

Herpes:

A Health Care Provider's Guide

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Introduction

Clinicians at the BC Centre for Disease Control frequently deliver herpes simplex virus (HSV) diagnoses to patients and provide front-line care and counselling for individuals dealing with HSV.

Herpes-related anxiety is very common, and people often have intense emotional reactions and many questions when first learning about an HSV diagnosis.

This toolkit is designed to give clinicians the skills and knowledge to support people diagnosed with HSV. Clinicians can help facilitate a successful adjustment by being mindful of language and framing while providing sympathetic, non-judgmental and normalizing information.

A second toolkit has been developed specifically for patients with a herpes diagnosis. This resource is available to read online or to download, and can be offered to both patients and their partners. You can find “Herpes: A Patient’s Guide” at:

smartsexresource.com/herpes

Testing for herpes: what and when

The majority of individuals with herpes are either asymptomatic, or have a subtle or atypical presentation of the infection, and thus may not seek testing and treatment. In addition, HSV is not a reportable condition in Canada, so there is little to no surveillance of the disease. As a consequence, the prevalence of HSV-1 or HSV-2 in the population is difficult to estimate.

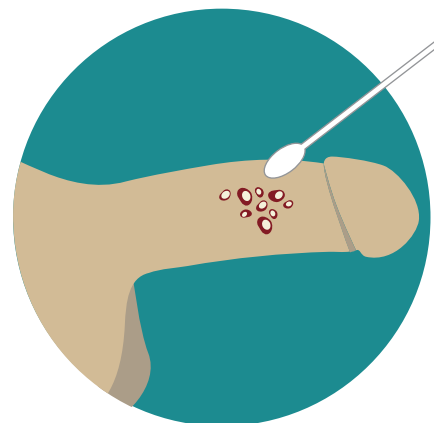
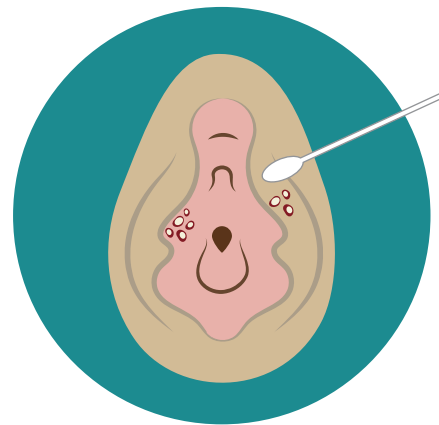
Based on the results of blood analyses conducted by the Canadian Health Measures Survey (2009 to 2011), an estimated 14% of Canadians aged 14 to 59 (2.9 million) tested positive for antibodies to HSV-2¹. Almost all of the individuals tested did not know that they had been exposed. Several Canadian studies indicate that the prevalence of antibodies to HSV-1 is much higher than for HSV-2 (range 37-89%)^{2,3,4,5,6}.

Given the potentially asymptomatic nature of HSV, and the fact that it can be mistaken for other sexually transmitted infections such as syphilis, proper diagnosis is important.

Examination and swab testing

Prior to testing, a comprehensive sexual health history and assessment should be taken. Ask your patient about what types of sexual contact they may have had, including oral, anal and genital. In addition, ask about the sharing of sex toys.

A thorough physical examination is an important first step to diagnosis when patients present with suspected symptoms of HSV. Carefully examine the external genitalia, including vulva or penis and



scrotum, and the internal genitalia, including the vagina and cervix. Examine skin around the genitals, including the thighs, buttocks, and the entire pubic hair area. Also examine in and around the anus and mouth. Check for any inguinal lymphadenopathy.

Always swab to confirm a diagnosis, even if you are certain the lesions you see are HSV. A PCR swab is more accurate than a culture and is the preferred test if available⁷. To take a swab, rub it across any affected skin, even if it doesn't look like a typical herpes blister. However, in order to maximize diagnostic yield, the best method is to unroof an intact vesicle, and take a swab at the base of the opened lesion. Please note that if you are using a PCR swab, a usable sample can be obtained from a dry swab⁷.

