A Taste of MI: Motivational Interviewing and Brief Action Planning for Pain Management Nurses

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Conflict of Interest

Pat Bruckenthal has no conflicts of interest to declare relative to this presentation.

Objectives

- Discuss the foundational components of Motivational Interviewing
- Apply Motivational Interviewing Skills in a Pain Management Framework
- Incorporate Brief Action Planning techniques into client centered care for pain management
Why Health Behavior Change Support in Pain Management

- 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.
- Motivational Interviewing is a technique that can encourage patient behavior change and enhance self-efficacy.

Client Centered Approaches to Motivation

- Motivational Interviewing (MI)
  - Miller, W., Rollnick, S.
- Brief Action Planning (B.A.P.)
  - Cole, S., Cole, M.

Motivational Interviewing Definition

Motivational interviewing 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

**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 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 client about how important it is to change.
- Get consensus about the plan.
### Goals of Motivational Interviewing

- Have the client articulate their “pros” and “cons” of behaviors 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.

### A taste of MI: Try This Approach

- Patient has OA of knees and hips and would benefit from lifestyle changes.
- Explain why the person should change.
- Give 3 specific benefits of change.
- Tell the person how change.
- Emphasize how important it is to change.
- Tell/persuade the person to do it.
Now try this: Patient offers “I gotta do something”

- Ask: “Why do you want to make a change?”
- Probe: “If you decide to make this change, how might you go about it in order to succeed?”
- “What are the 3 best reasons to do this?”
- “How important is it for you to make this change on a scale of 0-10? (0-not at all; 10-very important)
- Summarize and ask: “What do you think you will do?”

Transtheoretical Model: Stages of Change
Prochaska & DiClemente

Principles of MI

- R – Resist the righting reflex/roll with resistance
- U – Understand your client’s motivation/develop discrepancy
- L - Listen to your client/express empathy
- E – Empower your client/support self efficacy

- (Rollnick et al. 2008)
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

- Compassion
- Partnership/Collaboration
- Evocation
- Autonomy/Acceptance

Test Yourself – Is this 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?
Case vignette 1

Mary is a 32 year old white, divorced woman. She has had chronic low back pain and is living with her mother. She works part time in a department store. She is prescribed Hydrocodone/APAP 10/325 QID and overall has been adherent. In the last two months, she had requested a refill on her opioid medication on two occasions earlier than anticipated because she stated “they were stolen” from her pocketbook at work. Her last toxicology screen was positive for un-prescribed benzodiazepines. This is the second time benzodiazepines have been present in the last two months. You know that she struggles with anxiety, and had been prescribed benzodiazepines in the past. When asked about the un-prescribed benzodiazepines, she stated that she had a panic attack, and that she got one “from a friend.”

Which of the following is the most neutral & nonjudgmental approach to discuss potential medication misuse?

a) How am I to trust that you are committed to treatment if your urines are dirty?

b) I understand that it is hard to keep your belongings safe at work, but can’t you do a better job minding your belongings, especially your medication?

c) For most of the time in treatment with us, there has not been evidence of un-prescribed medication in your toxicology screens and your medication has lasted you the entire time. What do you think has changed?

answer

- C is the correct answer. Because it is factual and emphasizes that she has the ability to adhere to treatment (past successes and strengths.) It avoids judgmental and labeling language.

- Avoid words like “dirty” in describing urines that are positive for un-prescribed medications or other substances. Dirty perpetuates stigma and has a negative connotation, judgmental.

- Avoid statements that are phrased in the negative like “can’t you” or “you shouldn’t.” These phrases are deficit based and not strengths based.

- Avoid “I” statements. This makes it about us as providers and not about the patient or client. This can make a patient feel like they’ve let us down, if they don’t adhere to treatment or have a slip, and may close the door on having effective conversations about treatment adherence.
Possible answers

How am I to trust that you are committed to treatment if your urines are dirty?

• Patient may say “I promise I’m committed to treatment, and I have no idea how my urines are dirty, I don’t remember taking anything, please give me another chance.”

• This may close the door on having a productive and honest conversation about her potential use because she may become defensive. Remember to avoid words like “dirty.”

Possible answers

B. I understand that it is hard to keep your belongings safe at work, but can’t you do a better job minding your belongings, especially your medication?

• Patient may say “I do everything possible to keep my medications safe, I keep them with me at all times, but I can’t trust everyone I work with.”

• Because this statement blames the patient for not keeping her belongings safe, she may become defensive and not be able to think creatively and work with you on possible strategies to keep her medication safe.

Possible answers

C. For most of the time in treatment with us, there has not been evidence of un-prescribed medication in your toxicology screens and your medication has lasted you the entire time. What do you think has changed?

• Patient may say: “Well, I’ve been really down on myself lately, and staying at my mom’s hasn’t been easy. I get anxious a lot more, particularly at night. My mom is on my back and this makes me really nervous, and it is hard for me to relax and feel comfortable.”

