

Motivational Interviewing in Managing Pain

Patricia Bruckenthal, PhD, APRN-BC, ANP, FAAN
Stony Brook University School of Nursing

Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe how the foundations of Motivational Interviewing fit into health care
- Discuss the foundational components of Motivational Interviewing
- Apply motivational interviewing skills in a pain management framework

Motivational Interviewing: Definition

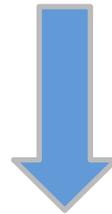
Motivational interviewing (MI) is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Why MI in Health Care: Lifestyle Management Problem

- 1 million Americans suffer from chronic pain
- Only 50% of patients take medication as prescribed. (World Health Organization)
- 21% of US adults smoke cigarettes
- 33% of US men and 35% of US women are obese
- 51% of US adults do not exercise regularly
- 75% of US adults do not eat 5 fruits/vegetables a day
- 15% of the US population report binge drinking

Lifestyle Sets the Stage

Poor lifestyle habits



Mortality &
Morbidity

Reduced
Quality of
Life

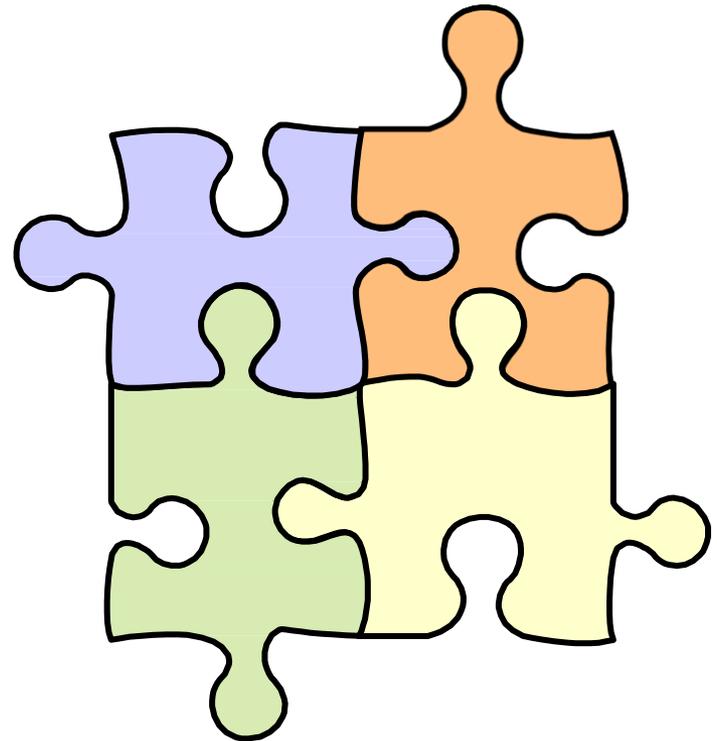
Productivity
Loss

Escalating
Healthcare
Costs

Why *Don't* People Change?

Motivation ...

a central puzzle in behavior
change.



Common Approach to Change: Persuasion

Common role as the health care provider is to be the expert.
The objective is to assess and prescribe.

- Explain why this this change should be made
- Give at least three benefits that would result from making the change.
- Give advice about how to do it;
- Convince the patient about how important it is to change.
- Get consensus about the plan.

Goal of Motivational Interviewing

- Have the client articulate their “pros” and “cons” so they can better process and ultimately resolve the conflict between them.
- Empathize and empower the client to take steps towards change by affirming their strengths as well as eliciting *their* initiative to change

