



American  
Occupational Therapy  
Association

# AOTA ECHO Series on Occupational Therapy Interventions for Adults with Multiple Sclerosis

February 9, 2023



# Preparing for the session



To ensure sessions run smoothly, please follow the [AOTA Event Code of Conduct](#).



Use the Q&A feature to submit questions.



Comments in the chat will go to AOTA staff and speakers.



Reminder: The session is being recorded.

# Objectives

- Describe theories related to how health behaviors can be changed
- Describe therapeutic approaches/techniques to facilitate behavior change
- Learn from, and interact with, an expert in the lived experience of MS

# Today's Speakers



**Rebecca Cunningham**  
OTD, OTR/L, MSCS



**Ashley Uyeshiro Simon**  
OTD, OTR/L, MSCS



**Dawnia Baynes**  
MS Expert

# Approaches for Facilitating Change

# Approaches for Facilitating Change

## Theories

- Motivation and Self-Determination Theory
- Social Cognitive Theory
- Transtheoretical Model of Change
- Habit Formation

## Programs & Techniques

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Self-Management Programs
- Lifestyle Redesign®

# Motivation

- Motivation is the energy directed at a particular goal
  - Social context can support or disrupt optimal motivation
  - Want to consider the quality and quantity of motivation for a particular goal or behavior
- Internalization is the process by which behaviors become more autonomously regulated or valued over time
- Greater autonomous self-regulation = greater effort, engagement, persistency, and stability in a specific behavior

(Ryan & Deci, 2000)

# Motivation

## External regulation

- External reward
- Avoiding consequence

## Introjected regulation

- Sense of guilt or obligation
- Sense of need to prove something to self or others

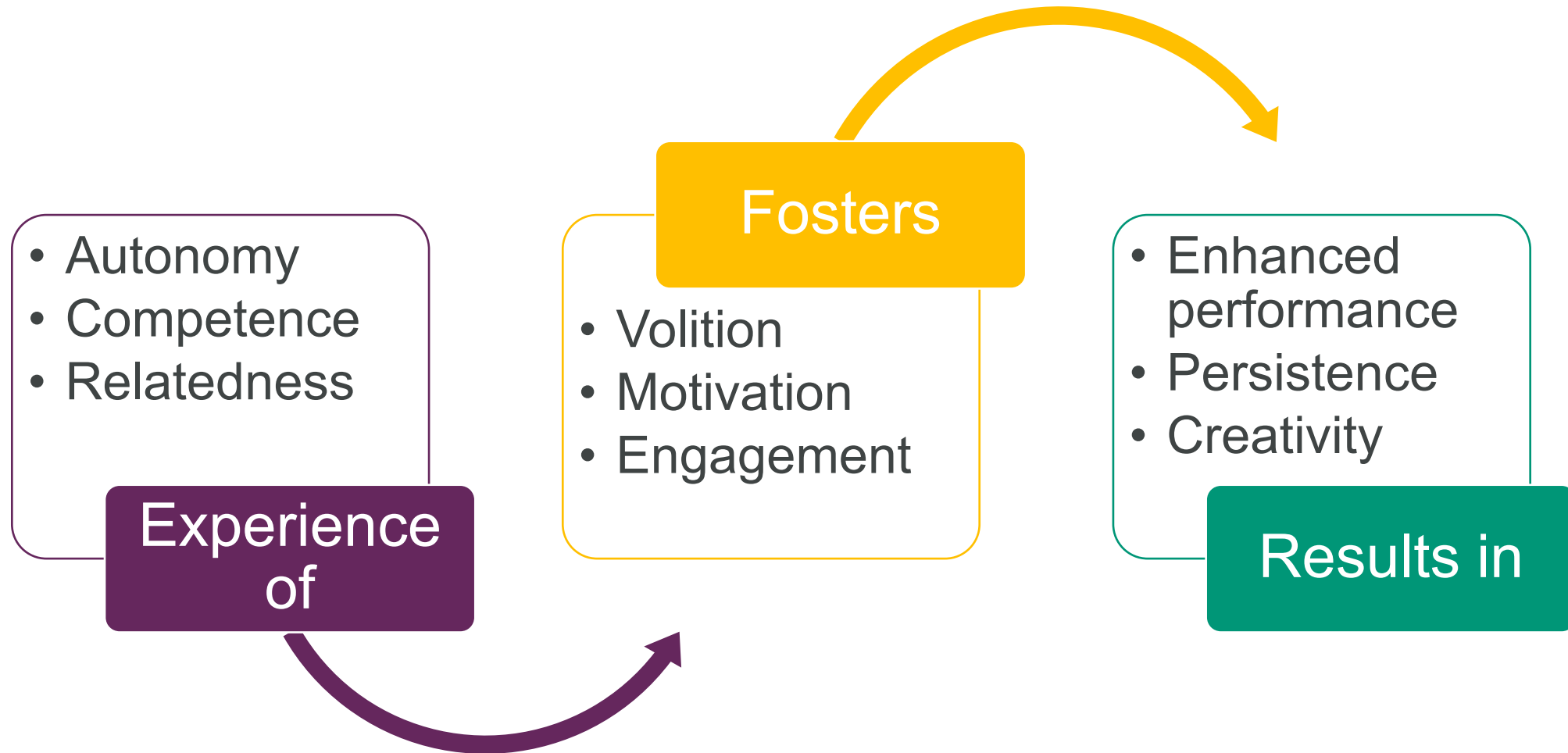
## Identified regulation

- Sense of importance or meaning to the individual
- Sense of benefit to the individual