• This statement is strengths-based and not judgmental. It allows the patient to think about what may be contributing to her misuse of her medication and allows for a more open discussion.
Which of the following conversation styles uses a client centered approach?

a) Enforce rules and tell her she needs a higher level of care, before she can continue getting treatment at this clinical site.

b) Ask her what she can do to keep her medication safe and what strategies may work to help her manage her anxiety without un-prescribed benzodiazepines and come up with a realistic short-term plan.

c) Prescribe benzodiazepines to manage her anxiety.

Correct response

b is the correct response. This is because it asks Mary to identify strategies to keep her medication safe. Strategies that a person comes to on their own are likely to be the most effective.

While enforcing program rules or asking for a higher level of care may be the program mandate it is important that this is done as humanely as possible, and patients are provided with all the information and resources to make the best decision for themselves.

While benzodiazepines may help her anxiety – it can increase overdose risk, taken along with other opioid medications and/or illegal drugs.

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

Case Vignette 1 Revisited

- Mary is a 32 year old woman, with persistent low back pain. She lives with her mother, and works part time in a department store.
- Her mother told her that she needs to pay rent or she will no longer be able to live in the home. She has begun to miss appointments and has not been able to regularly adhere to the program guidelines, which has put her at risk for dismissal.
- She is diagnosed with opioid use disorder, anxiety disorder.

- When Mary sees you, she says the following:
  - "I'm sick of this, everything just keeps getting messed up. I do good for a week and don't use benzos and marijuana. But something bad always happens --- and I screw up and take more pills!
  - I thought I was going to get this better job, but then I didn't. That's why I missed my last two appointments here. My mother has been giving me a hard time, telling me I need to move out of the house.
  - The only thing that keeps me going is knowing that I do want to move out and get my own place again. And now they tell me you may not be able to give me any more medication! How am I going to get through the next week? I promise I won't use more than prescribed this time."
What is an example of open ended Motivational Interviewing question to use with Mary

a) What kind of things do you think would be helpful to manage your stress? (correct and allows the patient to discuss what she needs to be successful)

b) Do you think you’ll be able to adhere to the program going forward? (incorrect, closed can be answered by yes or no)

c) Describe how you’ll be able to take the medications as prescribed? (correct, allows the patient to discuss how she’ll be able to do this)

d) Do you want to be in this program? (incorrect, closed can be answered by yes or no)

e) If you’re going to be upset when you can’t get a better job and move out? (incorrect, can be answered by yes or no)

f) What strategies do you think would be helpful to you, so you can remember your appointments? (correct, allows patient to come up with solution)

Affirmations

- Identifies something positive about the client and gives credit.
- A trait, behavior, feeling, or accomplishment.
- Examples:
  - “The way you are approaching this problem is very organized and logical and this can help you to succeed.”
  - “You showed a lot of courage by leaving that situation where your friends were using heroin.”
- Avoid “I” statements which emphasize the provider instead of the patient.

Which of the following are examples of an affirmation you can use with Mary?

a) Although it is hard, you are committed to finding a better job. (correct)

b) You have been able to successfully manage your pain before, so I know you can do it again. (incorrect, holds judgment)

c) Wow, you like is very tough, if it is surprising you were able to show up to this appointment today. (incorrect, holds judgement “It’s surprising”)

d) Even though things are challenging for you, you keep coming back and are trying to get help. (correct, affirmation)

e) I believe you when you say your not going to use more than prescribed. (incorrect, not an affirmation, a statement)

f) You keep trying to make things better even when things don’t go as planned. (correct, affirmation)

g) You are frustrated and don’t think you can do it anymore. (incorrect, not an affirmation, a reflection)
Example of reflection and expressing empathy

You drink wine to help you sleep.

So you are concerned about not having a job.

I am so tired that I cannot even sleep... So I drink some wine.

...When I wake up... I am too late for work already... Yesterday my boss fired me.

But I do not have a drinking problem!

Stage 3: Recognizing and Reinforcing Change Talk and Developing Discrepancy

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..."

Example of developing discrepancy

Well... as I said, I lost my job because of my drinking problem... and I often feel sick.

I only enjoy having some drinks with my friends... that's all. Drinking helps me relax and have fun... I think that I deserve that for a change...

So drinking has some good things for you... Now tell me about the not-so-good things you have experienced because of drinking.
Example of recognizing change talk and supporting self-efficacy

I hope things will be better this time. I'm willing to give it a try.

I am wondering if you can help me. I have failed many times. Anna, you have not failed because you are still here, hoping things can be better. As long as you are willing to stay in the process, I will support you. You have been successful before and you will be again.

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 (behavior) fit in with that?”

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

(Miller and C’deBaca, 2001)

Eliciting Negative Consequences Motivationally

• What difficulties have you had from not taking breaks at work?

• What do we see happening if you continue to eat as you do?

• 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?

• What is there about your mood that you or other people might see as reasons for concern?

Examples of Key Questions

- What do you think you will do?
- 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 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 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 maintaining a healthy diet but, how does this impact your partner?”

Reframing patient concerns to positive movement
“So what you’re saying is that you desire to quit smoking 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?”
Example of NOT rolling with resistance

I do not want to stop drinking...as I said, I do not have a drinking problem...I want to drink when I feel like it.

