Talking to Change: An MI Podcast
Glenn Hinds and Sebastian Kaplan

Episode 49: MI in Physio-Physical Therapy (for Chronic Pain), with Maddy Nicholson

Glenn Hinds:

Hello again, everybody. And welcome to Talking To Change: A Motivational Interviewing Podcast. My name is Glenn Hinds and I'm based in Northern Ireland, and as always, I'm joined by my friend, Sebastian Kaplan, in Winston-Salem. Hi Seb.

Sebastian Kaplan:

Hey Glenn. Good to see you, man.

Glenn Hinds:

And you. So, as we start, can you maybe just remind people of how they can contact us on the social media platforms?

Sebastian Kaplan:

Yeah. So on Twitter, you can find us @ChangeTalking, on Instagram, it's TalkingToChangePodcast, on Facebook, it's Talking To Change, and for direct communication with us, for any suggestions for the podcast or questions or inquiries about training, you can write us at podcast@glennhinds.com, and also we invite you to rate and review a podcast and give us any feedback you might want to leave there.

Glenn Hinds:

Fantastic. So, following our more recent change in our format, we're reflecting on the conversation we've just had with Maddy Nicholson, a physical therapist based in the UK and exploring with her the use of MI, and her role as a practitioner and particularly around the use of MI on chronic pain and supporting people with physical conditions. And I guess what's the takeaway from, for you then Seb?

Sebastian Kaplan:

Yeah, so it was great to have Maddy on. She offered a number of insights and important lessons for anyone really. And I guess one thing that struck me was as someone who has had a few periods in my life where I've gone to see a physical therapist, and all of which have been good to at least neutral, I really appreciated listening to her attention or to the attention that she pays to like the bigger picture when someone shows up with some kind of pain or an injury.

Sebastian Kaplan:

That it isn't just about that particular part of the body that's not functioning well, or that is in pain. She is quite attuned to the loss that this injury or pain may have brought about for the person. She tries carefully to stay attuned to any nonverbal expressions of emotion

and has developed skills and really the courage, I think, to name that, to acknowledge that. Not necessarily to spend that much time with it, but just to acknowledge that it's there and it's part of the person's story. And so, I found that to be maybe the biggest take of way for me.

Glenn Hinds:

Mm. Yeah. It was interesting to hear, yeah, it was interesting, just listening to the way she described that transition for herself, that she talks about the working with a patient and in a room with a psychologist and her turning away, physically turning away to avoid the emotion and exploring what that was. And to the point where she's now at, where she can hold and contain the experience of being with somebody else. And as a way of that attuning, to understand that the using the emotion that she's experiencing as a way of an insight to perhaps what the client is trying to communicate. And as you say in the bigger picture, and then being able to respond to that in a helpful way, that isn't just about the physical need of this individual, it's the systemic and the whole need of this individual and her desire to be helpful to all of that who that individual is, and we've taken another new direction in the podcast today, and we've introduced an intervention or a role play.

Glenn Hinds:

And what we'll do is we'll add that to the end of today's conversation. So, you'll hear the podcast end in its traditional way, when we say cheerio, but then there will be 30 minutes of an intervention of Maddy being a physio therapist with you as the patient. And that's fantastic, really just hearing all of what Maddy has talked about in the podcast come to life and particularly given the fact that it's the opening part of a conversation is that engagement part.

Glenn Hinds:

So, you'll hear Maddy have a conversation with Seb and really take the time to engage Seb in the process. Role play ends as they begin to focus on what's the intervention going to begin to look at, or what the choices Seb has as a patient about what may be helpful for him. So, definitely a great episode and very interesting to hear someone coming from a traditionally, a role many of us will have identified as being traditionally, just give people information, tell them what to do and let them get on with it, to hearing there's more to this. And as a practitioner, the more I can do that, the more helpful I can be.

Sebastian Kaplan:

Yeah. It's something that we've been thinking about for a while on how to introduce, and actually, we, this was response to listener feedback. We got a suggestion, and it just sparked the idea again for us. And we thought, you know what, let's record it and see if it fits. And yeah, we thought it went quite well. You can listen to the whole thing of course. You can listen to part of it. It's really up to you. But we think it would be useful, not just for physiotherapists out there, but just anyone who's interested in MI and sort of expanding how they do their practice. So, we hope you all enjoy it.

Glenn Hinds:

Yeah. So, let's have a listen.

Sebastian Kaplan:

Welcome, Maddy. Welcome to Talking to Change. We're really happy to have you with us today. Why don't you start us off telling us a little bit about yourself, your background, what you do and how you got into Motivational Interviewing.

Maddy Nicholson:

Okay. Yeah. Thanks for having me and really excited about being here. Listening to your podcast has really informed my practice and me reflecting on things. So, thank you. Yeah. I'm a physiotherapist. I guess my background in the majority of the time I've been a physio is working with people who have persistent pain and I've now moved to a lecturer role helping undergraduate physios. So yeah, thinking ahead of time, I listened to Dr. Rory Allen podcast when he came on with you guys, and he inspired me to think, okay, well, what was it that made MI feel so familiar, I guess. Was there something before that, that came before that? And so, I kind of thought, yeah, actually. Maybe some of my life experiences has made me more of a listener, which was interesting to dwell upon for a bit.

