



American
Occupational Therapy
Association

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

February 23, 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.



Have your devices ready to participate in some interactive activities.

Objectives

By the end of this session learners will be better able to:

- Describe Motivational Interviewing (MI) and key elements
- Identify examples of open-ended questions, reflections, affirmations, and change talk from a list of choices
- Distinguish between a conversation that represents an MI style vs. one that does not

Today's Speakers



Maureen Gecht-Silver
OTD, MPH, OTR/L



Rebecca Cunningham
OTD, OTR/L, MSCS



Ashley Uyeshiro Simon
OTD, OTR/L, MSCS

Client-Centered Communication Skills from A Motivational Interviewing Perspective

Disclaimer

This program is designed to help participants picture what Motivational Interviewing (MI) looks like and to recognize that using MI spirit and communication skills can impact the tone of a conversation with a client.

This is not a Motivational Interviewing training. A basic training is 12+ hours.

Evidence Shows That Coaching Interventions Support Health Management for Persons with MS

- These interventions use Social Cognitive Theory, Cognitive Behavioral Therapy and Motivational Interviewing (MI)
- Today we will focus on motivational Interviewing
 - Brief overview of MI
 - Case example to help you picture a MI interaction

(Cunningham, Uyeshiro Simon, & Preissner, 2022)

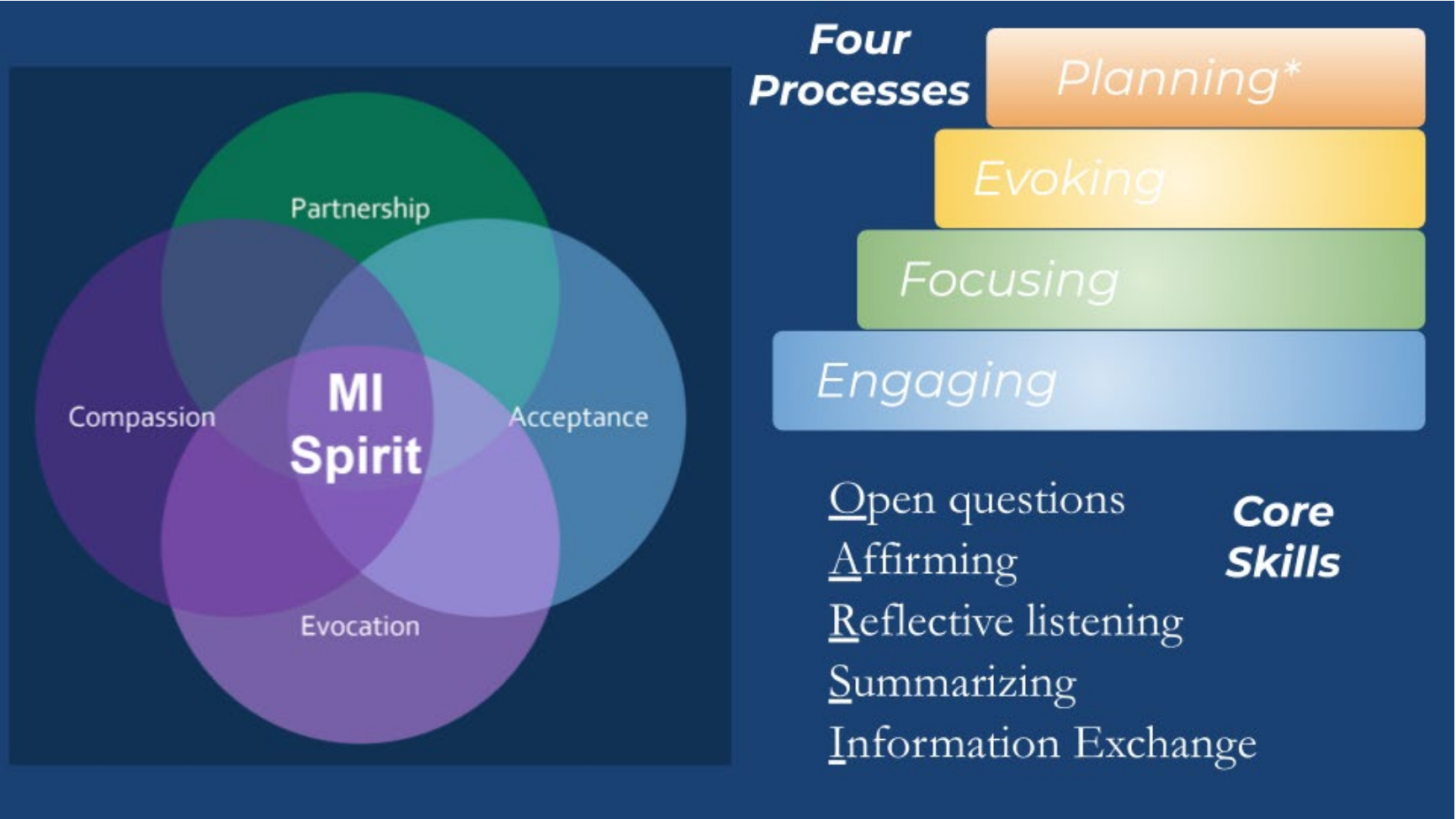
A Technical Definition of Motivational Interviewing (MI)

A *collaborative*, goal-oriented style of communication with particular *attention* to the language of change. It is designed to *strengthen personal motivation* for and *commitment* to a specific goal by *eliciting and exploring the person's own reasons for change* within an *atmosphere of acceptance and compassion*.