But, Anna, I think it's clear that drinking has caused you problems.

You do not have the right to judge me. You don't understand me.

Example of acceptance and rolling with resistance

I do not want to stop drinking...as I said, I do not have a drinking problem...I want to drink when I feel like it.

That's right, my mother thinks that I have a problem, but she's wrong.

Others may think you have a problem, but you don't.

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 help 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 in 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

Summary of MI

- It 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

Brief Action Planning
Brief Action Planning

* a pragmatic motivational and self-management support tool useful in virtually all clinical contexts …..which utilizes B.A.P. in a stepped-care application of Motivational Interviewing that can be flexibly delivered to all patients/clients at all levels of readiness for change*

(Cole, S.)

Brief Action Planning (B.A.P.)

- Nine core principles
  - structured around

- Three foundation questions

B.A.P. Core Principles and questions

1. Action planning should be individual centered, i.e. What the patient wants to do, not what he/she is told to do.

   (spirit of MI: Evocation)

Q 1. "Is there anything you would like to do for your health in the next week or two"
Core Principles and questions

2. Action Planning is collaborative
   - Spirit of MI: Collaboration

3. Action planning respects the right of the individual to change or not to change
   - Spirit of MI: Autonomy

4. Action planning should be ‘SMART’ (Specific, Measurable, Achievable, Relevant, and Timed)
   - What?
   - Where?
   - When?
   - How often?

5. After the plan has been formulated, the clinician/coach elicits a final commitment statement.
   - *Just to make sure we understand each other, would you please tell me back what you’ve decided to do?*
Core Principles and questions

6. Offer a behavioral menu when needed or requested.

"Is it OK if I make some suggestions? Many patients in your situation choose to work on...."

Core Principles and questions

7. Confidence levels are elicited and problem solving utilized for confidence levels less than 7.

Q2. "I wonder how confident you feel about carrying out your plan. Considering a scale of 0 to 10, where "0" means you are not at all confident and "10" means you are very confident, about how confident do you feel?"

Problem solving

confidence levels < 7

5 is great, a lot higher than 0.

I wonder if there is any way we might modify the plan to get you to a level of 7 or more?

Maybe we could make the goal a little easier, or you could ask for help from a friend or family member, or even think of something else that might make you feel more confident?"
Core Principles and questions

8. Action planning includes arranging follow-up or other accountability.

Q3. “Sounds like a great plan that’s going to work for you, when would you like to check in with me to review how you are doing with your plan?”

Core Principles and questions

9. Question one is routinely integrated into chronic care, preventive, coaching, and therapeutic visits.

What happens when the answer to Question One is not a simple “YES”?

- Category one response: “yes”
- Category two response: “I need more information or ideas for help”
- Category three response: Complex, persistent unhealthy behaviors (PUB)
Responding to emotions of Persistent Unhealthy Behaviors

- **Reflection:** "I can see this is difficult for you"
- **Validation:** "I understand why you would feel this way"
- **Support:** "I am here to help you in any way I can"
- **Partnership:** "Let’s work on this together"
- **Respect:** "I’m impressed with how you are coping under the circumstances"

Motivating Patients with Persistent Pain to Action

- **Increase perceived importance of pain self management**
  - Encourage Positive Outcome Expectancies
  - Identify and incorporate contingencies
  - Reinforce self management coping behaviors

- **Increase self-efficacy for pain self management**
  - Coach the patient to practice self management strategies
  - Gently challenge distorted cognitions and provide directed active listening to support self efficacy beliefs
  - Problem solve regarding perceived barriers
Case Vignette 2

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 CLBP. She is overweight and has OA. She has been on hydrocodone daily for the past 10 years and doesn’t think it is helping her any longer. She says her goal is to stop using altogether and to become more active to play with her grandchildren and go on more trips since her husband is retiring.

Case Continued

When you explore further her goal of being abstinent from opiates, she says she cannot imagine not taking them anymore because she doesn’t know how the pain will be controlled. She cannot get over her anger around the loss of her physical health and her livelihood and how unfair life is.
Apply Principles of MI

What stage of change is the client in?
Contemplative stage: she has some motivation, yet she is blocked when it comes to her target behavior and taking the next step. She sees the possibility of change but is ambivalent.

How can OARS be applied in this situation?
"It is great that you want to participate in more activities with your family (affirmation). How are the medications affecting your ability to do this? (open-ended question). OK, so you want to stop taking opioids and are afraid your pain won’t be controlled. And you want to be more active with your family, correct? (reflecting and summarizing)

Do you recognize the ambivalence to change?

Apply Principles of MI

- Practice eliciting and strengthening change talk.
- "On a scale of 0 to 10, how important is it to you to _______?"
- "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?"
- What other counseling methods might you need to use?
- Elicit-provide-elicit technique

Apply Principles of MI

- Develop a change plan
  - What would be different for you if we could find another way to control your pain? (goal setting)
  - How do you think you would like to accomplish this (sort options)
  - How will you specifically do this (SMART plan: specific, measurable, achievable, relevant, timely)
  - Scale for confidence
- Encourage a commitment statement.