(Ryan & Deci, 2000)

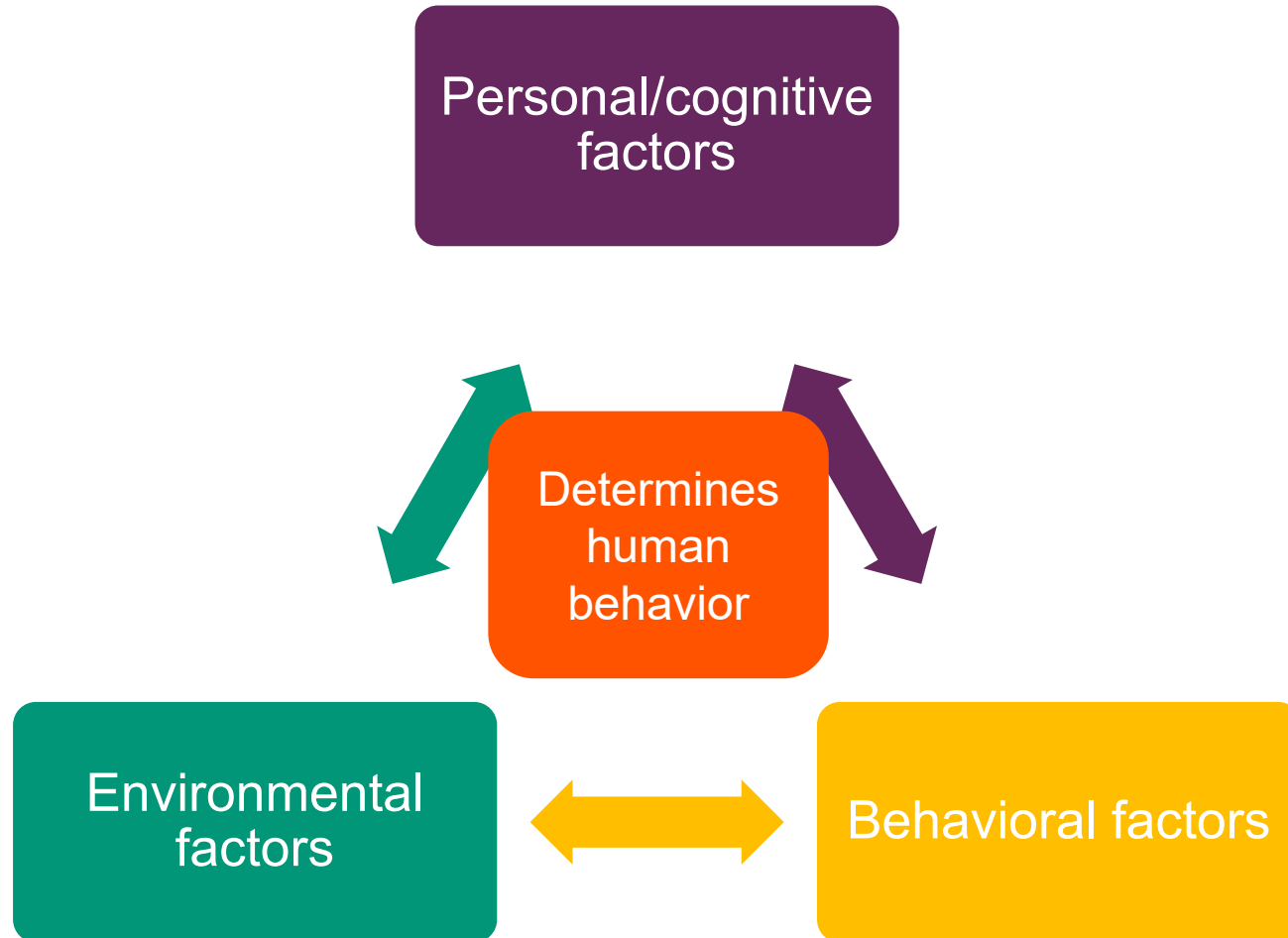


# Self-Determination Theory



(Ryan & Deci, 2000)

# Social Cognitive Theory



**Used to address the following:**

- Physical activity
- Nutrition and weight control
- Addictive behaviors
- Medication and rehabilitation adherence
- Sexual risk behaviors
- Oral self-care

(Bandura, 1998; Luszczynska & Schwarzer, 2015)

# Social Cognitive Theory

Reciprocal  
determinism

Behavioral  
capability

Observational  
learning

Reinforcements

Expectations

Self-efficacy

(Bandura, 1998; Luszczynska & Schwarzer, 2015)

# Transtheoretical Model of Change

## Pre-contemplation

- "No, not me."
- Cons outweigh pros
- Not intending to change in foreseeable future

## Contemplation

- "Well, maybe."
- Pros equal cons
- Intending to change in foreseeable future (within 6 mos.)

## Preparation

- "So, ok. What do I do now?"
- Pros outweigh cons
- Intending to take action in near future (within 1 mo.)

## Action

- "Ok. Let's do this."
- Modify behavior, experiences, and environment to overcome problems
- Lasts at least 6 mos.