A Different Approach

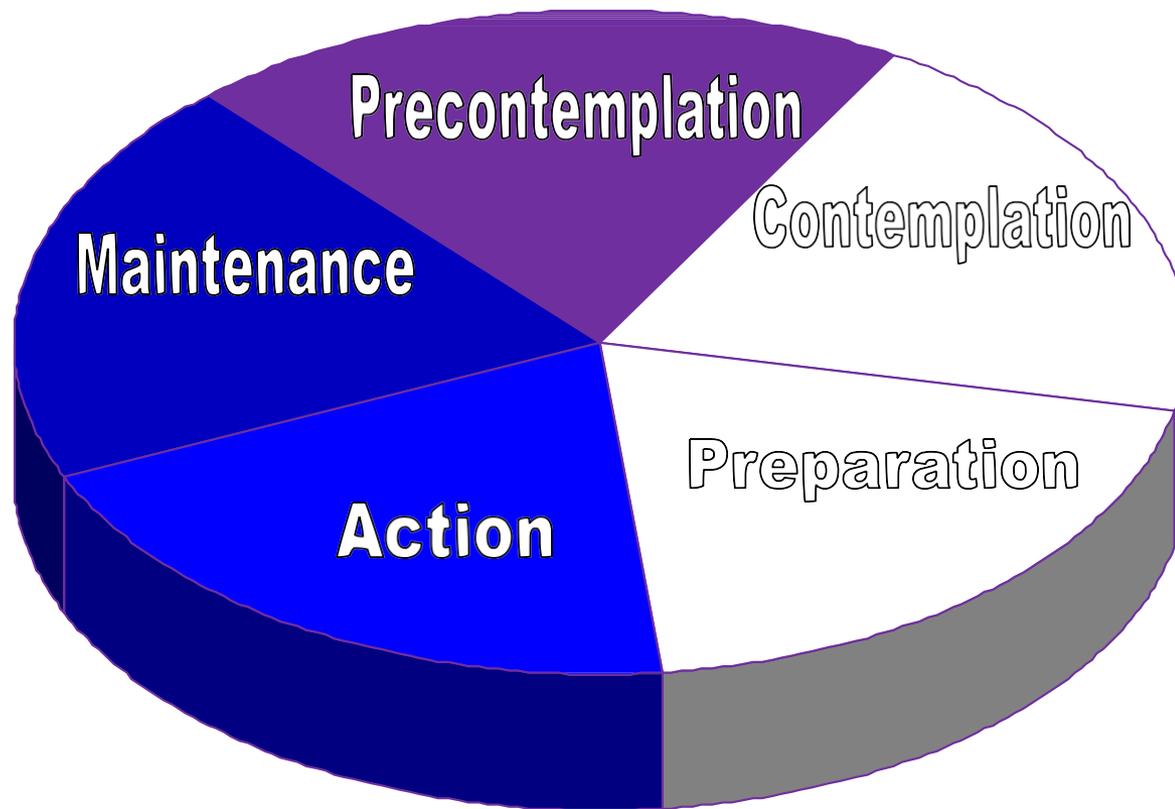
The role of the health care provider is to understand and collaborate.

The objective is to elicit 'change talk' and build motivation for change.

- Listen, probe, understand and reflect back understanding.
- Ask thought-provoking questions that elicit desire, ability, reasons, and need to change.
- Find out what works and what doesn't for this individual.
- Give a short summary and elicit plan of action if appropriate.

Stages of Change

Prochaska & DiClemente



Principles of MI

- R – Resist the righting reflex
- U – Understand your client's motivation
- L – Listen to your client
- E – Empower your client

Foundational Components of MI

1. The ***Spirit*** of Motivational Interviewing
2. **OARS** – Client Centered Counseling Skills
3. Recognizing and Reinforcing **Change Talk**
4. **Eliciting** and Strengthening Change Talk
5. **Rolling with Resistance**
6. Developing a Change Plan
7. Consolidating Client **Commitment**
8. **Switching** between MI and other Counseling Methods

Stage 1: The *Spirit* of MI

- Collaboration
- Evocation
- Autonomy

Test Yourself - Is this in the “Spirit” of MI?

- Kathy: I need to come up with a plan to help me get back on track. This flare up of pain has thrown me for a loop. What do you think I should do?
- Practitioner: Well, I have some ideas about what might help, but first let me hear what you have already considered.
- Does this response reflect the spirit of MI?

Stage 2: **OARS** - Client Centered Counseling Skills

- O – Asking open ended questions
- A – Affirming
- R – Reflecting
- S – Summarizing

OARS

- Open-Ended Questions
 - What are the words that usually begin CLOSED ended questions?
 - Is
 - Are
 - Do
 - What are the words that usually begin OPEN ended questions?
 - What
 - How
 - Why

Stage 3: Recognizing and Reinforcing Change Talk

1. Desire: Statements about preference for change
 - “I want to...”
2. Ability: Statements about capability
 - “I might be able to...”
3. Reasons: Specific arguments for change
 - “I would probably feel better if...”
4. Need: Statements about feeling obliged to change
 - “I really should...”
5. Commitment: Statements about the likelihood of change
 - “I am going to...”
6. Taking steps: Statements about action taken
 - “I actually went out and....”

Stage 4: **Eliciting** and Strengthening Change Talk

- Ruler for importance
- Querying extremes
- Goals and Values
- Eliciting negative consequences

Importance Ruler

“On a scale of 0 to 10, how important is it to you to _____?”