Maddy Nicholson:

And, also, my dad. So, I think, wow, my dad is so MI adherent. And he doesn't know it. And yeah, he never, ever, ever gives me any advice. And I kind of didn't realize it until I zoomed in on what he was, how he, how we talked together. And so, he just always uses reflective listening. So, one of the MI micro skills, I guess. Yeah. Reflective listening, reflective listening. And I said, I was curious about that. And I said, why do you do that all the time? And he said, oh, I've never really thought about it. And he said, I guess it comes from wanting to get it right. Wanting to know that I understand the person that I'm listening to over and above inserting anything from me. And so, I thought that was really interesting.

Maddy Nicholson:

So yeah, so that, I guess that's before MI came into my life labeled in that way. And then, yeah. So, I worked as a musculoskeletal physio or physical therapist. Yeah. As a beginner, I guess I started out really curious, learning new skills and over time I thought, wow, what am I missing here? I felt like I was kind of giving treatments and advice and thinking it doesn't really, there's something missing. It didn't really kind of fit with how it felt. And then I met an inspirational physio, I guess, who then introduced MI in terms of some MI training with Dr. Rory Allen, moved into the chronic pain world. And really when I worked in a multidisciplinary pain service, that's when the listening to someone's story really came to the fore and started to make more sense. Ah, yeah, this is what I felt was missing in my 14 patients back-to-back in 20 minutes previously potentially felt like I couldn’t do that for whatever reason.

Maddy Nicholson:

And also, a real biopsychosocial approach to care in the pain service. So, I felt less of a need to be a fixer if you like, or an expert, and more a collaborator to the people who were

coming in. So yeah, I guess as well, having coaching with, I keep mentioning Rory, he was my sort of early mentor, Rory Allen. And I think listening to individual sessions that I taped recorded was really helpful listening back to what I was doing, going, oh, why did you say that? And then going again, I remember one specific moment coming about where I ended up saying something like, oh, I was listening with a sense of feeling and that stuck in me because I realized actually it's not, I wasn't sort of chasing that change talk or talk about change that someone was saying it was more listening underneath that. Okay. What's important to this person? And for me, that was a specific turning point. Yeah. I'll pause there. Because I've been talking for a long time.

Glenn Hinds:

And a couple of things come up for me really. Maddy, it sounds like you've inherited your dad's curiosity and desire to understand. It sounds like, it was lovely to hear the way you described it, that he wanted to get it right. And so many of us will recognize the concept of trying to get it right. But his description of getting it right wasn't I need to get it right. It's getting it right was me understanding you and his effort was to see things from your perspective. And throughout your life, when you look back, go, I love my dad, he didn't tell me what to do, but it sounds like you really valued the type of support he provided you in that, in those moments of seeing, trying to see things from your perspective and that when you were introduced to Motivational Interviewing that came alive for you too, that you, you were in a search the way you were describing it, there's something missing what's missing here?

Glenn Hinds:

And even in, when you were working with your patients, you were going, there's still something more here to be got. And it sounds like you were driven by a desire to be the best physio you could be and to be as helpful as you could be to other people. And that MI bridged that to help you understand. Right. I can do this. And I guess for a lot of us, it's interesting. And what intrigued me about the idea of Motivational Interviewing in physical therapy was the idea - physical therapy as a concept for me is helping people, manipulating people's bodies to help them get flexible and I was going so where does listening factor in there? You just tell people what to do and they go on and get on and do it.

Glenn Hinds:

And I'm just intrigued, from your perspective and from your experience, where, what is it about the idea of listening the way that you do and Motivational Interviewing that's so important about helping you to support your patients and clients with those physical conditions?

Maddy Nicholson:

Yeah. I guess I've been thinking about this. So, it's things, I guess like, you might presume, and I feel like I need a bit of a disclaimer here. So, when I'm talking about physios, obviously there'll be loads of physios out there who are naturally really MI adherent. I guess like my dad, maybe, and so I'm talking from my own experience, bit of

a disclaimer. But there is also like you say an expectation there of what a physio is. And I think that's a really important place to start. So maybe that might sound like during the start of your consultation with a patient bringing that into the room, if you like being quite obvious about that. Okay. But you know, obviously you've been referred by a GP or you've referred yourself in, don't want to presume anything.

Maddy Nicholson:

What are your thoughts on how physio can help you? Or what do you know about physios that work in this department? And so really upfront we can address that sort of expectation mismatch if there is one, there might not be. But yeah, that expectation of well what's physio about? Because if we're starting on a foundation of understanding, potentially a better place to build from there. Yeah. So, then that's sort of truly collaborative, I guess, from the start and yeah. Now I've forgotten what you asked me originally.

Glenn Hinds:

The idea of the marriage between the instinct and desire to simply go, do it this way. And then the extension of that, to being curious and interested about the other people, so listening, rather than just telling all the time.