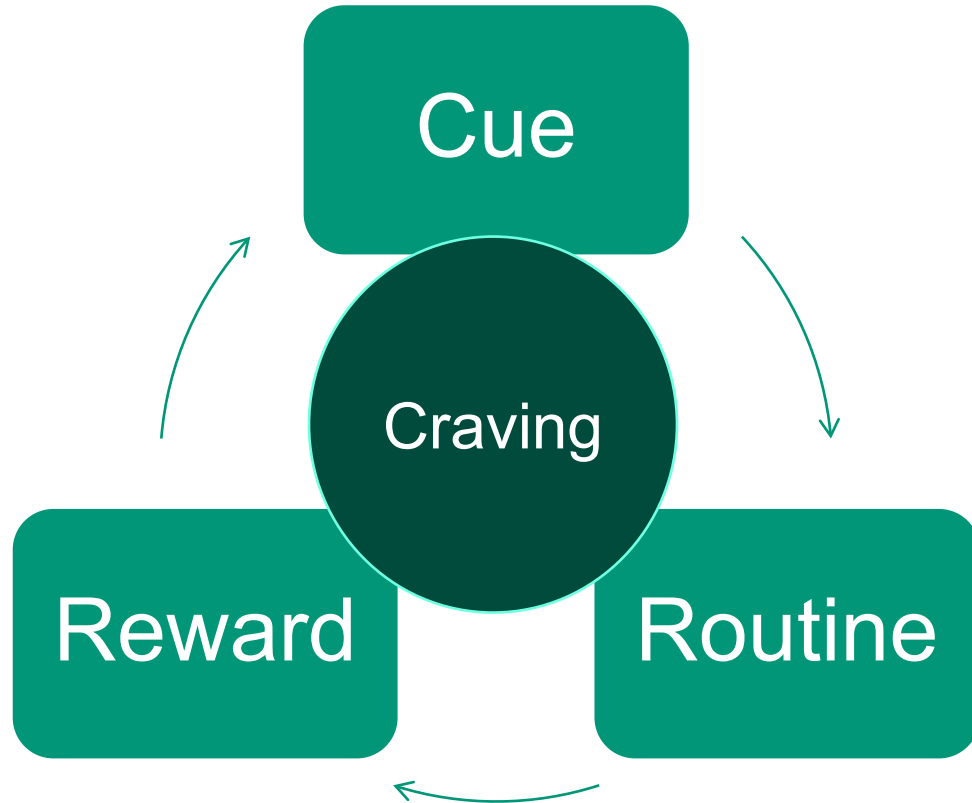
## Maintenance

- "It IS possible."
- Work to consolidate gains to reduce risk of relapse
- Begins 6 mos. after action stage

(Prochaska, Norcross & DiClemente, 1995)

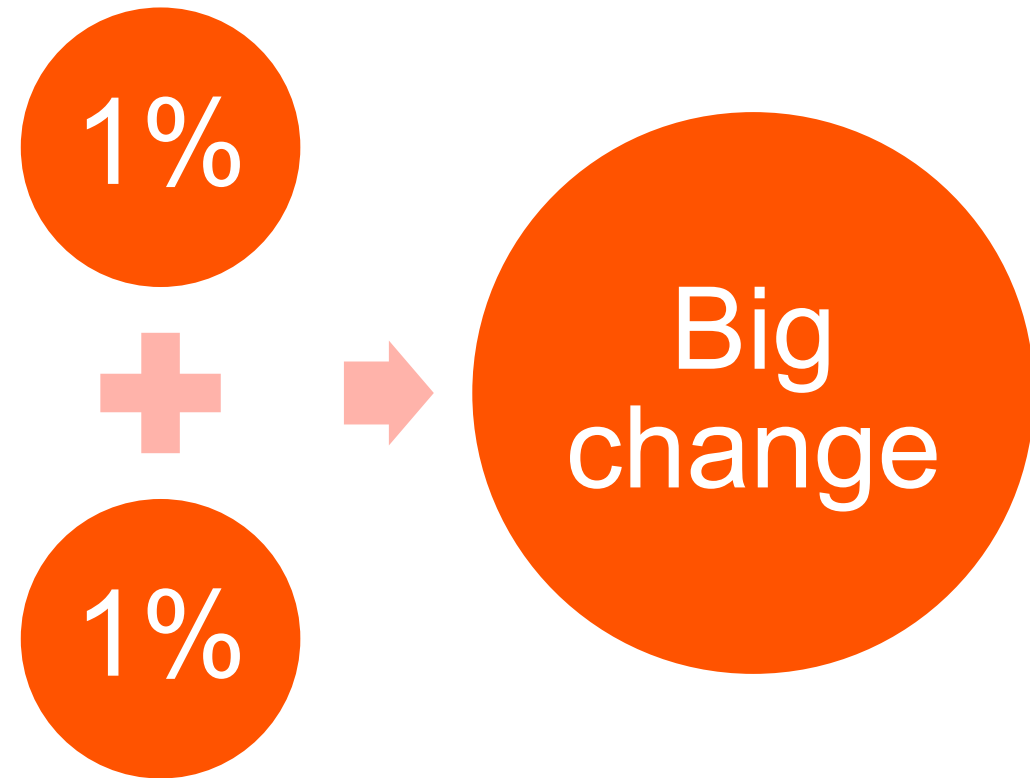
# Habit Theories

Charles Duhigg



(Duhigg, 2014)