(Miller & Rollnick, 2013)



Key Elements of MI and Four Processes



Guiding Style

- View as person first, patient second
- Value connecting well
- Work with their strengths, not only their problems or deficits
- Believe in patients and encourage autonomy in decision making
- Offer advice rather than impose it

(Rollnick, Miller, & Butler, 2023)

Introducing Kate

- 39 years old and lives with her wife, two young sons, and two dogs
- Works part-time as a substitute teacher; spends much of her day completing home management and caregiver tasks for her children and pets
- Diagnosed with relapsing-remitting MS six years ago
- Family is her most important value
- Experiences occasional weakness and occasional difficulty with memory
- Stopped adhering to her prescribed MS disease-modifying therapy (DMT) 10 months ago due to her busy schedule and high frequency of injections
- Identifies fatigue as the primary symptom interfering with occupational engagement and the most challenging MS symptom to manage
- Kate's MS neurologist referred her to OT to address occupational deficits secondary to fatigue and improve adherence with DMT routines

(Uyeshiro Simon & Cunningham, 2022)

Ambivalence is a Normal Part of Change



Change is difficult. There are often good reasons to change and to stay the same. It is common for people to feel ambivalent about behavior change.

- Listening to client speech can inform you about a patient's ambivalence.
- **Change Talk:** Speech that expresses statements in favor of change
- **Sustain Talk:** Speech that expresses statements in favor of the status quo

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**Which of these are examples of
Change Talk?**

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MI Skills

- Open ended questions
- Reflective listening
- Affirmation
- Summary
- Information exchange

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Which of these are Open-Ended Questions?

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Open Ended Questions

Open-ended questions are questions that cannot be answered with a simple 'yes' or 'no', and instead require elaboration.

- Ask questions that pose questions for clients to ask themselves rather than provide facts for you
- Use “what” or “how” questions over “why” questions
- Do more listening and ask less questions to give the client more opportunity to play an active role

Reflective Listening

OT: What have you already tried that has helped you manage your fatigue?

Client: Sometimes I am so busy with the household that I just go, go, go, and that makes my fatigue worse. I crash in the middle of the afternoon. When I stop and rest at the first signs of getting tired, I feel better on those days.

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Which of these are reflections?

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Reflection (Reflective Listening)

Statements that make your “best guess” at what the person means.

- Reflections convey the health professional’s interest, empathy, and understanding of the client’s perspective.
- Builds trust and partnership.

Types of Reflective Listening

Simple

- Stays close to what the person said
- Communicates interest and stabilizes the client

Complex

- Goes beyond what person said, may use different words
- Often reframes content and says more than person said but not more than what they meant
- May include affect

Double-sided

- Acknowledges both sides of the ambivalence (sustain talk first, change talk second)

(Rosengren, 2017)



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Which of the Following are Examples of Affirmation?

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Affirmations

Phrases that acknowledge client strengths, values, and/or effort

- Affirmations build self-efficacy and tend to decrease defensiveness
- Affirmations are the natural consequence of looking for client strengths

Disclaimer

Kate is a case study from the following article:

Uyeshiro Simon, A., & Cunningham, R. (2022). Evidence Connection—Interventions for instrumental activities of daily living in adults with multiple sclerosis. *American Journal of Occupational Therapy*, 76, 7602390010.

<https://doi.org/10.5014/ajot.2022.049473>

In the article there is a discussion of medication management. Both of the following brief scripts do NOT reflect the approach used by the OT student in the article.

Medication Management: A

OT: Your doctor wrote in the referral that she wants you to resume your DMT medications and I would like to help you do that.

Kate: I hated taking those medications. The side effects were rough and with my busy schedule I often missed doses. I stopped the injections 10 months ago and don't really want to start taking them again.

OT: Your doctor thinks that it would really make a difference in reducing MS symptoms and I also think it would be important for your health to give it a try again.

Kate: The doctor pressed me too during my recent visit and now you are pressing me, but it is extremely hard to manage all those injections. It really stresses me out.

OT: We can create a schedule together and it might go much better this time.

Kate: I don't want to take those injections. I feel stressed just thinking about it.

OT: There are many things that I have done with people to make it easier for them to take their medications. We can modify the time you take the injection; we can work with your partner to help you reduce missed doses. There are many things we can do to lessen the side effects.

Kate: I will think about everything you said. I can't talk about it anymore today. I know you are trying to help.

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Does this interaction reflect a MI style?

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Medication Management: B

OT: Your doctor wrote in the referral that she wants you to resume your DMT medications. Would it be OK if we took a few minutes to talk about your DMT medication?

Kate: OK. I guess.

