

# Achieving Change from Within: Use of Motivational Interviewing

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Clinical Professor  
Division of Pain Medicine



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## Disclosures

- Advisory Board Member:
  - Bicycle Health
  - Lumina Analytics (Mission LISA)
- Consultant
  - Johnson & Johnson

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## Learning Objectives

- Define motivational interviewing (MI)
- Explain how MI can be used in patient interactions

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Chronic Pain Management

Primary goal:  
Help patients learn  
to live with pain



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Chronification of Pain

**LIFE**

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Chronification of Pain

**LIFE**

Family Friends Work School  
Sports Leisure Self-care Music  
Vacations Hobbies Dining  
Entertainment Socializing  
Cooking Cleaning Errands

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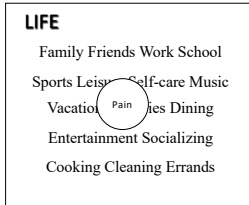
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### Chronification of Pain



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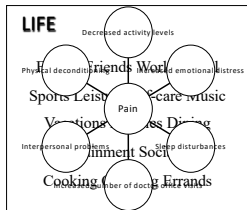
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### Chronification of Pain



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### Chronic Pain Management



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### Pain Coping: Learned Responses

- Reaction to pain initially adaptive (avoidance = minimizes harm)
- Responses evolve as patterns develop
- Behaviors are learned and can thus be re-learned/unlearned
- Optimum pain management requires learning and applying adaptive coping strategies

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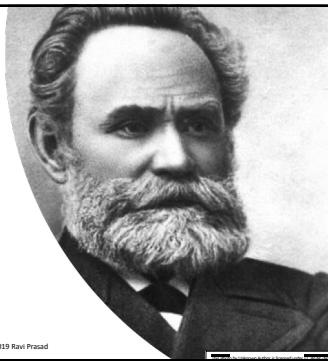
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### Evolution of Behavioral Patterns: Theories of Learning

Classical Conditioning/Associative Learning



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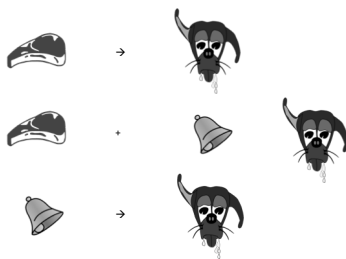
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### Classical Conditioning



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Evolution of Behavioral Patterns:  
Theories of Learning

Operant Conditioning

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Operant Conditioning

- Increase behaviors
  - Positive reinforcement
  - Negative reinforcement
- Decrease behaviors
  - Lack of reinforcement
  - Punishment



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Modifiable Behaviors

- Movement/guarding
- Activity patterns
- Sleep
- Stress response
- Pain behaviors
- Substance use

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### The Challenge in Modifying Pain-Related Behaviors

- Powerful reinforcement
- Potential secondary gain
- Deeply entrenched
- Effortful
- Can produce more stress/pain

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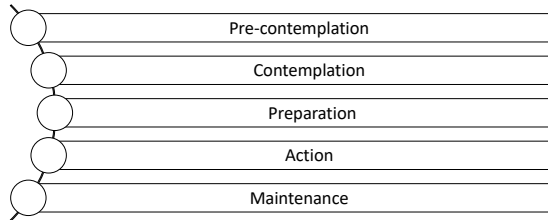
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### Understanding Change: Stages of Change



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### Moving through the Stages

- Pre-contemplation to Contemplation
  - Introduce the biopsychosocial model
  - Provide education
  - Resistance may be strong
  - Posit questions assessing efficacy of current treatment pathway

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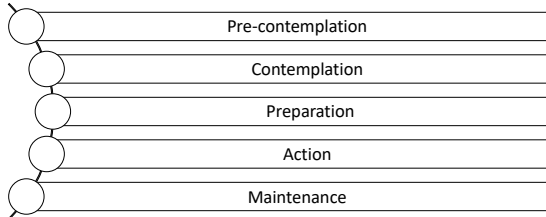
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### Understanding Change: Stages of Change



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### Motivation as a Facilitator for Change

- Drives behavior
- Extrinsic vs intrinsic
- Biopsychosocial experience
- Enhances learning

Kruglanski, A., Chernikova, M., & Kopetz, C. (2015). Motivation science. In R. Scott & S. Kosslyn (Eds.), *Emerging trends in the social and behavioral sciences*. New York: Wiley.

