**Motivational Interviewing for Individuals with Persistent Pain**

**WROTSS 2021**

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This course is meant as a primer for motivational interviewing. We hope this introductory-level presentation piques your interest for further formal instruction in motivation interviewing. Please use this handout for reference during or after the presentation.

The spirit of MI: Collaboration, Evocation, Autonomy

Use OARS to elicit and strengthen change talk to empower patients to self-manage their pain and increase occupational engagement**.**

**OARS**

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| **O**pen-ended questions   * + Questions with solid fillClosed-ended questions usually begin with “is,” “are,” or “do”   + Open-ended questions usually being with “what,” “how,” or “why” |
| **A**ffirm   * + **Clapping hands with solid fill**Statements in response to what the client has said to recognize their strengths, successes, and efforts to change.   + “It is clear you are really trying to change your [insert behavior]” |
| **R**eflect   * + Reflection with solid fillReflective listening allows the OT to carefully listen and then paraphrase the client’s comments back to build empathy, encourage the client to state their own reasons for change, and affirm your understanding of what the client is feeling and doing.   + “What I hear you saying is that you want to change, but you have some concerns about exercising because of your past experience.” |
| **Aperture with solid fillS**ummarize   * + Requires that the OT listen very carefully to what the client has said and is a good way to end a session or move on to another topic. |

**Application**

**For each statement, write down a reflective listening response (i.e., what would you say to the patient?)**

1. “The pain in my neck has been incredibly painful and has not gone away since I saw you.”
2. “I can’t even turn my head side to side or look up and down. It hurts with everything I do.”
3. “Who are you to be telling me what to do? Have you ever been in the kind of pain I’m in right now?”
4. “I was hoping that you could take care of things without me having to do anything.”

5. “I know that doing some exercises would be helpful, but I just don’t have the drive to keep doing them like I should, you know.”

6. “Then again, I would do anything to get rid of this constant pain.”

**Write 10 open-ended questions that fit the context of your setting and would be useful when working with a patient experiencing persistent pain:**

**Case Studies**

**Adult: Rosalind**

Rosalind is a 55-year-old patient being seen in the outpatient clinic for pain management. She worked as a preschool teacher for 20 years but stopped 10 years ago due to chronic low back pain. She has a higher-than-normal BMI (26.0) and has osteoarthritis. She has been on hydrocodone daily for the past 5 years and doesn’t think is helping her any longer. She says her goal is to stop using opioids altogether and to become more active to play with her new granddaughter and go on more trips since her husband is retiring soon. 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 her life has been. She reports that she has tried to be more active, but the pain always comes back, and she doesn’t know what to do.

1. What stage of change is the client in?
2. How can OARS be applied in this situation?
3. Do you recognize any ambivalence to change?
4. Do you recognize any change talk?
5. Write down questions you could ask to elicit and strengthen change talk.

**Pediatric: Gabby**

Gabby is a 14-year-old patient in acute care, recently relapsed with Acute Lymphoblastic Leukemia. She was originally diagnosed at age 9, underwent chemotherapy and entered remission. She is now in relapse and admitted for chemotherapy and neutropenia. She is cachectic, very weak and at risk for pressure ulcers. She cries and yells with all movement, resists getting out of bed. She says she is afraid to move because it hurts her feet, legs, and hands. She is currently max A for transfers and total assist for toileting, preferring to use briefs.

She lives in an apartment with her three siblings and parents. She was in online schooling but that is currently on hold. She likes religious music and playing basketball with siblings. Her family is very supportive, and she is close to her siblings, but visitation is limited by the pandemic precautions, so Mom is the only visitor. She is devastated by the relapse. She will not state any goals, other than to be left alone. She says she is fine using the briefs and staying in bed. Mom’s goal is for her to get out of bed as much as possible and to use a bedside commode. Mom says she knows her daughter needs to do more, wants the commode in the room as a choice, but also doesn’t want to argue with daughter about it throughout the day.

1. What stage of change is the client in?
2. How can OARS be applied in this situation?
3. Do you recognize any ambivalence to change?
4. Do you recognize any change talk?
5. Write down questions you could ask to elicit and strengthen change talk.

**To learn more about MI**

* MINT: Motivational Interviewing Network of Trainers
  + Trainings and resources in a variety of formats
  + [https://motivationalinterviewing.org/motivational-interviewing-training](about:blank)
* Psychwire
  + Foundational, Health Care, and Addiction courses, 8-10 hours each
  + [https://psychwire.com/motivational-interviewing](about:blank)
* PESI
  + Evidence-Based Skills to Motivate Clients Toward Change, ~6 hours
  + [https://www.pesi.com/store/detail/22220/motivational-interviewing-mi](about:blank)
* Building Motivational Interviewing Skills: A Practitioner Workbook, 2nd ed by David B Rosengren
* Motivational Interviewing in Health Care: Helping Patients Change Behavior by Stephen Rollnick, William Miller, and Christopher Butler

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