climate change. List is long, it is constantly growing, and many of the conclusions are attractive but need repeated substantiation. It is not enough to tell a patient, for example, that “you feel this way because your DNA has been altered by the elevated heat.” That would be misleading. What needs to be said is “you feel this way because your DNA has been altered by the elevated heat, but also because the earth is warming and we are unable right now to stop it, so we have to find a way to change your life accordingly.” Once again, this is a necessary notion to put in to someone’s inking when they are able to properly conceptualize and understand the ramifications, with plans that don’t make it just a universal horror. One patient said to me “why are you telling me this, you’re making me more nervous? I want to talk about other things. It scares me when you talk like this.” The responses to say that yes, it is scary, but it’s necessary in order to help you. We need to ultimately talk about what will happen if you lose your house because storms are more severe, or the water supply is limited because of back flows of saltwater into the freshwater aquifers, or shortages of food supplies because the bees are unable to pollinate, etc. Where will you live? Can you plan for it? Do you have skills that you can take to the middle of the United States rather than along the coastline? And the like.

I propose we as therapists emotionally educate ourselves, with personal and group experiences, to survey the where and how these issues function within ourselves. Then we can better and more genuinely help others with better tested tools.