

What to expect from your BCCVH psychology appointment

For many people with chronic vulvar pain there may be multiple psychological contributors to the initiation and maintenance of a chronic pain response. This may include chronic day-to-day or traumatic stress, symptoms of anxiety and depression, co-occurring psychiatric diagnoses, interpersonal distress and/or maladaptive beliefs or feelings about sex and pain.

As part of your participation in the BCCVH Vulvar Pain Assessment clinic you will be scheduled for an appointment with a team psychologist or with a psychology resident. A psychology resident is a pre-doctoral trainee who works under the supervision of a Registered Psychologist. Your psychology appointment may be different from previous visits you may have had with other mental healthcare practitioners. The primary goal is to assess potential psychological contributors to your pain experience to tailor recommendations for you to follow-up in the community. We are not able to provide long-term care, and completing this portion of your assessment will most likely involve a single appointment.

As a multidisciplinary team, information from each of your BCCVH visits (gynaecologist, psychologist/psychology resident, physiotherapist, and clinic care coordinator) will be shared between appropriate team members involved in your care for the purposes of developing your individualized treatment plan.

During your BCCVH Psychology appointment the clinician will:

1. Begin your first session outlining limits to confidentiality and will confirm that you are physically located in British Columbia (psychologists can only practice in the province in which they are registered - we will need to reschedule your appointment if you are outside of BC).
2. Take notes during your visit. This confidential information will be entered into your BCCVH medical chart and will only be shared with healthcare practitioners involved in your care. Recommendations derived from the information you share will be included in your treatment plan and shared with you and your family doctor.
3. Ask you questions about when the pain started, what makes it better or worse and how it impacts you. She will ask about personal history relevant to your experience of chronic vulvar pain which may include details about your experiences growing up, your mental health history such as history with symptoms of anxiety, depression or any psychiatric diagnoses, your feelings and beliefs about sex and pain, and sources of stress.
4. Ask you about your trauma history. The experience of trauma can sensitize the central nervous system and is a well-known contributor to the development of chronic pain. It is important for our psychologist/psychology resident to know if you have had these experiences but you will not be asked to describe your trauma in detail.
5. Provide you with information about how psychological factors can contribute to the development and maintenance of chronic pain, and how learning new psychological skills, sexual communication strategies, or pursuing therapeutic support in the community can help you to both better cope with pain and stress and reduce the salience of chronic pain over time.
6. Summarize psychological contributors to your chronic pain experience and provide specific recommendations for continued care in the community. Recommendations may include: attending relevant BCCVH seminars; accessing community practitioners or programs to address mental health (such as symptoms of anxiety, depression, or trauma); sex-therapy or couples counselling; or accessing relevant informational resources.