

Enthusiasm as a therapeutic approach

We have all heard of the use of Motivational Interviewing as a mechanism to promote change in our patients. While this is primarily used in behavioral health where the visits are longer, we all know that there is no aspect of medicine that is isolated from mental/behavioral health. All illness based and wellness based medicine involves patient investment in the plan of care.

However, motivational interviewing is sometimes tough to do in a fifteen minute follow up that also involves a physical exam, a review of changes in medical status, an evaluation of the effectiveness of the interventions from the last visit, and hearing about the patient's dog or grandchildren. It could take multiple visits to work through all the steps of a motivational interview. So how can we manipulate this to work in a fast paced pain practice?

Enter the role of enthusiasm (which is identified as being part of the fifth and last component of motivational interviewing.) I have found that many pain patients truly don't believe that they have any capability of improving their current life. The underlying condition, the chronic pain, the reliance on medication, has defined their day to day lives and often times their very identities.

Enthusiasm can plant a seed, sometimes a seed of excitement that there may be something better and maybe a seed of doubt that they are actually not powerless. As pain practitioners, we can be the sower and nurturer of this seed.

This sometimes happens naturally, like when a new drug comes out and you immediately think of 4 patients who are appropriate candidates. You can't wait to tell

your patient about it. The enthusiasm is natural and easy when you walk into the room. I recently experienced this when the new CGRP drugs were approved for migraine. I couldn't wait to tell my long term migraine sufferers that we had a new treatment to try. It was truly exciting and my excitement definitely played a part in the patient's willingness to try it.

But what about for the patient who doesn't have some new and great drug to try. What if the catalyst for improvement lies in increasing exercise or incorporating meditation into their day. This is a tougher sale as it requires independent change on the part of the patient. Many believe they can't exercise due to their inability to walk any distance or their poor range of motion. What is wrong with them obliterates their view of what is right. What about their arms? What about a small portable pedal device that can fit in any apartment and is under \$50 to buy? What about getting up and down from a kitchen chair 10x every time they sit down to a meal? Just challenging their assumptions and letting them know that you believe they can do it can have profound benefit.

I had a patient recently who has bad neuropathy in his feet amongst other pain issues. He was frustrated that he couldn't lose weight because he couldn't exercise. When I asked him if exercise made his pain worse, he said "no, the pain is terrible no matter what." I suggested to him that if the pain is bad either way, maybe he should just exercise and then have all the benefits that come along with that. This had never dawned on him as a possibility (and honestly I hadn't really thought of that until I said it out loud.)

Approaching patient care with "energetic interest" (the dictionary definition of enthusiasm) can change everything, both in our patients' outcomes and in the satisfaction that we have at the end of the day. It is something we need to cultivate in ourselves.

Enthusiasm implies that we will keep trying until we find an answer, maybe not an answer in the sense of a cure but an in the sense of improved quality of life. It is brainstorming. It is more than just hope, it is action toward something better.

As Marty Seligman said "treatment is more than just fixing what is wrong, it is building what is right."

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