Maddy Nicholson:

Yeah. And I guess moving into the new role that I'm in, in terms of undergraduate program, that's really important to me because it's getting that balance of saying, okay, you have expertise to give and you have information to give, but actually you are not, you have no idea about this person's life and how that information might fit into their life. And they know more about that than you. And so, as you say, it's getting that balance. And I think, yeah, one of the main things in physio is, yes, you've got expertise to give, but how, and when you do that really important. So that kind of illicit permission provide illicit, I guess I've got some ideas on what exercise might be beneficial for you, but really, I'm interested to know what your experiences of exercise has been in the past. Then you get to understand that deeper understanding and then you can readjust, I guess, a focus point from there, but also that idea of evoking.

Maddy Nicholson:

I just don't think as a physio, I had any idea about that. I thought, okay, I've got this information, I've got this knowledge, now I'm going to give it to people and yeah, evoking, what are your strengths to bring to this situation? What exercise have you done in the past, or what have you stuck to in the past, to kind of gauge that idea of commitment. I can give you a little story if you like on this, I've written a note and I've called it my ACT Attack, which basically was, I did a course on acceptance and commitment therapy or ACT. And I thought, yes, this is amazing. It's great.

Maddy Nicholson:

And I was like, and this poor patient had this multidisciplinary assessment, hours of engaging and listening and coming up with a plan, which involves me doing some exercises with this person. And in my wisdom, I went, nah, this person needs, ACTs,

ACTs is the way forward. And I just absolutely overloaded them with an ACT approach, an absolutely awful car crash in that they weren't interested clearly because I hadn't listened to what mattered to them. I wasn't aware of what stage they were at in terms of engaging in an ACT approach. Yeah.

Sebastian Kaplan:

I suspect a lot of people could, that that story would resonate with a lot of people who were well intentioned and super excited about a new approach. And it's like, now I get to use it and forgetting maybe some of the fundamentals of that engagement piece that, not that people don't engage in when you're doing ACT, right? But it, I guess it was sort of the part of the conversation that was independent of any particular approach, whether it's MI, or ACT, or CBT, or whatever it might be. So Maddy, well, so I had one sort of comment, or I guess reaction to something that you're describing, and then a question about something you said earlier. I was thinking we often talk about the elicit, provide, elicit sequence, I guess in my head, I feel like we talk about it.

Sebastian Kaplan:

We, the broader MI community perhaps, like when we're giving bits of feedback, we want to find out what someone's experience has been doing a particular thing relevant to the work that we're doing. And then you go through that process to keep them engaged when you're delivering feedback or advice. I know that's not the only time to do it, but that's awesome how it happens. And it was interesting to hear you say, it's almost like you start like very early on first session, first few minutes, you're initiating kind of a broader elicit, provide elicit process, which is about just the world of physiotherapy as a whole, as opposed to any particular thing that they might do to remedy whatever injury or pain problem that they have coming in. So that was an interesting, I don't know that I've heard somebody kind of describe it that way.

Sebastian Kaplan:

So, I appreciate that. One thing you said earlier, which kind of fits, I think, also with Glenn's question, you said, you made a mention of change talk and maybe a comment about your ongoing growth as an MI practitioner that you began to realize yeah, change talk's important, but there's also this, like what's underneath it, or like the story beneath the change talk. And I wondered if you could say a bit more about what you meant by, and maybe say something a bit about change talk in your world. Right. But then also talk a little bit about what might be beneath that.

Maddy Nicholson:

Yeah. Okay. Thanks. Yeah. So, I guess when I started to learn MI it's a really useful tool because you think, well okay, how do I tune my ear to what do I listen out for to get a sense of where things are going? And so that being DARN-CAT: Desire, Ability, Reason, and Needs, Commitment, Action, and Taking steps. So, things that you could kind of put under those categories would be labeled as change talk. And so what I found doing that, was that was really important and helpful and yet, it's a really tricky one because again, I don't want to tarnish physios everywhere the same way, but I guess you have a desire to

help and you might feel like you know the direction of behavior change or the intended behavior target. So, we might say, okay, this person clearly needs to exercise more and that would help with their knee pain.

Maddy Nicholson:

Therefore, I'm going to have a conversation with them that will lead to getting them to do more exercise. And that's from a place of wanting to help. And I hear in trainings, physios say get people on board. And I always go, oh, when I hear that, but I know it comes from a good place. But the idea of getting people on board, well on board with what? And how much say does that person have in that. And so that's where listening to my own recordings, I began to realize, oh, wait a minute, who's directing this. Yes. I might have directed, but am I being collaborative in a true sense?

Maddy Nicholson:

Where is the focus point? So yeah, it's really hard to articulate, but I kind of listened out for where that person was talking about. So, what maybe when values came out or maybe when the, it's hard isn't it, sometimes you sense a difference, a quickening of speech or something when someone gets excited about something maybe even, and it's kind of like, okay, that feels important to that person.