Serology testing

Patients may ask for a herpes blood test. When talking to patients about serology testing, it's helpful to ask the patient what information they are seeking. Be prepared to explain the limitations of testing, especially if testing won't address their specific concerns. For example, non-type specific testing for HSV antibodies will only tell a patient that they may or may not have been exposed to herpes at some point in their life. It will not tell them whether they have HSV-1 or HSV-2, or where on their body they have the infection.

People may ask for a type-specific serology test with the belief that a diagnosis of HSV-1 will confirm oral herpes, while HSV-2 confirms genital herpes. This is not the case. Either type of herpes virus can be present at either location, so a type-specific blood test does not give location information. HSV-1 is becoming increasingly common in the genital area, causing up to 45% of new outbreaks in BC⁸. And while it's not common, it is still possible for HSV-2

to cause oral herpes. Herpes can occasionally be present on other places in the body, including the eyes or areas of skin that were broken at the time of contact.

Type specific serology tests are recommended in these situations:

- People living with HIV and partners of people with HIV.
- People of unknown HSV status who are pregnant and have a partner with laboratory-confirmed HSV.
- Partner of someone with a laboratory-confirmed and typed diagnosis of HSV.
- If a client has herpes-like symptoms, but at least two swabs have failed to confirm a herpes diagnosis.

The gold standard for HSV testing still remains a swab from a sore or lesion suspected to be herpes.

Understanding emotional reactions to herpes

Herpes is a usually mild, recurrent viral infection. Yet a new diagnosis of HSV can be devastating for patients, especially if the diagnosis is genital herpes. The fear, stigma and shame surrounding HSV are often out of proportion to the actual physical symptoms of this common infection.

Most people have an immediate period of shock and upset when first discovering they have genital herpes, followed by gradual acceptance. This initial reaction can sometimes be intense and overwhelming. While most people reach the point of acceptance on their own, some people may experience recurring cycles of shame, anger, guilt and depression, which can lead to avoidance of sex or intimacy.

As a health care professional, you can help facilitate moving towards acceptance by *validating feelings first*, before offering resources and information.

Validating feelings

People often have intense emotional reactions when newly diagnosed. These feelings can include:

FEAR

“How can I tell my partner about this?”

SHAME

“I feel like I’m dirty now.”

SHOCK AND DENIAL

“This can’t be happening to me.”

GUILT

“I should have known better than to have sex without condoms.”

ANGER

“Who gave this to me?”

DEPRESSION

“Life will never be the same again.”

HOPELESSNESS

“I’ll never find a partner now.”

You can validate these feelings and gently challenge assumptions while helping your patient gain a new perspective. Let patients know that these feelings are real, powerful and common for newly diagnosed people – but that they usually subside and rarely reflect the longer term reality of most people living with HSV. At the same time, gently present alternative framing and supportive options.

Example responses to common reactions

“HOW CAN I TELL MY PARTNER ABOUT THIS?”

It sounds like you're really scared of talking to your partner. It's normal to feel afraid when you're newly diagnosed and wondering how to share this information. But for most people, having the talk isn't as scary as the anxiety about it beforehand. Can we work together on a plan to help you talk to your partner?

“I FEEL LIKE I'M DIRTY NOW.”

It sounds like you're feeling a lot of shame and hurt right now. People often feel this way when they're first diagnosed. But herpes is a common skin infection that has no impact on your value. You are still the same person you were before your diagnosis. And you won't be stuck feeling like this forever. Let's talk about what you need to get you through this.

“THIS CAN'T BE HAPPENING TO ME.”

It's normal to take some time to adjust to the news. It might feel really intense right now, but you can manage this and you'll be okay. When you're ready, I'm happy to answer any questions you have. That doesn't have to happen at this visit if you need more time.

“I SHOULD HAVE KNOWN BETTER THAN TO HAVE SEX WITHOUT CONDOMS.”

