

Brief MI Oriented Primary Care Chronic Pain Counseling Model

Loosely adapted from-
Preparing for Pain Management: A Pilot Study to Enhance Engagement
Suzanne Habib, et al
The J of Pain, 6:1, 48-54, 2005

RCT. N=78, 2 session MI intervention before offer of pain management workshops, intervention group significantly more likely to attend workshops ($p < .01$) b/c they have had someone empathically engage w/ their beliefs ab/ pain self-management, better understand it's value & feel more confident that they can succeed.

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Pain Stages of Change Model:

- *Precontemplation stage*: are not motivated to adopt self-management skills
- *Contemplation stage*: thinking about it,
- *Preparation stage*: are planning to change and are already trying some (parts) of the skills,
- *Action stage*: are actively learning to engage in self-management,
- *Maintenance stage*: keep on working to stabilize the new behavior pattern

Assessing Pain Pts Readiness to Change w/ regards to:

- *Exercise & physical conditioning* (stretching, walking, swimming, yoga, etc)
- *Relaxation techniques* (deep breathing, progressive muscle relaxation, biofeedback, guided imagery, meditation, tai chi and yoga, sleep hygiene). Relaxation is a skill which gets better with practice; can also help chronic pain sufferers to improve their ability to sleep. (Winterowd et al, 2003))
- *Maintaining daily activities* (housework, cooking, attending family events, shopping, etc). Chronic pain sufferers often get into an overactivity -underactivity cycle where they do more activity on their 'good days' when their pain is lower, but then they spend a day or more resting and recovering from their burst of activity which has flared up their pain. Pacing techniques aim to spread activities evenly over the day and week so that flare ups in pain are minimized and the pain sufferer can gradually increase the amount of activity performed (Nicholas et al, 2000)
- *Medication use* (They see meds as only one part of a larger pain management program, they follow the prescription, & wish to use only the minimal amount necessary. Or do they use meds without the use of any other self-management techniques. Are they taking only prn; are they taking meds in excess of the prescribed dose; are they resistant to trying non-opiates? Are obtaining meds a main focus in their life?)

Step One- Assess the Pain Pt's **Beliefs** about Each of the Above Self Management Techniques:

- Open ended question: How do you feel about ... as a way to manage pain?
 - This activity **would not be helpful** to manage pain. (precontemplation)
 - They are **uncertain** that this activity could be helpful to manage pain. (contemplation)
 - They believe it would be helpful & would like to do it. (preparation)
 - They are **already participating** in this activity & are starting to believe that it's helpful. (action)
 - Frequency & period of time using it is less than 6mths

- It's already an important part of their self-management regimen & has now become a **part of their lifestyle**. (maintenance)
 - Frequency & period of time using it is more than 6mths
- Use to do this, but no longer. (relapse)
- Use OARS
 - Make reflective statements about what you just heard them say.
 - Use affirmations to support what they are already successful doing.

Step Two- Use Importance & Confidence Scales:

- From 0-10, how important do you feel that this activity is to helping manage the pain?
- From 0-10, how confident do you feel that you can engage in this activity & maintain it?
- Summarize your understanding of how important and confident they feel about each of the above behaviors.

Step Three- Provide Feedback & Appropriate Referrals, Using FRAME

F: Feedback which involves discussing assessment results with the patient and may include such items as laboratory results, xrays, PT reports, pain pharmacology information.

- use *Elicit-Provide-Elicit*
- Examples:
 - “You said that the only thing that helps is vicodin, yet your overall pain remains 8-10. Do you know how vicodin can worsen pain overall?...”(interdose withdrawal, NMDA hypersensitization, tolerance, addiction)
 - “PT says these stretches would be of help, but you fear that they will worsen your back problems. Do you understand why PT feels these stretches can help the type of back pain you have?”

R: Responsibility, emphasize the pt's autonomy and need to choose for themselves what is the best course of action.

A: Advice based on M & E.

M: Menu of options of self-management strategies that you & the pt collaboratively come up with

- Start w/ their ideas, ask them to brainstorm ideas that they might not yet feel ready to do yet, or what they've heard others w/ chronic pain do
- Refer to the *Chronic Pain Resource list* & offer up what has worked for your other pts.

E: Self-efficacy enhancement strategies.

- Examples:
 - Pacing changes one-step-at-a-time to promote successful lifestyle integration.
 - Reviewing how they've overcome other life adversities.
 - Review how they've already succeeded w/ other pain self-management techniques.
 - Assess what type of support they need to make the changes
 - Family involvement
 - Support groups