Maddy Nicholson:

Can we be curious about that? Open that up a little bit more, and then deviating from your question on change talk to talk a bit about focus. So again, what I found was I may be dictated the focus, or we'd have a conversation and I'd go, ah, there's a focus point, right? This person said that they can't sleep very well. I know that that has an effect on pain system sensitivity and therefore we'll target sleep, and we'll have a conversation around that. And I think it was what maybe I'm wrong, but Ali Hall, a MINTie who is amazing at metaphor and things. And anyway, I remember her talking about avoiding a premature focus and that really, really resonated with me. I thought, whoa, that's something I've just not, I just don't spend long enough on. So, I guess when you feel like you've got a focus, making sure you have got a focus. And maybe stepping back delving into things a bit more, asking questions to, because sometimes when people say, oh, I just want to get rid of my knee pain. Okay.

Maddy Nicholson:

Do we straight away go for that? Or do we explore, well, what does that mean? What, if I had a magic wand and we could get rid of that, which unfortunately I don't, and they know that, patients go, yes, I know. And then you dealt, well, what does that mean? Well, actually what I want to do is spend more time with my grandchildren and so you're kind of delving through those layers getting to more of a meaningful focus.

Glenn Hinds:

So, it's, you're describing a real nuance to the type of helping that is of benefit to your service users. That helping can be described in Motivational Interviewing term as open questions, affirmations reflections, summaries, following the full processes, listen to for

change talk. And that's quite straight line. Just do it that way. But what you're saying is, as time, maybe it's important to be aware of that. And maybe as we begin to practice or learn, that we do it in that very concrete way, we're actively asking open-end questions on purpose, affirmations and getting used to doing it that way. But it sounds like as time goes on, it's not just the chase of change talk because that's the person talking themselves into change. It's about finding the right change talk that's arising from the client.

Glenn Hinds:

The reasons for them, yes, they want to have less pain in their knee, but of even more significance to them is the reason why they want less pain in their knee is because they're going to have quality time with their grandchildren. And by helping them open that up more potentially increases their commitment, time and effort that's going to be necessary to get their knee stronger, which may mean they'll do exercises, which they wouldn't otherwise do if you just looked at exercise. Again, it's that lovely description that you're having of paying attention to your experience of being with them and listen to the subtleties and not just looking for a problem to give you something to do.

Glenn Hinds:

It's going, okay, this is an issue, and then exploring what else is happening for you to get us a broad and understand a broader picture before you then move on to the evocation that you described. What is it you want to do with this or what ideas have you... Again, that idea that before you say, here's the problem, this is what you're going to do, you respond with an evocative question, which is with that mind, what have you already been doing, or what is it you think will be helping? I guess, as you've learned that, what have you noticed, then, that's changed, that has made you want to keep doing it?

Maddy Nicholson:

Oh, that's a good question. I guess it's a feeling of a better relationship with that person that you are with. I don't feel like the expert anymore. I feel like there's a therapeutic relationship there, I guess. It feels more like curing it together, which feels naturally more rewarding and useful.

Maddy Nicholson:

I think something that you were saying that made me think it's hard as a physio or any sort of allied health professional to be curious sometimes because I can kind of sit here and go, oh, yeah, just be curious, spend this time getting into these deep... what matters to people, and, I guess, just as an acknowledgement really that things can get in the way of that.

Maddy Nicholson:

From my own personal experience, think I got to a point where I was a bit sort of compassion fatigue. That got in the way of my ability to be curious sometimes, I think. It also stopped me from having that beginner's mindset, I guess, that got in the way. Also, I think the way that maybe, oh, it's such a general sweeping statement, but the training

that we have. In undergraduate, we have to assess students. We have to put them to a criteria. What does that foster? Does that foster being vulnerable and open and honest, which I think is helpful for a therapeutic relationship or is it quite... I feel like I'm not articulating myself well now. Then that idea of being a fixer, like you said, problem solver.

Maddy Nicholson:

I love Steve Rollnick talks about the strength's lenses. As an undergraduate physio, I did not have strength lenses. I had the problem solving, where is the issue that I need to fix lenses on. That's kind of the training, and then how do you want to do that? Do you need to do that entirely? It's getting that balance again, I guess, which is really important, I think. Then, in physio, it's great. It's great. We have these roles where we're first-contact physios. We see people instead of GPs. We work in orthopedic clinics, and I guess it's that expert role, which is great. It's how we then use that expert role, and can we use the MI skills and to weave them into those roles?

Sebastian Kaplan:

It's interesting hearing you talk about this. This might be a phenomenon across health professions where early on in learning and then may be early on in one's career, it can be more about the problem that needs fixing and maybe a bit more mechanical. Then, not for everyone, but for so many people that we've talked to and maybe in our own experiences, that it becomes more... I don't know if it gets back to the relationship with the other person because I don't know that it was necessarily there at the beginning, right.

Sebastian Kaplan:

It might be that it just gets there, and we sort of take that kind of problem solving, fact finding, fact-based kind of approach to the work, and then eventually realize that you know what's missing from that is, hey, this is as another human being across from us, and we have to really connect with them person-to-person. I don't know, maybe that's the way it should be. Maybe there's a way to reverse that. Who knows? I don't know what would be better or worse. It's just a lot of times we hear people kind of arriving at that same place that you're describing.

Maddy Nicholson:

Absolutely. One of my colleagues who says, well, I don't think an MI sort of approach should be an undergraduate program because maybe it's just about the process and how you get there eventually.

