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Sunday, August 14, 2016

(Plenary)

7:15 - 8:15 Breakfast Session: Oxford Women's Health



Psychology and Persistent Pelvic Pain

Hannah Blakely, Clinical Psychologist



Persistent Pelvic Pain



- Pain lasting most days over a period of months.
Satisfactory relief not achieved with conventional pain relief strategies
- Pain is the focus of attention and shift is difficult.
- Distress is evident



Persistent Pelvic Pain



- Psychological Impacts of pain
 - Anxiety
 - Mood/depression
 - Sleep
 - Fertility
 - Sexuality
 - Relationships –intimate and general
 - Work
 - Decision making (treatment-surgeries –IVF)



Persistent Pelvic Pain



- Assessment
- Psychiatric assessment
 - Establish current level of functioning,
 - Risk
 - Presenting issues,
 - Interpretation/ meaning of pain
 - Inform treatment
- Clinical interview and psychometrics
 - Pain, coping, metacognitions, anxiety and depression etc



Persistent Pelvic Pain



■ Treatment

- Metacognitive Therapy (MCT) for Anxiety or Depression
- Transdiagnostic treatment for Emotion Disorders
- Acceptance and Commitment Therapy (ACT)



Persistent Pelvic Pain



- MCT – Type II ‘worry about worry’
 - Formulation on top of CBT model
 - Detached mindfulness
 - Attention training
 - Relaxation
 - Challenging beliefs about worry
 - Behavioural activation
 - Blueprint



Persistent Pelvic Pain



- Transdiagnostic Therapy
 - ARC model
 - Emotion regulation strategies
 - Distress tolerance
 - Behavioural experiments
 - Cognition Challenging (Y Pathway)
 - MINDFULNESS



Persistent Pelvic Pain



- Mindfulness
 - Shifting focus of attention
 - Present Moment Awareness
 - (past, present, future)
 - Exercise



Hannah Blakely

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