Transcript : Dr Melissa Day & Ingrid Bindicsova
Webinar NPW 2022
Why would I see a Psychologist


Hello. It's a pleasure to be here today. My name is Dr. Melissa Day, and I'm here with my colleague, Ingrid Bindicsova. And we're here to talk about this question that people come to me quite a lot as a psychologist, when they're living with pain and they say, 'My pain is real, why would I see a psychologist?' And so we are going to be exploring some of the potential answers to this question of why psychological interventions are effective for people living with chronic pain conditions. I'd like to first start our discussion here by acknowledging the traditional owners and their custodianship of the various lands on which we come together here during this webinar and pay our respect to their ancestors and their descendants who continue cultural and spiritual connections to country. As objectives, so what we will be talking about, I'll provide a brief background on the multidisciplinary nature of chronic pain. We'll then shift to looking at the neuroscience of pain and understanding how pain is processed in the brain, and then Ingrid will step in and provide some practical guidance on how do you find a psychologist when you need access to a psychologist, as well as share some resources with you. So as a brief background on chronic pain, pain has specifically been understood from a biomedical perspective. So throughout really since the time of Descartes, it was his biomedical model that the amount of pain that you feel is equal to the amount of tissue damage. So it was this 1 to 1 relationship. So it was mind-body, dualistic and reductionistic in the sense that the brain was playing a passive role, that it was not involved in modulating or determining or influencing the amount of pain that we experience, that it was just one way traffic. That signal from that damaged tissue. And so, of course, the treatment model stemming from this, we would be very familiar with it. It's what we've learnt ourselves, even to this day, since we were young kids, is that really when we have any type of pain, we'll go see a GP or doctor. We'll probably get MRI's and scans with the idea being that we want to find the pain generator, what is causing the pain? And then step two is if you found a broken bone would be to fix it, you'd put a cast on it, for example. And if you can't remove it or if you can't fix it, as is the case in arthritis, for example, then it would be a palliative approach. So if the cast didn't work, that didn't fix it, and you had ongoing pain after the broken bone, then most likely you'd have been prescribed medications. But we know that although this biomedical model applies well to acute pain, so short term pain and injuries, it really fails to account for the experience of chronic pain. So understanding of chronic pain has gone through paradigm shifts really in the last several decades, and it started in the 70s when George Engel, a physician, proposed that the presence of the biochemical defect at best defines a necessary but not sufficient condition for the occurrence of the human experience of the disease or the illness. And George Engle went on to propose what we now know is the biopsychosocial model. And this model recognizes the influence of complex

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systems in determining illness and disease and also our experience of pain. And so when this biopsychosocial model was applied to pain, it would recognize that our experience of pain is much more than just the amount of tissue damage that we have. That pain is complex and it's multidimensional, and it's really influenced by a convergence of a multitude of internal and external, biological, psychological and social factors. And critically, what this new understanding provided was that it expanded the points of intervention. So it was no longer purely about physical treatments or medication treatments that we could intervene at any one of these biopsychosocial levels. And because they're all interconnected, if you change one aspect of that chain, it will have ripple effects to each and every other part of that system. And so from this, there's been a wealth of neuroimaging research and other forms of research that have moved away from this 16th century, understanding of this biomedical perspective to the 21st century, where we now understand that pain is influenced and modulated by your immune system processes, descending modulation from the brain, cortical plasticity and central sensitization and peripheral sensitization, beliefs, expectancies, learning, stress, immunology. All of these processes influence the amount of pain that we feel. And if we take a closer look then to the neuroscience of pain, and if we look at if the brain is playing a dynamic, active role, which we know now that it is what's happening in the brain when we experience pain? Well, we know that there's a multitude of areas in the brain that are involved in pain processing and that the brain is playing this dynamic, interpretive role of pain signals. And we know that it's not just the somatosensory areas of the brain that are lighting up, you've also got the amygdala, the emotion centres of the brain, the emotion, the learning centres of the brain, the prefrontal cortex, our thinking senses. And all of this is involved when we experience pain and we know this from a wealth of neuroimaging research, when we have people in MRI scanners who are experiencing pain, this complex network or neuromatrix is lighting up in response to that pain. And we know from this wealth of research that actually these psychological processes so that thinking centre, that prefrontal cortex, the amygdala, the emotion center that these are actually shaping the way that painful stimuli interpret it. And because of this interconnected nature of how pain is processed in the brain, again, this expands the points of intervention because we can change any one of those areas of the brain that will have ripple effects to the whole network, including that somatosensory area and that perception of pain. And what we also know in terms of the brain processing pain, is that over time when we have chronic pain, when we're living with pain day in and day out, that our brain gets better at what it repeatedly does. And so if your brain is continually experiencing pain, then it gets really good at, as in efficient at processing that pain. And so what we see over time is that neurons that fire together, wire

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together. So those complex networks, the connections between them, become stronger over time. So over time, then, it's not just signals from the periphery that can ramp up pain, but we get this plasticity and the central sensitization and the activation of any one of those areas because it's so closely linked to the others, can ramp up the amount of pain that we experience over time because it's all interconnected. But the good news is that just as that plasticity can be maladaptive, it can ramp up our experience of pain and contribute to central sensitization. Over time, we can actually use those same processes of plasticity to work for us rather than against us. So again, if we shift any aspect of that pain neuromatrix, if we change the way we're thinking about pain, if that's not particularly pertinent to us, if we change our emotional processes in response to it, if we change our motivational factors in relation to pain, all of that has ripple on effects to shift the amount of pain that we experience. And so psychological treatments, then they target real pain by targeting this interconnected network of thoughts, attention and emotion processes to harness modulation and again to make that plasticity work for us rather than against us. And so just to conclude, then, yes, your pain is real. And we know from a wealth of research that psychological treatments can train your brain to process the pain in a different way and to make that neuroplasticity work for you rather than against you. I'm now going to hand you over to my colleague Ingrid, who will discuss how to find a psychologist, and other practical resources. I will talk about how to find a psychologist and introduce you to some other useful resources. If you have chronic pain, in order to see a psychologist, you will need to have a mental health treatment plan. As Mel said, your pain is real. It is not in your head. On this slide, you can find useful information on how to find a psychologist, how to gain access to see a psychologist. The Australian Psychological Society website helps you to find a psychologist. You can refine your search by issue, name of the psychologist, location, and area of practice. The APMA, the Australian Pain Management Association, offers several services, including Pain Link Helpline, this is a phone service, pain support groups and the RISE program. This program helps you transition back to work and if you are in emergency, there are 24/7 services available. You can find the phone numbers and any additional information about these services on this slide. Thank you for joining us for this webinar. It was our pleasure to be here to support National Pain Week and to raise awareness. Please feel free to contact us if you need any other information or if you have any other questions. Thank you.