Maddy Nicholson:

I have another story if you don't mind me sharing. This is called my swivel chair story. I used to work in a clinic alongside a psychologist, and there's this one client that it was just so overwhelmingly sad what he would talk about. I was in a swivel chair, and I used to literally spin myself when I felt emotional just so that I didn't show my emotion and then swivel back. The psychologist after, "What are you doing?" I go, "Well, I'm just really sad, and I don't want them to see my sadness." Again, it was just a standout moment that psychologist went why would you not show that person this is really sad, sort of validate

that emotion? I thought, "Oh no, is it a physio thing again where we're taught resilience, professionalism to show a certain way of being, and is it that we can show emotion ourselves in the correct amount and in the right context?"

Maddy Nicholson:

Actually, just that help, the genuineness of you as a human being, and actually it's okay not to know everything. That's something that's really important to me in the undergraduate teaching is we can say we don't know everything, and that's okay. That can sometimes I think be useful to be honest about with our patients at the right time, in the right way, to the right patient. I keep coming back to that sort of individual, I guess.

Maddy Nicholson:

Another patient who had complex regional pain syndrome... We were doing some mirror box therapy where we helped them to tune into their limb again, I guess. I was doing the physio thing... I'm being really stereotypical, but I was being right. The next thing is we do this and that. Again, the psychologist would say, "Well, what are you feeling right now? What's coming up for you in this moment?" I was going, "What?"

Maddy Nicholson:

Oh, yeah. I guess, again, Physio's maybe, some of us we like to do as well. We like to get things done, and we like to feel like we're being helpful, ultimately, when we have our skills to give. I guess it's marrying that with that human, like you said, that's in front of us.

Glenn Hinds:

Well, I guess a lot of people will resonate with an awful lot of what you're saying there, Maddy, about that idea of emotions arising in their conversations when they're with a client or service user. It sounds like part of what you would have been invited to do and explore was what are those feelings? Then to be curious what those feelings, rather than these are not... What if you didn't pretend to yourself and you didn't pretend to this client or patient that you were experiencing these emotions, what would you notice? Then, very significantly, it sounds like you have been invited that idea of noticing the empathic experience that you were witnessing with this other person.

Glenn Hinds:

I suppose, for a lot of people, it's that ability to learn the notion of being a container. The noticing that the sadness that will very often, the feeling will very often come up with us when we're with a client may in itself be the client's feeling, and we're simply noticing it as a way of hearing them in our bodies rather than just hearing them through our ears. That, in itself, the more we be attuned to that emotional experience of the other will help us better understand them.

Glenn Hinds:

Very often in my trainings, I talk to people about the idea that what if we were to consider why do human beings have emotions? It very often comes people identify it's a way of communication. It's a way of understanding. It's a way of keeping ourselves safe. We

recognize the purposefulness of emotion. I invite them to consider what if we were to discover that emotions are how we communicate need. If we can hear the need, we're in a better position to meet the need and meeting the need is helping, which is what we're trying to do.

Glenn Hinds:

If we're with somebody who's sad, what is somebody who's sad need? Do that then, and know you've been helpful. It sounds like that the psychologist began to help you to go, what's going on for you, and the invitation for everybody who's listening as practitioners to be that reflective practitioner to go, what is this, and to meet it with the same curiosity that motivates them and the invites us to do when we're listening to your clients, listen to our own experience and be curious, what is this? Why this now? What's been communicated that can help me help them without me having to hide or protect myself from this experience?

Glenn Hinds:

Given the nature of the people that you're working with, you mentioned at the beginning that you were working with people with constant pain, and I know that you've worked with people with chronic pain or people who have lost limbs, so there's people whose lives have changed fundamentally as a consequence of an event or a series of events. You're coming into contact with them, and the emotions that they're bringing in with them about the loss of a limb or the fact that they can't go to work, or they can't do certain things because they've got this constant ongoing pain. Given the fact that part of what we wanted to explore with you is the idea of working with chronic pain, can you say a bit more about the use of Motivational Interviewing, in that particular area of your physical or physiotherapy work?

Maddy Nicholson:

Yeah. It's really, really obviously unpleasant pain, as a definition. You're working with people who are experiencing something very unpleasant and going on for a long time. But, like you say, it's a loss. It's a loss of so many things for them, quite often, role, whatever their role, family, work, and sometimes a really difficult system that they've been through. They may have seen lots of practitioners and become really disillusioned with the service that they've had and a pursuit to get rid of this thing that's not going away, and many fixes have come before you by the point of seeing this person, so complex. Sometimes, even traumatic experiences may influence things as well. When we see it as not just an area of the body, I guess, or something like that, we can approach it in the manner in which we should in terms of it, that empathetic, compassionate approach.

Maddy Nicholson:

I guess what was useful for me was that idea of engaging, engaging, engaging, coming back to engaging over and over again, even though we might move towards a focus and evoking around moving in a certain direction. For example, reducing opiate medication, but there might be lots of different tangents or areas of management going on at the same time, and someone might say, well, I really want to reduce my opioids, but I don't want to

do any physio. I guess it's juggling and being in the right place with that specific threat with that person and returning always to engagement, maybe if we've pushed too far in one direction.