You did not do anything wrong – you just made a decision that made sense to you at the time with the information you had. There's a lot of silence and shame around sexual health that can make it even



harder to make informed decisions around condom use and other safer sex options. That's not your fault! The fact that you're here today talking about this means you are actively resisting this shame, and will be better able to make positive decisions in the future. If you want more information on safer sex practices or anything else, I can answer any questions you might have.

“WHO GAVE THIS TO ME?”

It's normal to want to find this out, but it's not always possible to know. It's very possible that the partner you got herpes from has no idea they have the virus. Herpes is one of those conditions that we can only really test for when symptoms are present. So many people have such minor symptoms or no symptoms that they don't realize they should be tested. This is no one person's fault, it's just the nature of the virus. If you like, I can give you more information on transmission and we can explore this further together.

“LIFE WILL NEVER BE THE SAME AGAIN.”

You are still a person of value and you will be okay. Most people take some time to adjust to being diagnosed with herpes – this can take a few weeks to a few months. Once people come to accept it, herpes usually isn't a big deal for them. It may be hard to imagine that right now, but it's true. Herpes can be a nuisance, and uncomfortable or painful at times, but it doesn't have the power to change everything. If you are feeling stuck in these feelings, let's talk about some options to help you.

“I'LL NEVER FIND A PARTNER NOW.”

It sounds like you're feeling a little overwhelmed and hopeless right now. This is a normal fear to have at first, but most people with herpes can and do find romantic and sexual partners. Usually, people take a little time to adjust and can have some intense feelings at first, but they move into acceptance and have active and fulfilled sex lives. Let's talk about what you might need to feel better.

Sharing information and resources

Herpes can bring up a lot of anxiety in people. A patient asking for lots of information is one common way that this anxiety may manifest. Getting facts is an important step in coming to terms with a diagnosis. However, it's important to recognize that patients may first be seeking information to soothe their anxiety, and they may not easily absorb this information at first.

If you notice a patient has a lot of anxiety and is asking questions repeatedly, consider working with them first on reducing their anxiety. Offer your patient information that they can take away and absorb in their own time. Let patients know that it's fine to take their time gathering information, and invite them to come back if they have questions that don't get answered in one visit. Direct them to reputable sources of information and advise them to be critical consumers of articles they find on the internet, which may contain incorrect or contradictory information.

If a client's anxiety persists or worsens, or if they are in crisis or suicidal, considering referring them to counselling (see the [Options for Counselling](#) section).

Talking to people with herpes

The way that we talk to patients about HSV is just as important as the information that we give them. Many commonly-used phrases about herpes can cause fear, shame and other negative feelings.

We can also challenge assumptions and myths about HSV. By being kind, respectful and mindful of our words, we can help create more positive outcomes for patients struggling with the psychological impact of a new HSV diagnosis.

Language

Health care providers can reduce stigma by reframing commonly-used phrases and modelling shame-neutral language.

Commonly-used phrase	Reaction	Suggested reframe
Incurable STI	Fear, helplessness, hopelessness	Typically mild, recurrent viral infection
Reduce risk of infection	Focus on danger and fear	Lower possibility of transmission
Clean/dirty	Shame and lowered self-worth	(not) carrying/living with herpes
Infected with herpes	Shame, fear, self-blame	Living with herpes
Person X gave herpes to Person Y / Person Y caught herpes from Person X	Blame, anger, deliberate intent	Herpes was transmitted; herpes was acquired

Debunking myths and challenging assumptions

Newly diagnosed patients often ask questions that contain embedded myths and assumptions. By addressing underlying assumptions when we answer questions, rather than focusing solely on the factual content of the question, we can help patients gain knowledge, empowerment, perspective and hope. The following examples offer scripts to gently reframe information in a way that challenges assumptions.

ASSUMPTION 1

HERPES IS DANGEROUS, DAMAGING AND PERMANENT

Patients will often focus on herpes being incurable, and this is linked to an assumption that it is damaging and painful. In reality, HSV is a common viral infection that usually does not pose a serious risk to health. Most people with herpes have mild symptoms and often have no idea that they are carrying the virus. Some people may have painful or uncomfortable symptoms, especially during an initial outbreak, but these can be managed with medication or other strategies. While herpes can't be cured, it can remain dormant for the majority of the time and generally becomes milder and less active over time.

