



Motivational Interviewing

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In my grandparent's generation, the Greatest Generation, often a patient would do whatever their doctor or clinician told them to do, simply because the doctor said to. The doctor's word was taken as gospel and that was that. Since then, each subsequent generation, for better or worse, has taken a more and more active role in decisions regarding their treatment and put far less faith in the suggestions of the clinician. Even when we are giving them the best advice we can, a tried and true answer to the problems that are plaguing them and have it dead right, we may not be able to convince them to do as we ask. Even the simplest requests, most logical arguments and appeals to common sense are met with frustratingly stout resistance. "Why, oh why" you ask? "We are laying out the answers to them, plain as day. We know what will help solve their foot problem, or certainly what won't, and can't get them to heed our advice." Sounds like a common lament from pedorthists

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across all practice spectrums, doesn't it? You may have noticed, especially if you have a spouse, that it is often easier to get the other person to do as you ask if you can get them to feel like the whole plan was their idea. Sociologists and psychologists have known this for years and often employ this technique. They even have a name for it, *Motivational Interviewing* (MI).

Sociological research has found that many people will become defensive when it is suggested that their previous behavior was wrong or is the cause of their problem and they will naturally take the other side of the argument. Whether they do it actively by arguing with you or more passively by waiting and returning the shoes later, this is something you have seen every



day in your pedorthic career. You just may not have realized what you were seeing.

Psychological research has shown that proper utilization of the basic principles of Motivational Interviewing in the area of drug addiction has allowed patients who had little to no motivation to get better to overcome that deficit and find reasons to want to recover. While this seems to be an extreme example when we are talking about assisting someone who is dealing with foot pain, the parallel is in the fact that the person we are trying to help does not like the help we have to offer them and therefore is not motivated to change. Often what we are suggesting they do is to discard the shoes and shoe styles that they prefer and start to wear ones they don't like. I will cover the research done specifically on the psychological impact shoe choices have on a person's self-image in a future article but suffice it to say right now that the impact is there. Motivational Interviewing, employed properly, is a discussion that you will lead that will help the client to come to conclusions on their own. From there, they will naturally develop the desire to change. When the idea behind the treatment, in this case changing shoe styles, is their own, the patient is not resistant, they are leading the charge.

From the pedorthist's perspective, calmness and compromise are the keys to make this successful. Be

prepared for the fact that in some cases the person will be willing to go just so far on their own. Many times, you can accept this as a fair compromise and baby step them towards the styles and treatments they really need over a period of time. In other cases, you will have to abandon the technique, dig your heels in and push them to what is appropriate. Knowing when to do which is part of being a good pedorthist. The man who squashes toes that look like a cauliflower floret into narrow dress shoes could be allowed to choose something dressy, but not as restrictive. The fully neuropathic patient with the same forefoot conditions may need to be handled more firmly, and fit to rounder toed, extra depth shoes that eliminate all pressure or the fitting abandoned altogether and the patient referred back to their physician, for example. Hopefully, employing MI will eliminate instances of the latter.

There are five principles of Motivational Interviewing.

They are:

1. Express empathy through reflective listening.
2. Develop discrepancy between clients' goals or values and their current behavior.
3. Avoid argument and direct confrontation.

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4. Adjust to client resistance rather than opposing it directly.
5. Support self-efficacy and optimism.

Let's cover each in turn.

EXPRESSING EMPATHY THROUGH REFLECTIVE LISTENING

Empathy in this case is the ability to understand a patient's meaning and perspective through the use of reflective listening. Reflective listening involves exactly that, listening rather than telling. In this, you establish yourself as the supportive and knowledgeable consultant who can provide potential solutions as the client identifies issues they would like to address. You must make them aware that you accept them as a person and respect their feelings while not necessarily approving or agreeing with them. Criticism and denigration must be avoided at all costs and you must compliment them on reaching conclusions and establishing goals. Gentle persuasion and guidance to reach certain milestone conclusions is the desired outcome. Helping them understand that their hobbies or spending time participating in activities with family and friends are worthwhile goals and that their foot pain is standing in the way of that, for example. In some cases, this may be what brought them to you in the first place. Acknowledge those goals and try to base the treatment around them.

DEVELOP DISCREPANCY BETWEEN CLIENTS' GOALS OR VALUES AND THEIR CURRENT BEHAVIOR

You must help the patient to recognize the gap between what they are doing now and what is

necessary to meet the goals you helped them establish through reflective listening. Helping them realize what negative consequences are resulting from the choices they currently make is the first part of this. One of my favorite examples of this is to trace the person's foot on a piece of paper while they are standing and then laying the insert from their old shoe on top of the tracing to show them how much they are compressing their foot to get it into the shoe. Properly couched as an "experiment that I often do with patients just to see" rather than an accusatory "let me show you what you are doing wrong" discussion is what puts this all in the realm of self-discovery by the customer and therefore part of Motivational Interviewing.