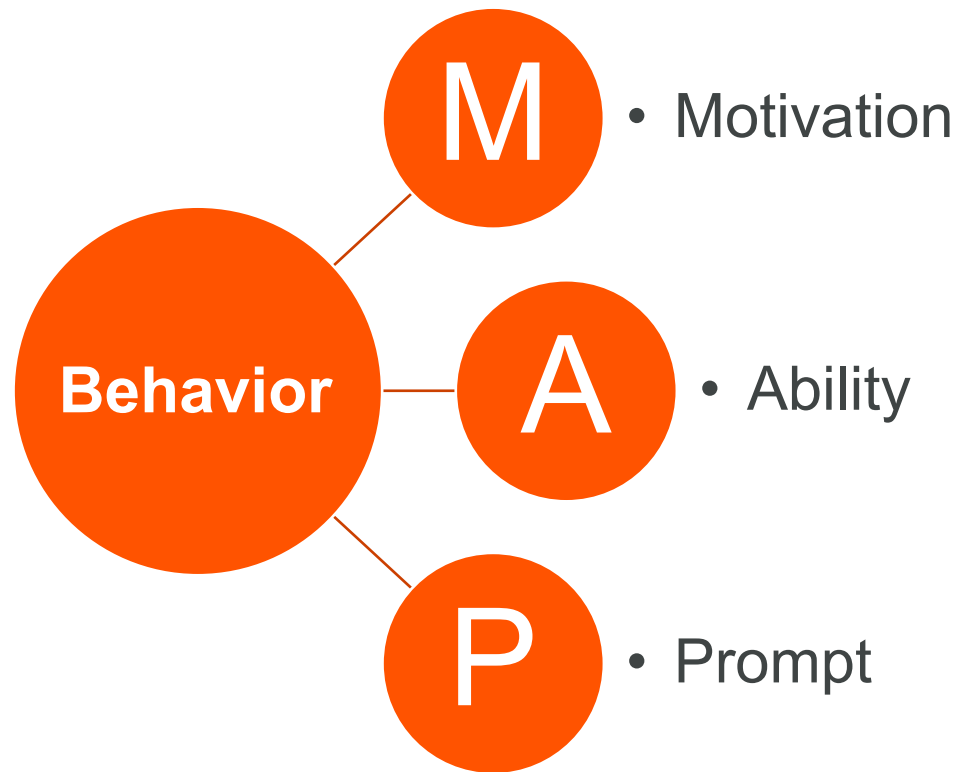
James Clear: Atomic Habits



(Clear, 2018)

# Habit Theories

## BJ Fogg: Tiny Habits



(Fogg, 2019)

## Wendy Wood: Friction



[This Photo](#) by Unknown author is licensed under [CC BY-ND](#).

(Wood, 2019)

# Motivational Interviewing (MI)

- "...series of specific strategies informed by respect for client autonomy and values, for maximizing the chances that clients will choose adaptive behavior change"
- Originally published in 1983 and used to treat alcoholism
- Applications with other populations demonstrated to be effective

## MI Elements

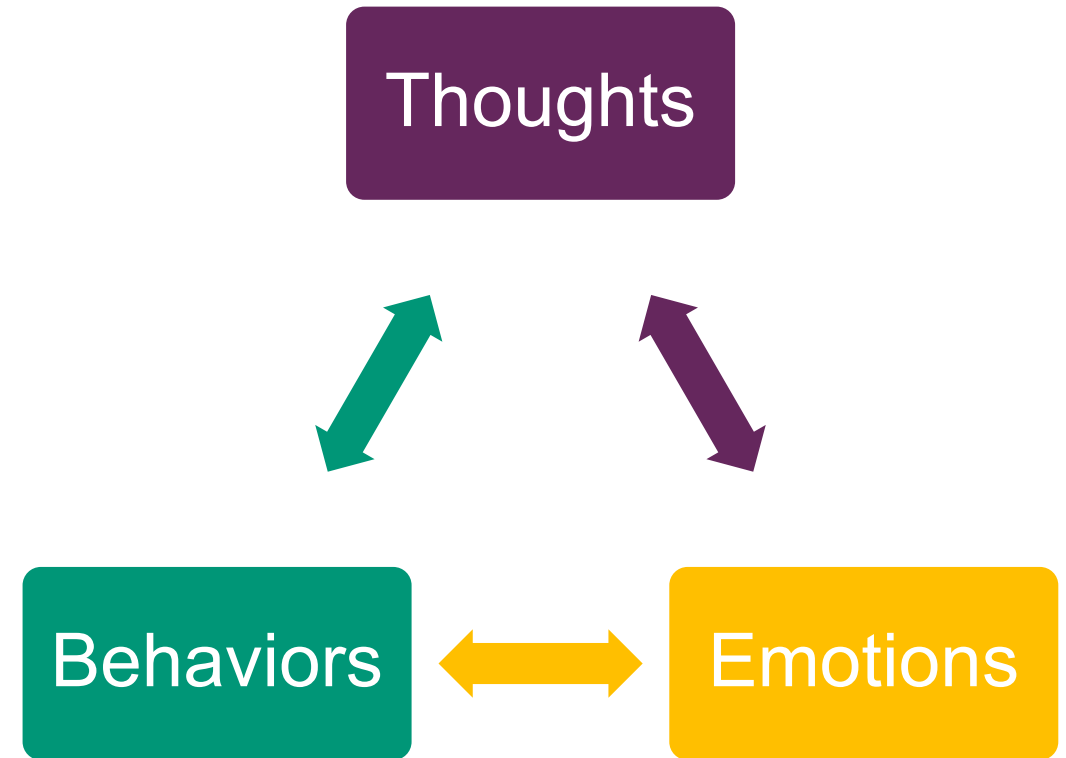
- Change talk
- OARS
- MI spirit
- MI principles (RULE)