Maddy Nicholson:

What I used to find helpful was drawing out some sort of agenda mapping. From a multidisciplinary assessment, it would look like drawing that all out, presenting it to someone, and saying, look, what do you think about that? Is there anything that we've missed, and where do you want to begin? It might not be where I think we should have begun, and that's fine. If it's not fine, and it's a piece of information, or there's a reason behind I can hear that you want to go here, would it be all right if I explain why this might be a direction to go in next or before that? I feel like I'm going to go on a tangent now, sorry.

Maddy Nicholson:

But, in things like initial assessments, so red flag screening, again, it's that permission that this is what the clinic process is. A bit around that again, so this is what it's going to look like, X, Y, and Z. Is it all right if I ask you these specific questions I need to ask? Then, I'd really like to hear about you and your story, so that they aren't sitting there then going, oh, heck, asking me these questions again. So many people have asked me these about my history, and now this person's here again doing it again. It's really just opening that up and making it kind of obvious from the start. I guess, I don't think working in pain is any different to anything else where you feel like you might have some helpful ways of going about things. Once you've got that engagement and focus, and we can explore that with people, but I'm happy to answer any specific questions.

Sebastian Kaplan:

Well, you've offered quite a lot of detail, I think, both your own growth in this area, but the importance of the engaging process and, specifically, the awareness and acknowledgement and working with emotion that patients will have in the context of the work that you do, people that have lost limbs and people that are experience other losses due to pain.

Sebastian Kaplan:

You've also talked about the multidisciplinary context, in particular, which seems like it truly is multidisciplinary. It's not just a bunch of different professionals working in their own offices, doing their own separate things, but they happen to be in the same building or in the same practice. You all are literally working together, and it sounds like there's nothing that one person on your team does that it doesn't influence the others and isn't also influenced by the others. That's sort of interesting to kind of see all that put together.

Sebastian Kaplan:

I was wondering if you could talk maybe a little bit about some of the specific, I guess, behaviors, for lack of a better term, but the actual behaviors that you are motivating people or trying to help people do more of for their health. Maybe thinking when someone leaves

the clinic or leaves your particular office, I think with most health professionals that we are hoping that they will leave us and do more of something or perhaps less of something. You gave one example of opiate use, right. But what are some of those things specific to the world of a physiotherapist working with people with chronic pain?

Maddy Nicholson:

Yeah. One thing might be something called pacing, which is for patients, it's really difficult because they want to push and push on through in their activity. Sometimes that can then flare their pain up, but it's because they want to progress. But that very thing that they're doing, then flares the pain system up because the pain system will always win and get sensitized. It's a really, really annoying, difficult skill to learn, pacing. Playing clever with the pain, I guess. You judge what your limits are, what the pain system is almost happy with in terms of not flaring up too much. Then, you gradually build that over time and then the tolerance builds over time. That might be one thing which is really frustrating to get a handle on.

Maddy Nicholson:

I guess on the flip side of that is something called fear avoidance. For very natural instinctive reasons, you want to avoid bending because your back hurts because why would I do that, because last time I did it hurt. Unpicking that very complex, difficult subject area, things like brain neuro attacks, so it's kind of you may want to bring in some pain education at that point where you would use your EPPE. But also, it's around, okay, how do we help people become confident in movement? I guess the behavior there will be performing some movements that may have previously been fear inducing and doing that in a graded manner, so that a graded exposure to that, I guess.

Maddy Nicholson:

I mentioned sleep hygiene. That's one thing that we would look at. I guess everyone's the same. We have these habits, iPhone screens, all that kind of stuff. So, again, as soon as we come along go, oh, don't do that, the instinct is, well, actually it helps me to get to sleep. I like to watch a film. It eases me into sleep or whatever. I guess any specific regimes of exercise or physical activity, but in a way that respects the pain system.

Maddy Nicholson:

I mentioned the ACT Attacks, so Acceptance and Commitment Therapy approaches, encouraging things like mindfulness or mindful breathing, but in combination maybe with some graded exposure movements.

Glenn Hinds:

In all of that, what I hear you do is describe the expertise of your rule as the physiotherapist. You've access to all of this information. You've access to all of this knowledge, and it sounds like where the craft is, is about how to bring this into the conversation in a way that is going to be that the patient or the service user's going to find valuable for themselves. When you were talking there on about the working with individuals here on opioids and whatever else, again, the benefit of your being flexible in

response that there's multiple components to this person's recovery, and you are responsible for an aspect of that whereas other people have responsibilities to support perhaps the pain medication or the home adaptations or whatever else, so the psychological issues of the loss and that multidisciplinary work in conjunction with each other.

Glenn Hinds:

But, also, then as you described, it was almost like, in the first instance, you were describing how do you help someone learn to be patient, how to become tolerant that you know what, this is going to take a bit of time. I know you think that if you bend your elbow 55 times a day, it's going to somehow make things better. In fact, after the 23rd time, it's now going to make things worse. It's waiting because over a period of time, you'll get to 55, but you're going to have to take your time to get there, and the more time you take, the quicker it will be. It's almost like that counterintuitive aspect of the pain avoidance, which, and if I'm understanding you right, what you're saying is, look, I know that bending down is sore for you, but if you don't bend down, this isn't going to improve. The idea of I'm going to avoid the very thing that's going to make the pain that comes with the recovery process.

