

How to help patients with pain change behavior

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Disclosures

Nothing to Disclose

Outline

- Role of behavior in pain
- Role of clinician in helping patients change behavior
- Behavior change model
 - Elicit/maintain motivation
 - Modify Behavior
 - Manage emotions

Role of Behavior in Pain

- 3 P's of Evidence-based pain management
 - Pharmacological
 - Physical
 - Psychological
- All P's require the patient to do something

Common Target Behaviors

- Exercise
- Sleep hygiene
- Avoiding pain contingent avoidance/rest
- Pacing activity
- Goal setting
- Changing thinking patterns/cognitive diffusion
- Using distraction, Relaxation
- Practicing mindfulness
- Assertive communication
- Taking medications as prescribed
- Engaging in treatment

Engagement in Behavior

- Good evidence for interventions that teach adaptive behaviors but...
- Non-attendance/drop out rate in SM RCTs
 - Von Hooff et al (2010); 19% declined, 4% withdrew
 - Gustavsson et al (2010); 13% declined, 7% withdrew
 - McGillion et al (2008); 16% declined, 7% withdrew
- Actual level of engagement SM intervention unknown; little discussion of “non-responders”

What do we know about behavior?

- Often easy to start, hard to continue
- Knowledge is not enough
- Advice is not enough, but necessary
- Shame is toxic to behavior change

What makes change hard?

- Healthy behavior is abnormal behavior!
 - Pleasure principle
 - Path of least resistance
 - Preference for short term over long term
 - Best predictor of future behavior is past behavior
- Healthy behavior is even more abnormal for pain!
 - Many recommendations may increase burden/pain in short term

If managing pain means changing behavior...and changing behavior is difficult...

- What is our role?

When a patient isn't changing...

- We talk about why it's good to change
 - “If you take planned breaks, you'll be able to do more”
- We see them more often...or not at all!
 - “Come back when you are ready”
- We problem solve for them
 - “So you haven't been exercising, what can you do to remember?”
- We try something else
 - “Ok, so you haven't been doing your exercises, let's try relaxation”

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“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Acute Model

Chronic Model

Expert
Directive

Collaborator
Supportive

Role
Patient

Active

Style

Directive
Educative

Who needs to do the work?

So what do we do?

- 3 Steps to Success
 - Elicit and maintain motivation
 - Modify behavior
 - Manage emotions

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Addressing Motivation

- Guided by principles of Motivational Interviewing.
- Defines characteristics of the relationship that lead to change
 - Questions
 - Empathy linked to change
 - Nonjudgmental curiosity
 - Sitting with ambivalence, using decisional balance
 - Rolling with resistance
 - Supporting self-efficacy

Assessing Behavioral Intention

- Do you want to take care of yourself?
- Do you want to manage your pain?
- Do you want to be more active?

Are we asking the right question?

Assessing Behavioral Intention

- Do you consider XX a problem?
- Are you distressed by XX?
- Are you interested in change?
- Are you ready to change now?

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- Do you consider (not doing) XX a problem?
- Are you distressed by it?
- Are you interested in change?
- Are you ready to change now?

Green Light: Yes to 1-4

Yellow Light: No to 4 or “not yes”

Red Light: No to all

Greens

- Go!
- Education, directive style is appropriate
- Proceed to behavior change

Yellows

- Go forward with change, but proceed with caution
- Use questions
 - Why do you want to take care of yourself? Look of reasons that are personal and meaningful
 - How willing are you to tolerate discomfort in the short term, for long term benefits?
 - What is going to keep you going when things get hard?
- Support self-efficacy
 - Avoid learned helplessness; so you might try this, but I don't really expect it to work right now and that's ok

Reds

- Take behavior change off the table, but keep the conversation going
- I hear that you're really not interested in XX right now and I'm not going to try to convince you to; but would it be ok if we have a conversation about XX?

Having a conversation/ Eliciting Change Talk

- Best predictor of change: decisional balance
- Understand the behavior
 - What are the good things about staying the same?
 - What are the bad things about change?
 - What are the bad things about staying the same?
 - What are the good things about change?

Decisional Balance

- Don't assume irrationality for not changing
- Reasons not to change usually outweigh reasons to change (otherwise they would have already done it!)
- Reflect patient's balance back to them
 - Empathy
 - Nonjudgmental curiosity
 - Highlight ambivalence
- Pay attention to personal responsibility

Maintaining Motivation

- Best predictor of change – decisional balance
- Best predictor of maintenance – self efficacy
- Help person connect behavior to their principles and values
 - Being a good friend/parent/student
 - Being a healthy person

Modifying Behavior

- Goal setting: SMART Goals
 - Specific, Measureable, Attainable, Relevant, Timely
- Behavior Shaping
 - Make it doable – the next step should not be bigger than previous steps
 - Start small and build – accept inadequate approximations
 - Watch your expectations concerning
 - Pace of change – individuals are turtles not hares
 - Number of behaviors on the table – keep it under 3

Modifying Behavior

- Stimulus Control
 - Identify the events, situations and people that elicit the unhealthy behaviour
 - Take control of these events, situations and people, to whatever extent possible
 - Specifically address availability
 - Look for alternatives
 - Identify barriers/temptations and make a plan

Modifying Behavior

- Reinforcement management
 - Identify positive reinforcements that can be administered by the individual contingent on specific behaviors
 - Sticker charts are great...even for adults sometimes!

Managing Emotions

- Sometimes change leads to unexpected negatives
 - New expectations
 - Change in relationships
- Emotion can interfere before and during change
 - Fear, depression

Managing Emotions

- Dealing with unhealthy coping strategies
 - Recognize the value of unhealthy behaviour and focus on replacing the function
- Stress Management
 - Physical discharge
 - Physical calming
 - Express emotions
 - Seek social support
- Referral for psychological intervention

A few notes on Peds

- Behavior change in pediatrics
 - Multiple levels of motivation; assess whole family
 - Developmental influences on short term/long term consequences
 - Pull for intermediate pros/cons
 - Friends, independence

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Thank You