(Miller & Rollnick, 2013; Rosengren, 2009)

# Cognitive Behavioral Therapy

## Core Principles:

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior
3. People experiencing psychological problems can learn better ways of coping, which can relieve symptoms and increase effectiveness in daily life



(APA, 2017)

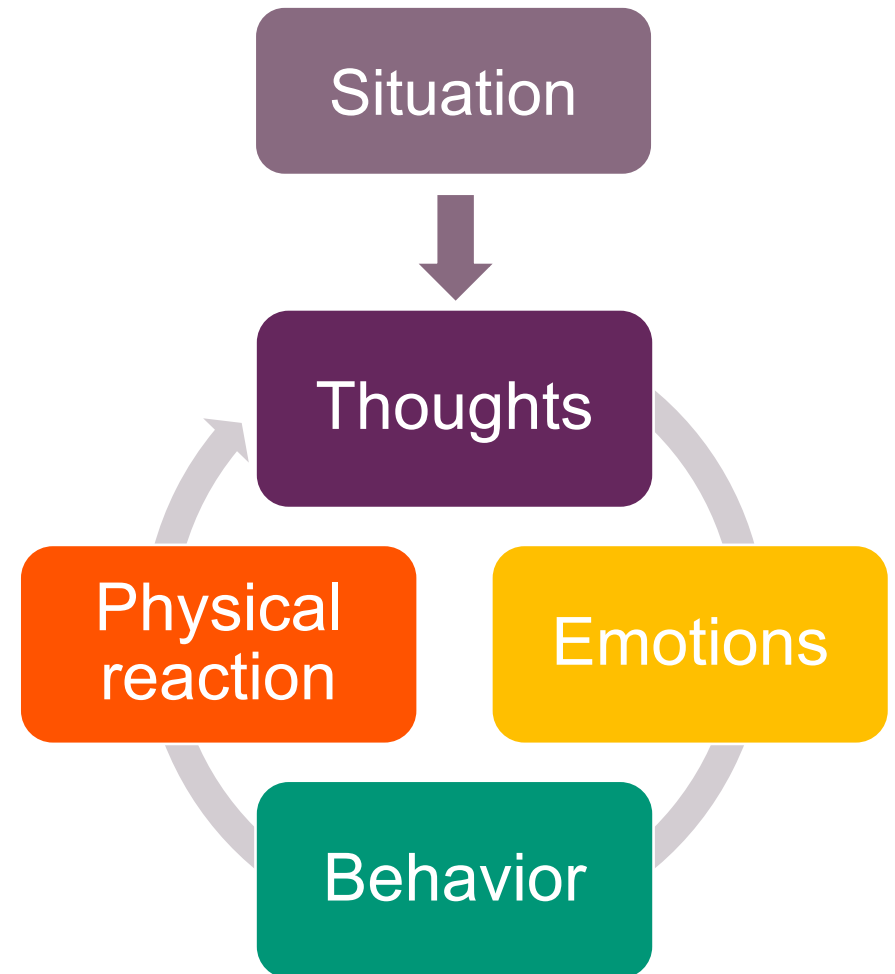


# Cognitive Behavioral Therapy

## Strategies to change thinking patterns:

- Recognition of cognitive distortions
- Reevaluation of distortive thought patterns
- Understanding behavior and motivation of others
- Problem solving skills to support coping
- Developing confidence in one's abilities

(APA, 2017; Mayo Clinic, 2019)