Glenn Hinds:

Again, it's back to that sensitivity that you have, that you're describing about noticing the tone of their voice or the wince in their face when you start to talk about things that you can then focus there's the need. Let's spend a bit of time here and use my information exchange protocol. I'm going to give them information. I'm going to explore their understanding before I explain something to them and then explore with them what they think about my advice because, ultimately, they will make a decision. There's so much work that you're doing at any given moment, trying to work out how to pay attention to that client's needs and the complexity of that individual's needs.

Maddy Nicholson:

I think a really important point is when patients come in, the behavior that they've been doing has been really useful to them up until this point. Otherwise, why would they not have been doing it? To then go, ‘that's not the way to do it’, you're going to get into some difficulty. I guess that's really important is spending time on that engagement before you bash people. Someone's been pushing because that's helped them function for so long. They've been pushing into the pain and keeping active because that's what allowed them to have a life, meet with their friends, all of that stuff. I guess, before we come in and suggest changing that, we need to show someone that we see and affirm the effort they've put in already, and the reason why they've done that. I guess, I think that's really important and affirming.

Maddy Nicholson:

Haven't talked much of about affirming that, physios and affirming. I don't know. I never, ever affirmed anyone before coming towards MI, and, I guess, I've noticed that it's been really useful when used at the right time, after building the right amount of rapport with

someone. And I have another story on that, if I have time, just in terms of my experience of receiving an affirmation, perhaps if we have time. It was at the Network of Trainers, so Training for Trainers, three-day thingy, and I was in a group, and it was the end of day three, and we stood in a circle, and we all took it in turns to go in the middle and affirm someone, provide an affirmation. And I guess my first reflection on that was, it was day-three, and so we'd spent three days getting to know each other, which was really important looking back, because if someone would've done that on day-one, I'd have gone, "That's so cringey."

Maddy Nicholson:

And then, the person that gave me the affirmation, they said, "You are the one I haven't really got to know that well." And she said, "But out of everyone, I feel I would trust you most with my care." And it was just so powerful for me to receive that, because I felt like it was really genuine. She sort of said, "Look, I don't know who you are." But it I just felt it. And then to witness everyone else giving affirmations to each other, it sounds really cheesy, but I just went away thinking, "Why do we not all do this more? Why do I not use this more with my patients at the right time?" Yeah, so not straight away, and obviously gauge how it lands, really important. But yeah, I wonder whether that's an area for physios, and allied health professionals to grow with the use of affirmation. Maybe not, maybe it was just me, and everyone else did it already, I don't know.

Sebastian Kaplan:

Well, it's a great story, and a great, I think, reminder, of the importance of genuineness in that particular exchange. And I think people might picture, or maybe have their own personal experience of physios as somewhat similar to sports coaches who might be encouraging, and praising, and "Good job." And "Go, go, go." And they might find it surprising, and particularly if someone's still learning that difference between praise and affirmation, and so you found it quite powerful, both in that learning experience of your own, but has since found it really important to offer a well-timed, genuine affirmation of another person that you're working with. And I wonder, could you say a bit more about that process? What goes into an affirmation for you? Maybe an example or two, with a person that you remember working with, and how that affected the work that you were doing with that person?

Maddy Nicholson:

Again, I think it comes back to the idea of listening with a sense of feeling idea. And so, it shouldn't feel forced, I guess, but I guess, again, it comes with practice, so that you become aware of those moments where you think, "I'm seeing this real strength in this person here." And if I felt like I'd built enough rapport with somebody, and I felt like it would land well with them, I would provide one, which interestingly, now I'm going to contradict that, and say that an affirmation quite early on in a consultation with someone who was really low in mood, and basically came in and said that they kind of didn't really want to be here, and they didn't think we were going to be helpful. And it was something along the lines of, "Even though you didn't feel like you wanted to come today, you're here, and you're committed to the process and the assessment."

Maddy Nicholson:

So, something even like that, just affirming the effort, I guess. And so, like you say, it might be misconstrued as sort of cheerleading, but you can use affirmations, and it doesn't have to be in those contexts of... I think I mainly use this a lot at home at the moment as a parent, "You were really brave doing that." Or "Oh, even though you felt like you didn't want to, you gave it a go." That kind of thing. And personally, that has transformed things at home, just being open there about my family life.

Glenn Hinds:

So just the power of affirmations in relationships, with the people that are important to you, whether they be your patients, whether it be your family, whether it be the people you meet in the street, it's a presentation of your caring for them. Because the way you're describing it, for you to be able to offer an affirmation, what you're doing is you're looking at, and into the other person. And that idea that the affirmation's a belief in the other person, but the thing that you're believing in is in the other person, you're not putting it on them, you're not finding it outside of themselves. Whereas a compliment's more like, "I think you are..." And noticing something from outside in, what you're saying is, "You're very committed, you're very dedicated, it sounds like this is important for you, it sounds like you really care about your kids."