ASSUMPTION 2

HERPES WILL END YOUR DATING OR SEX LIFE

Most people living with herpes have active and fulfilling sex lives. Having HSV does not affect a person's worth as a desirable partner. In fact, many people find that living with HSV helps develop communication skills around sex and dating, which in turn leads to better sex and being a more desirable partner.

ASSUMPTION 3

YOU MUST USE CONDOMS IF YOU HAVE HERPES

Condoms are one tool that can reduce the likelihood of transmission, but it remains a personal choice between a person and their partner whether or not to use them. Some people may prefer to use condoms with their partner(s) to reduce the possibility of transmission, while others may not be as concerned. People often make an informed choice after balancing the risk of acquiring or transmitting herpes against the benefits of not using condoms.

ASSUMPTION 4

A DIAGNOSIS OF HERPES IN A LONG-TERM RELATIONSHIP MEANS THAT A PARTNER HAS BEEN UNFAITHFUL.

A new herpes diagnosis in an existing monogamous relationship does not mean that infidelity has occurred. It can be difficult or impossible to know when someone first acquired HSV. People carrying the herpes virus often have mild or absent symptoms, and don't know they have it until their partner gets the virus and experiences symptoms. A person may not experience an outbreak until there is a challenge to their immune system, such as surgery, illness or increased stress. People can also get HSV through oral sex, where one person has oral herpes that they acquired through non-sexual contact.

Overall, how we talk about HSV is as important as what facts we share. Changing our language, debunking myths and challenging assumptions can help patients gain new perspective to reframe their circumstances in a more positive way.

Frequently asked questions about herpes

People dealing with a new diagnosis of herpes often have many questions. The questions below are frequently asked to sexual health nurses and counsellors. The suggested answers are examples of how to frame information in a neutral, respectful and reassuring manner.

Q: Is it possible to still have sex now that I have herpes? Will I always have to use condoms?

A: Yes, you can still have sex. Most people living with herpes have active and fulfilling sex lives. Condoms are one tool that can reduce the possibility of transmission, but you do not have to use condoms. Many people choose not to use condoms in partnerships where one person has herpes and the other does not. This is a personal choice that is decided by both partners.

If you choose not to use condoms, you can still be sexually active. However, if you are in the middle of an outbreak, or you sense that one is about to come on, choose to avoid any direct skin-to-skin contact between that area of your body where the herpes outbreak is occurring and any part of your partner's body.

If your outbreak is genital, you can still give oral or manual sex to your partner. If your outbreak is oral, you can have genital or manual sex with your partner.

Q: I heard herpes is a painful and incurable disease. Is that true?

A: Herpes is a common viral infection that usually does not pose a serious risk to health. In fact, most people who have herpes have such mild symptoms that they have no idea they have it. Some people may have painful or uncomfortable symptoms, especially during an initial outbreak, but these can be managed with medication and other strategies. While herpes can't be cured, it's often dormant and generally becomes milder and less active over time.

Q: I'm in a long term relationship and just found out that I have herpes. I haven't been unfaithful, does this mean my partner cheated on me?

A: No, this is not necessarily the case. It can be difficult to know when someone first got herpes. People with herpes often have mild or no symptoms and don't know they have it until their partner gets the virus. Or, a person may never have a herpes outbreak until their immune system is challenged, such as with surgery or intense stress. Sometimes, a person can get herpes through oral sex, where their partner has had oral herpes for a long time. That being said, cold sores are most commonly acquired in childhood through non-sexual contact, and the majority of people carry this virus.

Q: Who would want to have sex with me now that I have herpes?

A: Having herpes does not affect your worth as a desirable partner. In fact, you may find that living with herpes helps develop your communication skills around sex and dating, and may help you have better sex and relationships. At least one in five people have antibodies to HSV-2, and they are dating and having sex with other people. Many people with or without herpes choose to be sexual and romantic with partners who have herpes.