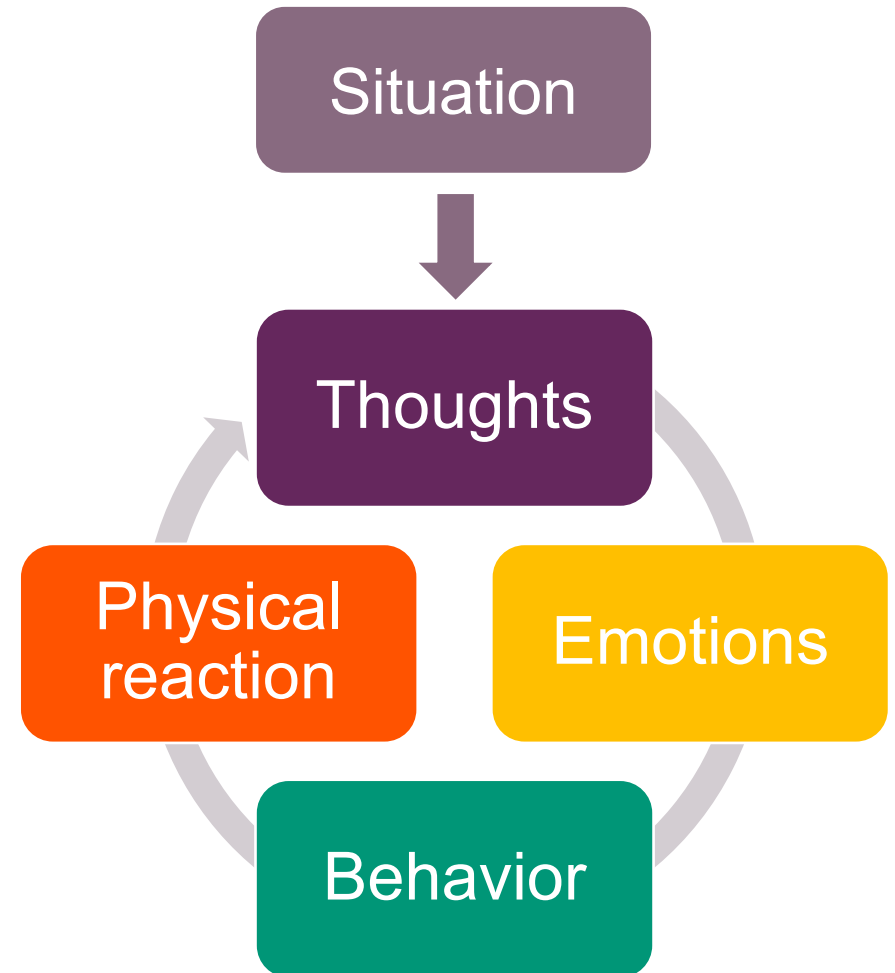


# Cognitive Behavioral Therapy

## Strategies to change behavioral patterns:

- Reducing use of avoidance behaviors
- Role playing to prepare for potentially challenging contexts, activities, and/or interactions with others
- Relaxation and self-regulation techniques

(APA, 2017; Mayo Clinic, 2019)



# Cognitive Behavioral Therapy

Individualized to the client

Emphasizes clients learning to be their own therapist

Emphasize what is currently occurring in one's life

(APA, 2017; Mayo Clinic, 2019)

# Cognitive Behavioral Therapy



(Mayo Clinic, 2019)

# Self-Management

"Self-management is the use of skills to manage the work of living with chronic illness, continuing daily activities, and dealing with emotions brought about by illness."

3 most important self-management tools:

- Problem solving
- Decision-making
- Action planning

(Lorig et al., 2020)

# Self-Management Programs

## Self-Management Programs

- CDC Self-Management Programs
- CDC Diabetes Prevention Program
- Stanford's Chronic Disease Self-Management Program (CDSMP)
- USC's Lifestyle Redesign®

## MS Self-Management Programs

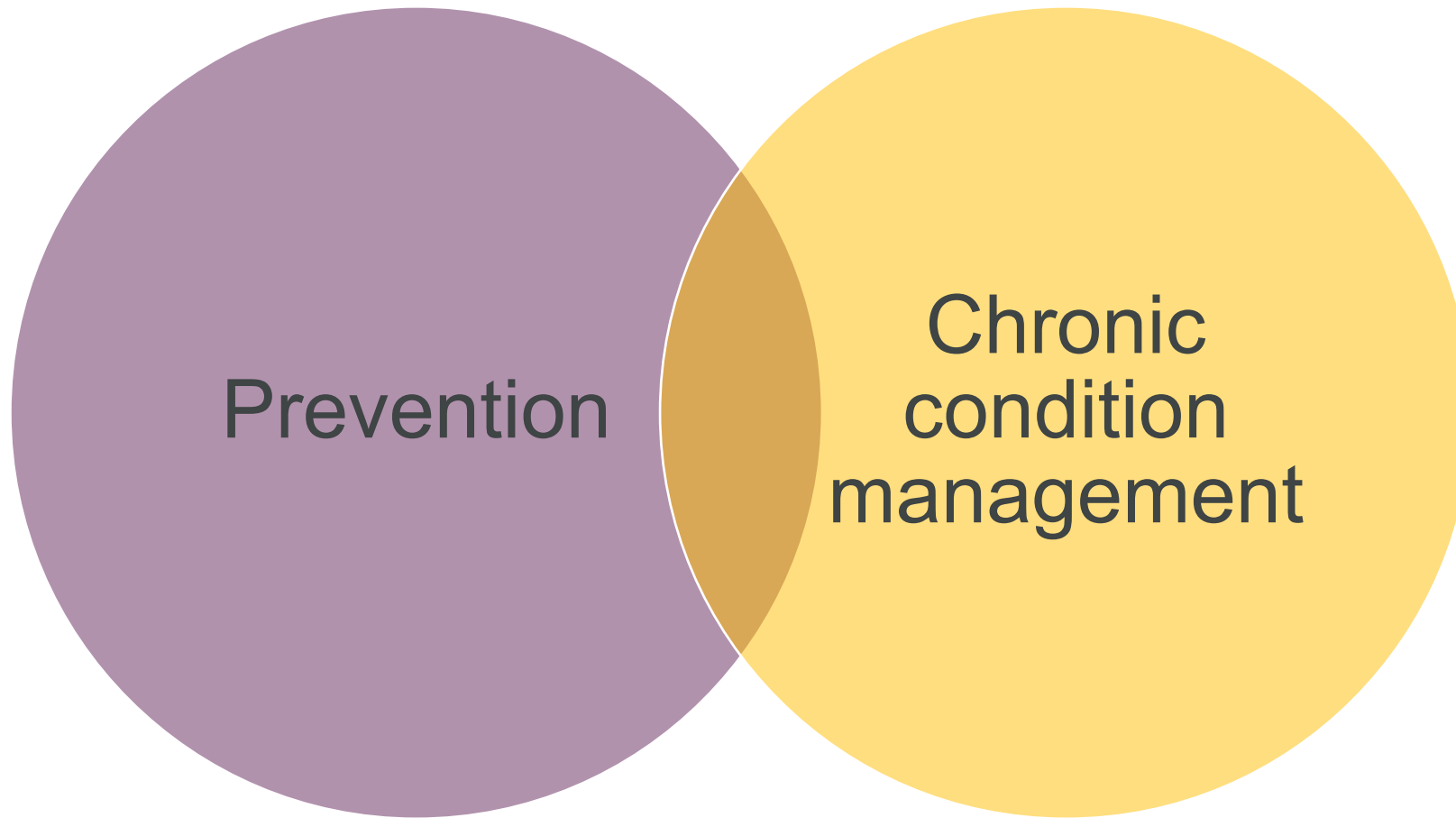
- Can Do® MS
- Take Charge® Progression and Aging with MS
- Jumpstart®
- National MS Society Programs
- Optimal Living with MS

