When Brittany E. Canady, PhD, started college at Virginia Tech in Blacksburg, she was intent on becoming a physician. That changed soon after she took her first psychology class. “I very quickly switched allegiances,” says Canady. “I fell in love with psychology.”

Today Canady has a career that combines both interests. Soon after earning her doctorate in clinical psychology from the University of Houston in 2008 and doing a postdoctoral fellowship at Geisinger Medical Center in Danville, PA, she became an assistant professor in the department of physical medicine and rehabilitation at Eastern Virginia Medical School in Norfolk, VA.

Treating pain
Canady now specializes in pain management, an interest that arose after watching her friend and family members back home in West Virginia suffer with chronic pain.

Working in the school’s pain clinic, Canady thrives on the variety of patients and problems she treats. “You see things you really wouldn’t necessarily get to see if you were just focused on mental health,” she says. “Some of these patients wouldn’t be comfortable seeing a psychologist in a traditional mental health setting, but they will come in to see you because you’re in a hospital or pain clinic. You become part of their medical treatment team.”

Canady does psychotherapy — mostly cognitive behavioral therapy — with her pain patients, as well as evaluates patients considering pain-relieving medical procedures, such as morphine pumps and spinal cord stimulators. She draws on the current literature to identify problems, such as untreated psychological factors, that could interfere with pain management and response to medical interventions. For example, a patient with severe depression, she explains, may need mental health treatment prior to considering a procedure. According to Canady, treatment of psychological factors may help in several areas, such as improving the patient’s ability to cope with pain, as well as assisting the patient with becoming more active in his or her own post-procedure care.

As part of a multidisciplinary team, Canady sees her role as a psychologist as helping her colleagues consider patients within a broader context. “My role comes in helping us really step back and look at our treatment plans and try to understand the whole person, not just what meds they’re on or what procedure to do next,” she says. For one patient, that meant uncovering a previously undisclosed history of abuse that was complicating her ability to manage back pain.

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That holistic perspective also informs Canady’s research, which currently focuses on how psychoeducation affects patients’ attitudes toward pain management options. Still in the data collection phase, the study will explore whether such education can broaden patients’ receptiveness to treatments beyond medication or surgery. That might mean psychological options, such as psychotherapy, hypnosis or biofeedback, or other medical options such as physical therapy.
“I often see patients who say, ‘I tried physical therapy, and it didn’t work for me,’” says Canady. “I explain that there are all different kinds of physical therapy, and that they’re at a different stage in their pain than they were five years ago, so maybe it’s time to talk to their doctor again.” Of course, Canady’s job also involves teaching — a task she has loved since her grad school days instructing undergrads. “Being involved in training is just very energizing,” she says. “The students are so enthusiastic that it helps keep my own enthusiasm strong.”

In addition to supervising psychology interns and practicum students, Canady teaches medical residents. Her most recent effort? Training physiatry residents in communication and interpersonal skills. “Pain seems to be an area with which many health care providers are uncomfortable, particularly as many of the most commonly used medications can be addictive,” says Canady, who observes residents’ interactions with patients and then provides feedback to help them balance the need for caution with empathy for patients in pain and recognition of key psychosocial or behavioral factors. She also regularly provides lectures to the residents on a variety of areas from research methods to assessing suicide risk.

**Encouraging advocacy**

When Canady isn’t at the medical school, she is busy raising two children with her husband. She is also actively involved with her local psychological associations — the Virginia Psychological Association, Virginia Academy of Clinical Psychologists and Tidewater Association of Clinical Psychologists. “When I came to Virginia and started working at the medical school, I knew I needed interaction with psychologists since I was surrounded by physicians all day,” she laughs. “I was desperate for time with psychologists!”

When she asked the president-elect of the Virginia Academy of Clinical Psychologists how she could help out, the answer was clear: Take on legislative advocacy. Canady’s role as chair of the academy’s legislative affairs committee is a perfect fit, given her family background. “I was raised in a family where my parents were very involved in legislative advocacy as teachers,” says Canady, whose mother worked for the West Virginia Education Association for many years. “I was raised in that environment.”

Canady also got a taste of advocacy during her internship at Geisinger Medical Center, where her internship director was very active in advocacy and encouraged students to respond to the APA Practice Organization’s (APAPO) Action Alerts and contact their elected officials on behalf of psychology.

Recently, health-care reform has been one of Canady’s biggest priorities as an advocate. “As psychologists, we need to be aware of how health-care reform will impact us and how it will impact our client base,” she says. “On the one hand, there is potential for so many people who haven’t had services in the past to receive psychological services, but we also need to make sure that the process is shaped in a way that will make sense for our practices and for our clients.”

Canady realizes that that will be a huge task. That’s one reason she is working so hard to get other psychologists to advocate alongside her.

“What I’m trying to do is get more people involved, rather than being the sole contact and calling the legislator myself. It can be particularly helpful for the information or request to come from a constituent,” she says.

She’s especially interested in enlisting the help of other early career psychologists and getting them the advocacy skills they’ll need throughout their careers.

The next generation needs to step up and take on advocacy roles, says Canady, adding that she heard this theme expressed repeatedly at APAPO’s State Leadership Conference, which she attended as an early career delegate.

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