Q: Can I acquire/transmit herpes if condoms are used?

A: Condoms are effective at reducing the possibility of transmission, but because herpes is transmitted by skin-to-skin contact and condoms don't cover the entire genital area, they don't offer 100% protection. So it is still possible to acquire or transmit herpes even with condom use. Good communication, avoiding contact with the area showing symptoms during an active outbreak, and proper condom use will all help to lower the possibility.

Q: I've had herpes for a while and now I'm pregnant. Should I be concerned?

A: Herpes is common. The majority of people with genital herpes have no complications during pregnancy and childbirth. That being said, neonatal herpes is a very serious condition for a newborn, so you should tell the health care professional who is managing your pregnancy that you have herpes so that they can provide both you and your newborn with the best care possible. They may recommend

that you take antiviral medication during the late stages of pregnancy, especially if you are having more frequent outbreaks. Most people with genital herpes can have a successful vaginal birth. If you do happen to get an outbreak at the time of delivery, a C-section would be recommended.

Q: I just found out I have herpes. What sort of household precautions do I need to take to keep my family safer?

A: You do not need to take any special sort of household precautions. Herpes only survives for a short period of time outside of a host and is not transmitted by household objects. You don't need to worry about sharing the toilet, bath tub, furniture or kitchen items. It's safe to hug and be affectionate with your children, and to sleep in the same bed with someone else.

Q: How do I tell my partner(s) that I have herpes?

A: If possible, have the discussion once you know you're interested in exploring a sexual connection, but well before sexual contact. It's best if you can make time when both of you are not stressed or tired, or under the influence of alcohol or other substances. A quiet, private setting where you can't be overheard is the best. If less eye contact is more comfortable for you, consider going for a walk or drive together.

Use neutral language, and share information and facts without using negative wording. It's fine to share your feelings, including any nervousness you may be feeling about the discussion itself.

Q: I was diagnosed with HSV-1 from a genital swab. I've heard this is the cold sore virus – does this mean that I can transmit the virus through kissing?

A: If you were diagnosed with HSV-1 from a genital swab, you cannot transmit the virus by kissing or giving someone oral sex. HSV-1 has been most commonly found around the mouth and is what people recognize as cold sores; HSV-2 is generally considered genital herpes. In reality, however, HSV-1 and HSV-2 can be found in either location. Once HSV-1 or HSV-2 has found its location (either orally or genitally) it stays there and will not move to another area of the body.

Q: If I have HSV-1, am I still at risk for getting HSV-2, or vice versa?

A: Yes, it is still possible to get HSV-1 if you have HSV-2, or vice versa. There is some research that suggests one type of the virus may offer limited protection against the other type, but plenty of people do get both types. However, both types are benign infections; HSV-2 is not worse than HSV-1, or vice versa.

Q: If I have an outbreak on my genitals, I know I should avoid direct skin-to-skin contact with my partner. But what about asymptomatic shedding?

A: When you have an outbreak on your genitals, or if you feel or see any signs of an outbreak coming on, it is best to avoid skin-to-skin contact with your genitals and your partners' genitals or mouth.

Asymptomatic viral shedding happens when there are no obvious signs of herpes, but the virus is active on the skin. There is less virus present on the skin during asymptomatic shedding than during an active outbreak, but transmission is still possible. Using barriers, such as condoms, can help reduce this possibility but it will not eliminate it entirely.

Q: I get cold sores/have HSV-1. If someone who also has a cold sore gives me oral sex, can I get HSV-1 on my genitals?

A: When you first acquire herpes, your body will form antibodies against that particular type of the virus. Once this happens, these antibodies will help protect you against future contact, so it would be extremely unlikely to get the same type later on a different part of your body. However, if you have oral sex or any other contact with HSV-1 before your body has had a chance to form antibodies, there is the possibility of transmission. It can take up to four months for antibodies to form.