# Lifestyle Redesign<sup>®</sup>

“...an occupational therapy intervention framework that promotes awareness of the relationship between everyday activities and health and guides people in the process of orchestrating occupations, habits, and routines to enhance health and well-being.”

(Pyatak, Carandang, Rice Collins & Carlson, 2022)

# Lifestyle Redesign<sup>®</sup>



(Pyatak, Carandang, Rice Collins & Carlson, 2022)



# Lifestyle Redesign® Core Characteristics

Orchestration of daily activities

Applicability to any person with lifestyle-related challenges

Techniques facilitating collaboration and individualization

Wide range of health-related outcomes

Administration by OT practitioner with advanced training

(Pyatak, Carandang, Rice Collins & Carlson, 2022)

# Lifestyle Redesign®

## Techniques used in LR

Narrative reasoning

Problem solving

Client education

Occupational self-analysis

Motivational interviewing

Activity analysis

Occupational engagement & orchestration

(Pyatak, Carandang, Rice Collins & Carlson, 2022)

# Lifestyle Redesign<sup>®</sup> Publications

Older Adults

MS

Diabetes

Chronic Pain

Fibromyalgia

Chronic  
headache

(Clark et al., 1997; Clark et al., 2012; Pyatak et al., 2019; Pyatak et al., 2018; Schepens Niemic et al., 2018; Reeves & Uyeshiro Simon, 2016; Shomer & Roll, 2022; Uyeshiro & Cunningham, 2017; Uyeshiro and Rice Collins, 2017)