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### Motivational Interviewing

- Counseling approach initially applied to address drinking behavior
- Helps patients reduce ambivalence and move into action
- Focuses on patients' own motivation (intrinsic)
- Broad scope of application within health settings
- Meta analysis of 72 RCTs of MI applied to smoking cessation, weight loss, alcohol use, and cholesterol control found effectiveness in 75% of the studies

London-Hawley N, Thompson T, Bugh R. Motivational interviewing for smoking cessation. *Cochrane Database Syst Rev*. 2015;1-CD006936. doi:10.1002/14651858.CD006936.pub

Miles, M. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy* 11, 147-172.

Rubak C, Sandbaek A, Lauritzen T, Christensen B. Motivational interviewing: a process-oriented review and meta-analysis. *Br J Gen Pract* 2005;55:985-92.

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### Motivational Interviewing Components

- Engaging
- Focusing
- Evoking
- Planning

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### Engaging

- Rapport building
- Demonstrate empathy
  - Reflective listening
  - Non-judgmental
  - Communicate respect and acceptance of patient's experience
- Discussion should have depth and not be generic
  - Use of open-ended questions

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### Establishing Depth

- | Closed   | Open Ended  |
|--|---|
| • Do you think your approach to managing your pain is working?                                       | • Tell me how your approach to managing your pain is working for you. |
| • Do you take more medication than prescribed?   | • Tell me about how you take your medications.                        |
| • Based on what we've discussed, don't you agree that it would be a good idea to taper your opioids? | • What are your thoughts about tapering your opioids?                 |

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### Focusing

- Identify a clear goal/direction
- Ensure the process is collaborative in nature
- Assess the barriers to change
- Develop discrepancy
  - Help patient identify gap between desired behavior and current state

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### Evoking

- Elicit and increase the strength of dialogue that moves patient toward target behavior ("change talk")
  - Desire for change ("I want...")
  - Need for change ("I have to...")
  - Rationale for change (if → then)
  - Ability to change ("I could...")
- Process should be reflective rather than directive
- Help build patient self-efficacy through reinforcement of statements

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### Planning

- Establish a plan
- Address barriers
- Maintain collaborative nature

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### Motivational Interviewing

- Process is dynamic, not linear
- Roll with resistance
- Avoid the tendency to correct the patient

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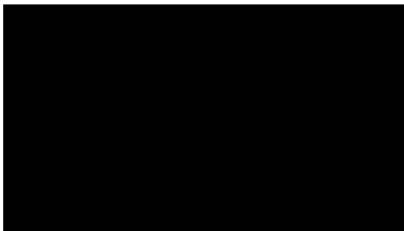
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### Motivational Interviewing: What Not to Do



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### Motivational Interviewing: What Not to Do

- Observations?

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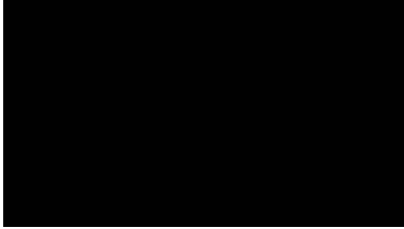
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### Motivational Interviewing: Clinical Example



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### Motivational Interviewing: Clinical Example

- Observations?

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### Motivational Interviewing is NOT...

- A method of tricking people into doing what you want
- Cognitive-behavioral therapy
- Client-centered therapy
- Easy to learn
- A technique
- A panacea

Miller WR & Rollnick S (2009). Then things that motivational interviewing is not. Behavioural and Cognitive Psychotherapy 37(2): 129-140.

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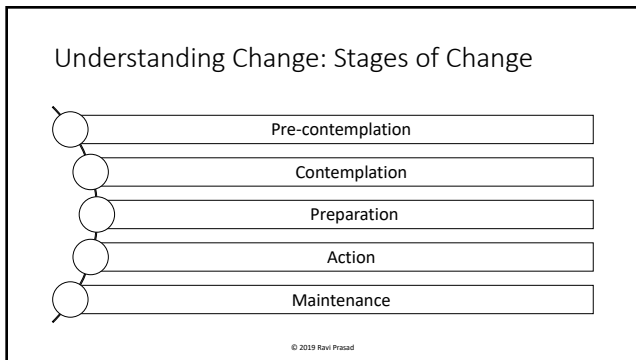
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### Maintenance

- Support ongoing healthy behaviors
- Modify existing tools or develop new skills to prevent relapse
- If relapse occurs, MI can be used to re-center

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### Application in Pain Settings

- Patient activation (passive → active)
- Treatment adherence
- Facilitate referrals to other disciplines

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Questions?

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