Herpes resources

Online & phone

SMART SEX RESOURCE: HERPES SIMPLEX VIRUS

 smartsexresource.com/herpes

BRITISH COLUMBIA OPTIONS FOR SEXUAL HEALTH – SEX SENSE

Submit questions through the website and get an email response.

 www.optionsforsexualhealth.org/sex-sense

UPDATED HERPES HANDBOOK (AVAILABLE IN ENGLISH AND SPANISH)

This handbook is available for free online. Print copies can also be purchased.

 www.westoverheights.com/herpes/the-updated-herpes-handbook/

AMERICAN SEXUAL HEALTH ASSOCIATION

Comprehensive information, facts and support for people living with herpes.

 www.ashasexualhealth.org/stdsstis/herpes/

SEX SENSE PHONE LINE

This is a free, confidential sexual health referral and information service.

Open Monday to Friday 9 AM – 9 PM, PST


 1-800-739-7367 anywhere in B.C.

 604-731-7803 in the Lower Mainland

USA NATIONAL HERPES HOTLINE

Operated by the American Social Health Association (www.ashastd.org). Trained counsellors available to answer questions about herpes.

Open Monday to Friday 9 AM – 6 PM, EST

 919-361-8488

Books

MANAGING HERPES: LIVING AND LOVING WITH HSV

by Charles Ebel and Anna Wald

THE GOOD NEWS ABOUT THE BAD NEWS

by Terri Warren

Support groups

VANCOUVER H FRIENDS

Social group in the Lower Mainland (Vancouver area) for all ages.

 meetup.com/vancouverhfriends

Options for counselling services

If your patient is showing signs of ongoing anxiety about their herpes diagnosis, and this anxiety is interfering with their everyday life, then the patient may benefit from counselling.

This list is offered for people who are unsure of who to call or how to start looking for a counsellor.

The BC Centre for Disease Control does not endorse any of the counselling services listed.

Free online, phone & counselling services

Distress Services

All B.C. Area

☎ 1-800-SUICIDE (784-2433)

Greater Vancouver

☎ 604-872-3311

Howe Sound and Sunshine Coast

☎ 1-866-661-3311

TTY

☎ 1-866-872-0113

For Seniors

☎ 604-872-1234

BC-wide Mental Health Support

☎ 310-6789

For Youth

💻 YouthInBC.com

For Adults

💻 CrisisCentreChat.ca

CANADIAN MENTAL HEALTH ASSOCIATION-BOUNCE BACK PROGRAM

This is free telephone coaching for people with mild to moderate depression with or without anxiety. Coaching is available in English, Cantonese, French and Punjabi. A doctor's referral is needed to access this program.

☎ 1-866-639-0522

💻 cmha.bc.ca

CITY UNIVERSITY COUNSELLING CLINIC

Broadway Youth Resource Centre in Vancouver

This is free and confidential counselling and support services for youth up to age 24 and their families.

☎ 604-709-5729

✉ cityucc@gmail.com

NEW WESTMINSTER UBC COUNSELLING CENTRE

New Westminister

Provides free counselling for adults, children, and youth from September to June of each year. Daytime and evening appointments are available.

☎ 604-525-6651

💻 ecps.educ.ubc.ca

SCARFE FREE COUNSELLING CLINIC UBC

Vancouver

Offers free counselling to adults, students and children over age 10 from September through April. Daytime and evening appointments are available.

☎ 604-827-1523

📧 ecps.educ.ubc.ca

QMUNITY – FREE COUNSELLING PROGRAM

Vancouver

Offers counselling for members of the GLBTQ community.

☎ 604-684-5307

📧 qmunity.ca

RESIDENTIAL HISTORICAL ABUSE PROGRAM

Offers free counselling for those who were sexually abused while under the care of the province (foster care, group homes, etc.)

☎ 604-875-4255

📧 vch.ca

S.A.F.E.R SUICIDE ATTEMPT FOLLOW-UP EDUCATION & RESEARCH

Provides counselling and support to people who are feeling suicidal, those who have attempted suicide, and those who have lost someone to suicide.