AVOID ARGUMENT AND DIRECT CONFRONTATION

This is in direct conflict with the process of MI. Empathy requires us to establish a trusting relationship with the client that expresses that we value their opinion. Arguing a point with them breaks down that trust and shows them that we are trying to dominate the relationship and enforce our will. This will cause almost every client to abandon any faith they had in the relationship and in you as a clinician. Remember that your goal is to walk with the patient down the path to wellness, not shove them along in front of you.

ADJUST TO CLIENT RESISTANCE RATHER THAN OPPOSING IT DIRECTLY

Rather than locking horns with the client, it is more productive to listen to their point of view and alter your guidance. First off, as stated above, it opposes proper Motivational Interviewing and will derail

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the whole relationship. Secondly, it is a very strong predictor of a negative outcome for the treatment. How many times have you heard “they key to healing is a positive mental attitude?” Much of that attitude is the patient believing the treatment will work. Conversely, if they don’t, it probably won’t work, or won’t be perceived by the customer as having worked. They will attribute the success to some other factor or they will declare the treatment a failure. Any way you look at it, the outcome for you was not positive.

There are many ways to adjust your tactics. Recognize that the resistance may be the birth of a new goal or the alteration of an existing one. This is exciting as it means the process is working and the customer is actively engaged in wanting to change. After all, getting the client to realize that doing the same thing over and over and expecting a different result was not going to work was the object we started trying to accomplish in the first place, was it not? Embrace this!

Paraphrasing can be a powerful tool for adjusting to resistance. Hearing their own words come back to them often will cause a customer to have an epiphany about their current perspective. You must be very careful with all of these strategies not to come off as sarcastic which would derail the whole operation as it is just a subtler form of argument. Paraphrasing while agreeing with the patient will help to affirm that you value their opinion. Adding a slight alteration will sometimes get the process moving again. Something like the customer saying “I hate the way these look and would never go out with my friends looking like this” could be met with you saying “I hear you saying that these are unattractive and agree that they are certainly not party shoes, but if they are comfortable

is there a time that they would appropriate for you to wear in order to give your feet a break?” Hopefully, this leads the customer to the realization that they don’t have to wear something dressy all the time. They can have more foot friendly shoes to wear when it is appropriate and change to more fashionable ones when the occasion calls for it. Again, it was their idea, so they are far more likely to stick with the treatment, which in this case is more sensible shoes for everyday use.

Reframing is a strategy to use when the patient denies the problem or doesn’t acknowledge the seriousness. Here is another potential conversation. The client says “I don’t know why my doctor sent me here and is prescribing shoes like this. My feet don’t even hurt. If I really had a problem, they would be bothering me!” Reframed back to them, your response may be “Your doctor is concerned for you because of your diabetes. It has caused you a lack of sensation in your feet which is why they don’t hurt. Perhaps the doctor really cares about your wellbeing and to tell you that this is something that you should be concerned about.” This may help the patient realize that their perspective is really misplaced by them worrying about the appearance of the shoe rather than protecting themselves from damage to their feet.

Remember that adjusting to resistance requires that you acknowledge change and embrace compromise where you can.

SUPPORT SELF-EFFICACY AND OPTIMISM

Once momentum is gained, keep it going. This positive energy is what your customer needs to fuel their desire to change. You must help them to acknowledge the possibility of change and use that

realization to develop a desire to change. They are the ones to discover it and they are the only ones who can make it happen for them. Foster hope in them by touching on the various treatment options and choices that you have available and encourage and support them as they decide what is right for them.

In conclusion, in this technique the client is the source of the solution. You are there to guide them to realizing on their own that their current choices are inhibiting their well-being. As the knowledgeable consultant, you are there to provide the tools to help them bring about the change in their lives that will ultimately help treat the pain or other issues they have been suffering with. Motivational Interviewing should become the norm for how you interact with clients. The extra few minutes of conversation it takes

to establish this relationship will pay huge dividends when the customer leaves excited about the positive change they are bringing about in their own life rather than grumbling about the “special shoes” they have to wear. No one likes spending time working with a client only to have them return all of the items a few days later. The patient has abandoned what could have been an effective treatment, the referral source is not happy that they sent someone to you and the patient did not come away pleased and you are certainly not happy with time spent and no income to show for it. The more you employ the five principles, the more natural they become. You may even find they work outside the office. Don't tell your spouse I said so!

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