

The psychologist role in the multidisciplinary clinic

A atuação do psicólogo em clínica multidisciplinar

DOI 10.5935/1806-0013.20170100

TAKING CARE of people who suffer from chronic pain is a great challenge. This is mainly due to the fact that in most health education courses, individuals are trained and qualified to treat and cure. And not always this assumption can be applied to the patient with pain. Fortunately, this perspective is changing gradually in Brazil, and the professionals involved in the treatment realized the need to work in teams to offer a more attentive, understanding and integrated listening to patients with chronic pain¹.

When pain becomes chronic, it is no longer a symptom and is defined as a disease. This forces subjects, already away from their routine, to connect with themselves and with the world, from the history of their suffering. A continuous and daily pain brings a very negative impact on quality of life of these people; affects the sleep pattern, eating habits, emotional relationships, work capacity, functionality, and other aspects of their life². The close association of psychiatric disorders, including anxiety and depression in people with chronic pain, makes integral and interdisciplinary care necessary, aiming at the better possible control of symptoms.

Evaluate the patient who suffers from chronic pain implies in developing an active listening; because pain is always assessed based on the information provided by the patient. The history of pain is inserted in the story of life, in the course of the disease, in the relationships established with the work, and this is a network of complex meanings wrapped in cultural, social and physiological factors³.

It is of extreme importance to have a multidisciplinary team is the Pain Center to provide holistic care. Our Outpatient Pain Clinic at C-HUPES/UFBA was created in January, 1999¹ with the interdisciplinary approach. After one year of study and elaboration of the project, the service was created by a doctor, a psychologist, a physiotherapist and a nurse, with the purpose to provide assistance to people from all over the State of Bahia, with a diagnosis of chronic pain. After the enrollment of the in the service, the professional team starts with the GP to confirm the diagnosis of pain and to establish the treatment approach best suited to each individual. Then, the patient is referred to a psychiatric evaluation to assess the functional impairment and intense psychological stresses disproportionate with the clinical results, or for patients that make exaggerated use of health services, psychotropic drugs or alcohol. In psychology, we use a specific protocol, from the psychodiagnostic assessment using interviews to collect data about the history of life and pain, as well as the use of psychological techniques and application of various scales, in addition to the clinical monitoring based on cognitive-behavioral therapy.

The psychological care aims at to minimize the suffering perceived and caused by the disease. The subject, almost always, goes from one doctor to another in search of the right diagnosis and treatment. When, in spite of the treatments, the subject does not respond positively with no symptoms relief, he/she often has a speech of anger and disgust by the persistence of pain. The psychologist can offer a careful listening with the objective to mitigate and guide the subject about the effects of the pain process in the family, marital, social, sexual and work relations. Besides treating the patient, it is important that the psychologist interviews the family to develop a psychoeducation and guidance concerning the limitations and possibilities of the new meaning. In this case, the family becomes an active partner in the patient's recovery and reinsertion in the world⁴.

Being an integral part of the health team, the psychologist divides the technical knowledge with the other professional, and the sharing of this knowledge is what creates an effective communication. The autonomy of each team member and the good communication among them is the great differential to the success of the proposed therapies and the patient's compliance with the treatment⁵.

The objective of the psychological care, in the cognitive-behavioral referential for the patient with pain, is to educate the subject about the pain pathophysiology, encourage the practice of physical exercises, self-confidence, establishment of goals, leisure activities, relaxation techniques, a more assertive communication, development of *coping and confrontation* strategies, teach the patient to make a cognitive reorganization to facilitate changes in more painful behaviors and a more active participation in the treatment².

It is necessary that this team establishes a careful look with one another so that the difficulties arising from the care of patients with pain can be minimized. The health team needs to "learn" to listen to what the patient says, fully respecting their beliefs, the attitudes taken for pain control, and be very tolerant of their speech and confrontation because, after all, this was our choice.

The careful listening of the psychology team makes it possible to, little by little, know the history of the life of the patient and, just as in a puzzle, reorganize part of the pieces so that, arranging in another way, we can weave a new path that is functional. And then we can reshape the process the patient is going through, giving a new meaning to his story.

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