OT: You stopped taking it 10 months ago. Tell me about your experience taking the medication.

Kate: I had a hard time as my kids were even younger. The injections were uncomfortable. When I was tired or had a busy schedule, I missed doses. The side effects were uncomfortable. I didn't feel any better, the drug seemed like it wasn't doing anything. I couldn't take it anymore, so I just stopped taking it.

OT: So, you did the injections to the best of your ability. You suffered with side effects and did not experience any benefits. All this combined drove you to just stop.

Kate: Yes, that's it. I do wonder if my new symptoms would not have come if I stayed on the medication.

OT: On the one hand you hate everything about the injections and on the other hand you are beginning to wonder if the injections kept MS symptoms at bay.

Kate: Yes, the doctor thinks that my current symptoms might be lessened or disappear if I went back to the injections. But how can I deal with the constant injections, the side effects, and no positive experiences on the meds. The thought of resuming those meds is upsetting.

OT: Even if they help, it's daunting to think about taking the medications again. What ideas do you have to explore resuming the DMT medications?

Medication Management: B (cont'd)

Kate: I have been wondering if there are any other medications that I could try. This is the only one offered to me and my doctor is very busy so there has never been a good time to bring it up.

OT: You would like to at least explore other medications to perhaps find an option with less side effects or at least less difficult for you to deal with. How could you go about this?

Kate: I could talk to the neurologist, but she is so busy, maybe I could talk with her nurse. I went to a program at the MS society and maybe I could call them and ask for information on current medications.

OT: You have given this a lot of thought already and identified some helpful options. Which of these options would you consider trying?

Kate: I think I will start by calling the MS society to gather information this week and then talk to my doctor's office. I would feel excited to find a medication that is not as difficult to stick with.

OT: You have a clear plan, and you sound enthusiastic and determined. Can I bring this up again next week?

Kate: Sure. The thought of finding an alternative is exciting. And even if I don't, exploring other options will make it easier for me to try the DMT injections again.

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Does this interaction reflect a MI style?

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Summary

- There are many approaches and theories to promote behavior change
- MI offers an attitude and skills that promote client-centered practice in addition to behavior change
- It takes practice and training to use MI skillfully and there is always room for skill improvement
- Even if you don't embrace MI there may be a skill or concept that will enhance your interactions with patients with MS and other conditions

Final Thought

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.”

— Blaise Pascal, *Pensées*(1670)

References for MI Resources

- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (applications of motivational interviewing)*. Guilford Press.
- Rollnick, S., Miller, W. R., & Butler, C. (2023). *Motivational interviewing in health care: Helping patients change behavior*. The Guilford Press.
- Rosengren, D. B. (2018). *Building motivational interviewing skills: A practitioner workbook*. The Guilford Press.

Questions for Maureen?

Questions from previous sessions

Participant Questions

- Would the five senses sensory integration CBT be great for MS clients in various sessions?
- What are some excellent CBT long-term mindfulness meditations for clients with MS?
- What are some cognitive behavioral management [strategies/methods] involved with short term goals with MS clients?
- What are some short-term goals for patients with MS regarding cognitive integration such as sensory processing?

Participant Questions

- 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 have you found is the most common concern expressed among clients with MS?
- Is poor insight (into abilities/deficits) more common in MS than in other cognition-affecting diagnoses?
- Do you have any recommendations for adaptive equipment for self-catheterizing or specific brands for people who have fine motor deficits?

Participant Questions

- Could you explain what infusion is and what the benefits are for people with MS?
- Can you briefly say more about pseudobulbar affect impact and how that may alter your treatment approach?
- Is there a formal definition for activity intolerance?
- Any evidence regarding the use of weights to limit tremors?
- Are you aware of any studies that look at using virtual reality to address fatigue?

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)
- When working with a person with MS do you have any suggestions for differentiating between DM associated neuropathy or MS neuropathy like pain?
- 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?

Participant Questions

- 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?
- 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?

Wrap Up

- Post-Session Questionnaire
- https://forms.aota.org/forms/echo_ms_post_session_5_survey_collaborating_with_clients_with_ms_to_address_health_management_needs
- Questions: ebp@aota.org
- Or see Welcome Packet

Next Session

- Don't forget to join us for the next AOTA ECHO session on **March 2nd.**
- **Community-based Services and MS**



Suzanne Carron
OTR/L, MSOT



Rebecca Cunningham
OTD, OTR/L, MSCS



Ashley Uyeshiro Simon
OTD, OTR/L, MSCS

References

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Cunningham, C., Uyeshiro Simon, A., & Preissner, K. (2022). Occupational Therapy Practice Guidelines for Adults With Multiple Sclerosis. *American Journal of Occupational Therapy*, 76(5), 7605397010. <https://doi.org/10.5014/ajot.2022.050088>
- Uyeshiro Simon, A., & Cunningham, R. (2022). Evidence Connection—Interventions for instrumental activities of daily living in adults with multiple sclerosis. *American Journal of Occupational Therapy*, 76, 7602390010. <https://doi.org/10.5014/ajot.2022.049473>



Thank you!



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