☎ 604-675-3985

SURREY YOUTH RESOURCE CENTRES

Community Counselling Clinic in Surrey

Free counselling provided by graduate student interns for individuals, youth and families. Open to all Surrey residents and available at two locations (Newton and Guildford).

☎ 604-592-6200

📧 pcrs.ca

Low-cost & sliding scale counselling services

ADLER CENTRE - COUNSELLING CLINIC

Greater Vancouver Area

Offers individual and couples counselling. Counselling is provided by counselling psychology graduate students at the Adler Centre, supervised by an experienced clinician.

☎ 604-742-1818

📧 adlercentre.ca

FAMILY SERVICES OF GREATER VANCOUVER – COUNSELLING PROGRAM

Counselling fees are based on household income. The program offers Master's-level therapists and a dedicated intake worker who can also refer to other counselling services or groups. Offices are located in Vancouver, Richmond, Burnaby, New Westminster and Surrey.

☎ 604-874-2938

📧 fsgv.ca

FAMILY SERVICES OF THE NORTH SHORE

North Vancouver

Professional counselling for residents of North Vancouver. Services are available in English, Mandarin, Cantonese, Korean and Farsi.

☎ 604-988-5281

📧 familyservices.bc.ca

LIVING SYSTEMS COUNSELLING

Individual, couple and family counselling using Bowen Family Systems Therapy. Lower-cost counselling is provided by supervised interns. Services available in Vancouver, North Vancouver, West Vancouver, Surrey and New Westminster.

☎ 604-926-5496 ext. 0

📧 livingsystems.ca

OAK COUNSELLING

Vancouver

Secular counselling services provided at the Vancouver Unitarian Centre by supervised volunteers with Master's degrees in psychology or psychology-related fields. Individual, couples and family counselling available. Reduced fees available.

☎ 604-266-5611

💻 oakcounselling.org

MOOD DISORDERS ASSOCIATION OF BC – COUNSELLING AND WELLNESS CENTRE

Vancouver

Individual therapy sessions are provided with certified counsellors or interns. Group therapy is also available.

☎ 604-873-0103

💻 mdabc.net

SUCCESS - INDIVIDUAL AND FAMILY COUNSELLING PROGRAM

Sliding scale counselling offered in Mandarin, Cantonese, Korean and English with a focus on helping new immigrants of Chinese and other ethnic origins. Play and art therapy also available.

☎ 604-408-7266

💻 successbc.ca

CITIZENS COUNSELLING CENTRE

Greater Victoria

Affordable counselling available on a sliding-scale to residents of Greater Victoria. Individual, couples and group counselling available.

☎ 250-384-9934

💻 www.citizenscounselling.com

ISLAND INTEGRATED COUNSELLING SOCIETY

Nanaimo

Affordable, donation-based counselling available for individuals, couples and families.

☎ 250.716.8888

💻 islandintegratedcounselling.com

Faith based services

CATHOLIC FAMILY SERVICES

Vancouver & Surrey

Individual, couple and family counselling available to Catholic and non-Catholic families. Offices are located in Vancouver and Surrey.

☎ 604-443-3220

💻 rcav.org

JEWISH FAMILY SERVICES – WEST COAST WELLNESS GROUP

Vancouver

Counselling services available for the Jewish and non-Jewish community.

☎ 604-637-3309

💻 jfsa.ca/counselling

SALVATION ARMY COMMUNITY AND FAMILY SERVICES

Vancouver

Sliding scale, individual counselling is available. Support groups for women, parents and anger management available by donation.

☎ 604-872-7676

💻 salvationarmyvcs.com

Counselling services provided on an hourly rate basis

BRITISH COLUMBIA PSYCHOLOGICAL ASSOCIATION

Directory and referrals to Registered Psychologists in BC.

☎ 604-730-0522 or 1-800-730-0522

📄 psychologists.bc.ca

BC ASSOCIATION OF CLINICAL COUNSELLORS

Directory and referrals to Registered Clinical Counsellors in BC.

☎ 1-800-909-6303

📄 bc-counsellors.org

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