“What is the reason it’s (x) and not (a lower number)?”

(If number is less than 8), “What would it take to move it up in importance just one number?”

{Listen, reflect}

...“What do you think you might do next?”

Querying Extremes

“What are the worst things that could happen if you don’t make this change?”

“What’s the best thing that could happen if you make this change?”

Goals and Values

“Let’s, for a moment, move away from this _ issue and focus on the things that are most important to you, your life dreams, goals, and values. Tell me the most important areas for you.”

Listen, then say: “So being here, healthy, is important. How does your pain management (or opioid use) fit in with that?”

Relate to values, bigger issues. May be useful to prompt reflect common values and goals (family, work, spirituality, community)

Eliciting Negative Consequences Motivationally

- What difficulties have you had from taking opioids?
- What do you see happening if you continue to avoid making a change in your pain care?
- In what ways do you think other people have been affected by you taking so much medication?
- What do you think will happen if you don't make a change?

Examples of Key Questions

- What do you think you will do?
- What does this mean about your pain treatment?
- What do you think has to change?
- What could you do? What are your options?
- It sounds like things can't stay the way they are now. What are you going to do?
- Of the things we have mentioned here, which for you are the most important reasons for a change?

Stage 5: Rolling with Resistance

Affirm and accept patient's fears, concerns:

"I can understand your worries about the side effects of all your medications. Let's spend some time discussing this."

Reflect other's concerns:

"I hear you saying that you don't care about your pain medication use; but, how does this impact your partner?"

Reframing patient concerns to positive movement

"So what you're saying is that you desire to reduce your opioid use and (instead of BUT) you realize this may be hard to do."

Offer assistance

"How can I help you move towards making positive change? What is needed?"

Stage 5: Rolling with Resistance by Using Reflective Listening/Empathy

- **Use reflective listening and empathy**
- **Example:** “It’s not easy making all these changes. You’re thinking that you might not want to take so much pain medication anymore. ”
- **Follow-up after giving patient a chance to respond:** “On the other hand, you said that you know that these medications help and you do not know how you could live without them.”

Stage 6: Developing a Change Plan

- Set goals

- “What would you like to see change?”
- “If things were better, what would be different?”

- Sort options

- “What are some possible options to accomplish this?”

- Arrive at a plan

- “What specific steps will need to be done?”

Elicit-Provide-Elicit (E-P-E) Technique

- **Strategy**: find out what the patient already knows and fill in the gaps

Example:

- **Elicit**: “Mrs. Gold, what do you know already about how relaxation technique and controlled breathing helps to manage pain and stress?” ...
- **Provide**: “That’s great. You know a lot about how stress affects your pain level. I’d like to tell you about the role that relaxation and breathing techniques can play.” ...
- **Elicit**: “What do you think makes sense for you right now? What are you willing to do?”

MI Technique: Menu of Options

- **Strategy:** To avoid the ‘Yeah-but’ dance that typically happens when advice is given. To provide the patient with tips and techniques that have helped others but to put them into the driver’s seat to ‘own’ the solution.

Example:

“So Mr. Popper, you do want to start exercising but you just don’t know how to get started. Would you be interested in hearing about some tips that have helped other patients?”

After patient gives consent, the provider presents 3-4 brief ideas. Then says: “Of these options or another that you can think of, which one(s) do you think might be helpful for you?”

Stage 7: Consolidating Client Commitment

- Summarize plan
- Reaffirm commitment
 - “Is that what you plan to do?”
- Assess confidence
 - “On a scale of 0-10, with 0 being not confident at all and 10 being completely confident, how confident are you that you can commit to the plan?”
- Adjust plan if needed
- Affirm plan
- Follow-up

Stage 8: **Switching** between MI and other Counseling Methods

- Different circumstances require different styles
- Informing fills in gaps in patients knowledge base
- Patients who are ready for change are not likely to need MI
- Shifts between styles requires active and empathetic listening to determine what is most appropriate
- Collaboration and respect should be part of all patient – practitioner relationships

MI in Pain Management

- Pain is prevalent
- Conventional methods of pain management provide partial symptom reductions
- Pain and its associated symptoms are modifiable by behavior change
- A biopsychosocial approach has been shown to be successful in relieving pain, improving function, and enhancing the use of self management skills for people with pain.
- MI is a technique that can encourage patient behavior change and enhance self-efficacy.