# LR at the USC OT Faculty Practice

Neuro-  
divergent  
populations

Chronic pain &  
headaches

Metabolic  
disorders

Neurological  
conditions

Hand and UE  
injuries

Cardiovascular  
conditions

Mental health  
conditions

Oncology

Smoking  
cessation

MCAS &  
dysautonomia

Ergonomics

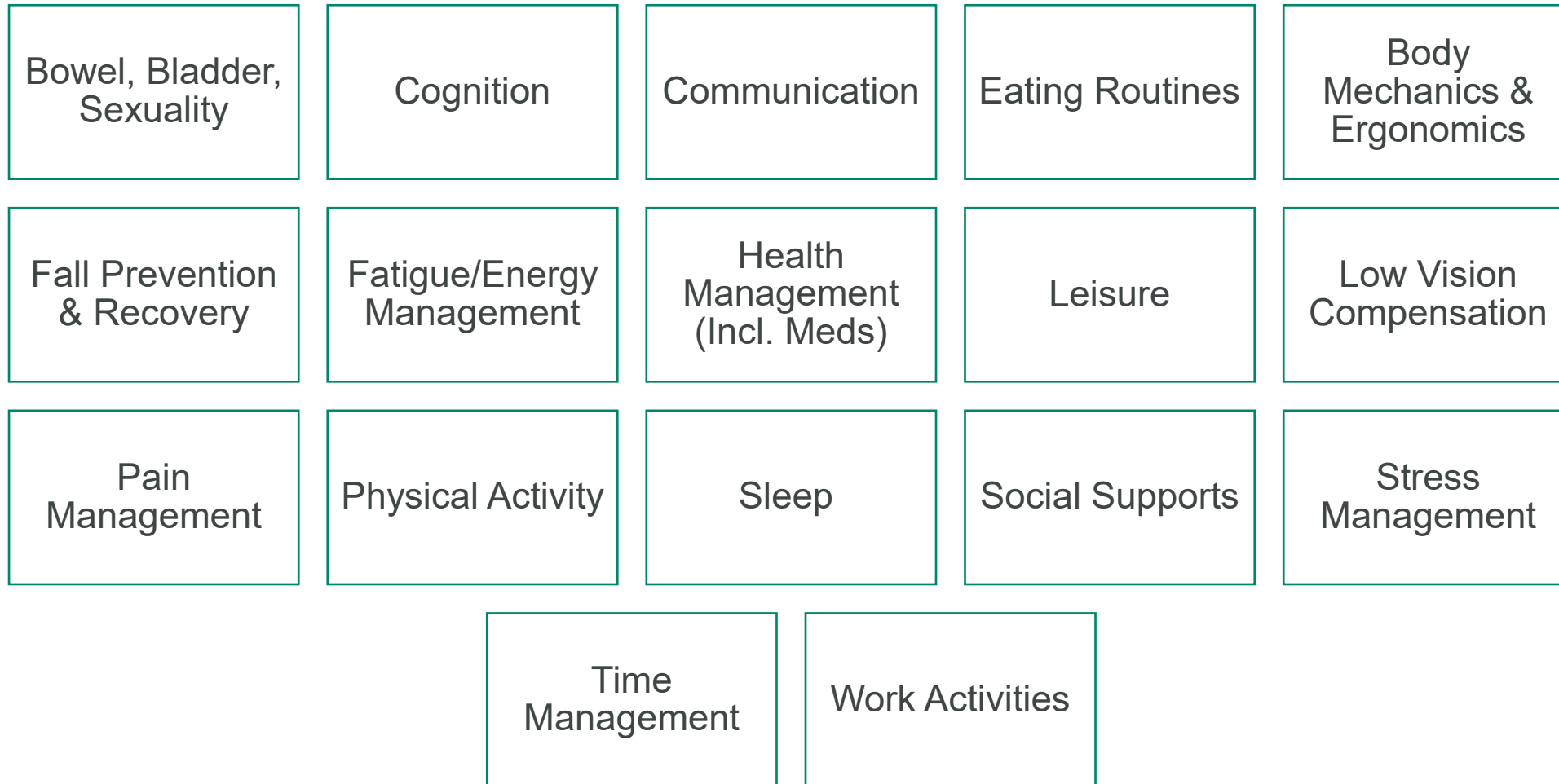
Gender  
affirmation

College  
students

Health  
coaching

Sleep  
disorders

# Lifestyle Redesign<sup>®</sup> Topics for MS



**Q & A**

**Lived Experience:  
Ask the Expert!**

# Dawnia Baynes



- Motivational speaker
- Author
- Activist
- MS Youngsters group facilitator
- Momentum Magazine 2020 Inspiration Award Winner
- @DawniaMarie





# Ask-Me-Anything Q & A

**Q & A**

# Participant Questions

- How do you address executive function impairment in MS? - **Answered during session 2**
- What are effective goals for "just right challenge" with MS when signs or symptoms are not clear and vary depending on the day in the same individual? - **Answered during session 2**
- Does the red marrow of the brain have anything to do with MS? - **Answered during session 2**
- How do you recommend addressing a person's fatigue and preventing over-exertion in the context of a high-intensity inpatient rehab setting where patients are seen for 75-90 minutes 5x/week? - **Answered in session 3**

# Participant Questions

- What are some short-term goals for patients with MS regarding cognitive integration such as sensory processing?
- Why is it that other countries' treatment protocols cannot be available or considered appropriate for people in our country with MS? - **Answered in session 3**
- What are the broader roles and functions of occupational and physical therapy for the ongoing treatment of clients with MS? - **Answered in session 3**

# Participant Questions

- Do you have any recommendations for adaptive equipment for self-catheterizing or specific brands for people who have fine motor deficits?
- Could you explain what infusion is and what the benefits are for people with MS?
- Work at a MS center in the Eastern part of the US - we notice that hand function many times is an early indicator of further/future MS symptoms. What evaluations do you use and what treatments do you find are most effective for maintaining or preventing decline in hand function?

# Participant Questions

- Any evidence regarding the use of weights to limit tremors?
- In our health system we have multi-D clinics where multiple providers (rehab, psych, MD, respiratory, etc.) will see a client on the same day. This can maximize real time collaboration with populations such as individuals with ALS. Have you seen this model adopted for clients with MS?
- What have you found is the most common concern expressed among clients with MS?

# Participant Questions

- Is poor insight (into abilities/deficits) more common in MS than in other cognition-affecting diagnoses?
- When working with a person with MS do you have any suggestions for differentiating between DM associated neuropathy or MS neuropathy like pain?
- Can you briefly say more about pseudobulbar affect impact and how that may alter your treatment approach?

# Participant Questions

- How can OT and the rest of the care team approach patient burnout? (i.e., - I have a client who's had MS for 25+ years and has become more "noncompliant" in recent years)
- Various types of stress can trigger many chronic illnesses. What are the strategies used to address stress for health management? (i.e., realistic to prevent relapses by managing stress)
- What are some cognitive behavioral management [strategies/methods] involved with short term goals with MS clients?



# Participant Questions

- Would the five senses sensory integration CBT be great for MS clients in various sessions?
- Is there a formal definition for activity intolerance?
- It was stated that 2.5 million people globally are affected by MS. 1 million living in the U.S. with MS. Why such a high number of people in the U.S. as compared to globally?
- What are some excellent CBT long-term mindfulness meditations for clients with MS?

# Participant Questions

- Are you aware of any studies that look at using virtual reality to address fatigue?
- What about including music into OT intervention for people with MS in your practice?
  - Answered by Kathleen via text in Session 3

# Wrap Up

- Post-Session Questionnaire
- [https://forms.aota.org/forms/echo\\_ms\\_post\\_session\\_4\\_survey\\_approaches\\_for\\_facilitating\\_change](https://forms.aota.org/forms/echo_ms_post_session_4_survey_approaches_for_facilitating_change)
- Questions and Cases for Discussion
- A submission link will be included in the follow-up email
- Questions: [ebp@aota.org](mailto:ebp@aota.org)
  - Or see Welcome Packet

# Next Session

- Don't forget to join us for the next AOTA ECHO session on **February 23rd.**
- **Collaborating with Clients with MS to Address Health Management**



**Maureen Gecht-Silver**  
MPH, OTD



**Rebecca Cunningham**  
OTD, OTR/L, MSCS



**Ashley Uyeshiro Simon**  
OTD, OTR/L, MSCS

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**Thank you!**



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