Symptoms Associated with Pain

- Symptoms
 - Pain
 - Stress/anxiety
 - Poor sleep
 - Physical limitations
 - Fatigue
 - Shortness of breath
 - Depression
 - Negative emotions
- **Health behavior change** that might work:
 - Breathing techniques
 - Relaxation
 - Physical activity
 - Healthy eating
 - Sleep hygiene
 - Activity pacing
 - Pleasant activity scheduling

Citation	Purpose	Method	Outcome
<p>Mimi, M., Sinfina, K., Shuk, T. (2013). MI and exercise program for community dwelling older persons with chronic pain. <i>Journal of Clinical Nursing</i>, 22, 1843-1856</p>	<p>To evaluate a program that combined MI and exercise to reduce pain severity, improve physical and psychosocial well being and QOL</p>	<p>RCT, 8 weekly 1.5 hr session of MI + exercise</p>	<ul style="list-style-type: none"> Decreased pain intensity, increase self-efficacy, decrease depression and anxiety, improved mobility,
<p>Thomas, ML. et al. (2012). RCT of MI based coaching compared to usual care to improve cancer management. <i>Oncology Nursing Forum</i>, 39, 39-49</p>	<p>To test effectiveness of tow interventions compared to usual care in decreasing barriers to cancer pain management, pain intensity, and improving functional status and QOL</p>	<p>Usual care saw video on cancer. Education group video on managing cancer pain and attitudinal barriers and received cancer education pamphlet Coaching group same as above + 4- 30 minute coaching session including MI</p>	<ul style="list-style-type: none"> No difference in pain intensity MI group had lower pain interference scores MI group had improved mental health scores No difference in functional assessment
<p>Ang, D. et al (2011) Research to encourage exercise for FM: Use of MI design and method. <i>Contemp Clin Trials</i>, 32(1),59-68</p>	<p>To describe the Research to Encourage Exercise for FM (REEF) protocol determine the efficacy of MI to encourage exercise to improve function and pain severity</p>	<p>RCT, intervention group received 6 telephone delivered exercise based MI counseling session over 12 weeks.</p>	<ul style="list-style-type: none"> There were no significant treatment group differences in physical activity or physical impairment. Showed short term benefit to self-reported physical activity.

Case Vignette

- Susan is a 58 year old patient in the pain management clinic. She worked as a nurse for 20 years but stopped 10 years ago due to low back pain. She is overweight and has osteoarthritis. She has been prescribed hydrocodone/APAP daily for the past 10 years and doesn't think it is helping her any longer. She says her goal is to taper off opioids, to become more active to play with her grandchildren, and to go on more trips with her husband.

Susan: Case Continued

When you further explore her goal of tapering opioids, she expresses concern about her pain management when they are fully tapered. She explains that she is angry about the loss of her physical health and her livelihood. She feels that life is unfair.

Apply Principles of MI

1. What stage of change is the client in?
2. How can OARS be applied in this situation?
3. Do you recognize the ambivalence to change?
4. Practice eliciting and strengthening change talk.
5. What other counseling methods might you need to use?
6. Develop a change plan.
7. Encourage a commitment statement.

Summary: Motivational Interviewing

Techniques

Open-ended
Questions

Reflective
Listening

Affirm

Summarize

Elicit
Change Talk

Core Components

Express
Empathy

Avoid
Argumentation

Roll with
Resistance

Develop
Discrepancy

Support
Self-efficacy

Spirit

Collaboration

Evocation

Autonomy

Summary:

Motivational Interviewing

- Motivational interviewing is a client-centered philosophy
- A non-judgmental tone and attitude helps clients be more open about their “pros” and “cons”
- Focus on the stage the client is at – e.g., don’t address confidence issues if the client is not yet interested in changing their behavior
- Even if the patient does not choose to change, the intervention is not a failure. Any discussion or talk about change is planting a seed

References

- Ang, D.C., et al. (2011) Research to Encourage Exercise for Fibromyalgia (REEF): use of motivational interviewing design and method. *Contemp Clin Trials*. 32(1): p. 59-68.
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PCSS-O Colleague Support Program

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.
- PCSS-O Mentors comprise a national network of trained providers with expertise in **addiction medicine/psychiatry and pain management**.
- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit:

www.pcss-o.org/colleague-support

- **Listserv:** A resource that provides an “Expert of the Month” who will answer questions about educational content that has been presented through PCSS-O project. To join email: pcss-o@aaap.org.



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