Glenn Hinds:

It's about the nature of this other person, and what you're saying is... And lots of us will recognize this, many of us are not used to having people do that to us. And very importantly, not used to people doing that to us when they're not looking for something in return. How often is somebody nice to us and instinctively go, "What are you looking for?" So, there's that conditional experience of, people are nice to me when they want something. Whereas, what you're describing as an affirmation is, this is not about me trying to get you to do anything, this is me witnessing what you've already done. It was lovely the way you described it, you're noticing the effort someone has made, so you're not waiting until the job is done, you're noticing the effort it took to get here, the effort it takes to deal with the pain, the effort it takes to be willing to try and do new things, and the effort it takes to even talk to you, to be willing to enter into a relationship with you as a stranger, and move towards something else.

Glenn Hinds:

You're now saying that you're working in a lecture's role, and I wonder, how are you translating this into your conversations with newbie physios, and newbie physical therapists? And you mentioned it on that idea that some people said, "Look, it's too early too early to introduce MI." I'm just wondering, in your experience, what are you noticing about your students and you introducing MI to them?

Maddy Nicholson:

Yes, this is something that's always on my mind, how best to do it. At the moment, my latest theory is lean towards not banging on about MI, because of course, if you're passionate about something, that's a sure way to push people in the other direction. And

so, I'm now thinking, "Okay, how do I embody MI?" Instead of going on about it, or doing sessions about it, how am I being MI? Sounds really cheesy, but it truly feels like a transformation when you take those strengths lenses on, and you're viewing people in that way who are in front of you, but how can I show that and be that to them? And I'm hoping that might be useful. And how do I weave it through the curriculum, and maybe not put MI on it as a label and weave the skills into every session.

Maddy Nicholson:

How do we give each other feedback? What's our ethos? How do we want to set things up? How do we run the sessions in an MI apparent way that's... And then I think, "Yeah, but does there need to be behavior change element to this to call it MI?" But what's the harm, I guess, in trying to embody some of the aspects of MI within the program as a whole? It's the thing I think about a lot, how do you weave it throughout everything in the right way?

Sebastian Kaplan:

Maddy, your story there, or your comment about the importance of not banging on about everything wonderful about MI, I can certainly resonate with that, I'm sure a lot of people can as well, so thanks for that reminder. I'm just wondering, if you had any advice, or feedback to give some of those graduating students that you're working with? Or maybe a physio who's thinking of learning MI, and integrating it into their practice, what do you think would be really important for them to do, or to keep in mind to do that well?

Maddy Nicholson:

And so, again, important to say that genuinely, this is just what worked for me, and obviously you find your own best ways of doing things, but for me, it was very much helpful to record things, with obviously consent, and listen back, and it's just such a great way to sort of encode myself with the skills, really helpful. And having someone look in on that as well, as well as myself, once I was okay with looking in on myself. And then, again, for me, it was maybe once we've start to ask open questions, and maybe evoke emotion from people, making sure we've got that safety net of supervision, so that we can look after ourselves, and make sure that we can keep coming each time with a beginner's mindset to someone. We've never met this person before, and yet if we've seen nine other people before that person, and we've not had a time to process things we've heard, can we sustain that? I don't know. So maybe that's useful to think around supervision.

Maddy Nicholson:

And just to acknowledge the idea of time pressure, and I hear that a lot with people learning, "We don't have the time to do that, we've got so many patients to see." Talked to a colleague of mine who is not an MSK physio, or a pain physio, but physio in general, and she said, "Yeah, you've got pressure to see this many number of physio patients on the ward, and you're going, "It'd be so much easier to go bish, bosh, bash, you do this, you do this, you do this." And then as she was talking, she went, "But probably it would be more useful to say, 'What do you know about this? And go from there.'" And even

though in your head, it felt like you had a lot less time, maybe in reality, it just took the same amount of time.

Glenn Hinds:

And as we come closer to the end of the session, what hear you describing there is that you as a practitioner, and I guess an invitation for all of us to be aware of is, that as a practitioner, you're on a continuous ongoing journey, that there are different blocks, or different aspects of your development that have come to light on your journey, and the idea of sitting back and being willing. And I know lots of us will struggle with the idea of, record your session, and then it's that whole thing about hearing your own voice, and then the willingness to let someone else listen to you in practice with the fear of criticism, or ridicule, or whatever else, but having to overcome those things have stretched you. The more the braver you became in your willingness to be curious about your practice, the bigger you became as a practitioner, and it sounds like that's the invitation you're giving to people.

Glenn Hinds:

Your fear of whatever may keep you small, it's what will help you stretch yourself a little bit at a time, whereas, what are you least frightened of to your next? Start there then and see where that takes you. And as you get stronger and bigger and more people become involved, the more opportunity you have to become the practitioner that you're capable of. And I think it's wonderful advice and encouragement for anybody out there who's on their journey, whether beginning, middle, or closer to end, that there's still things to discover and keep your eyes and ears open for what's coming your way. And in the theme of what's coming your way, I'm just curious, we always ask our guests at this point of the podcast is, what may be happening for you at the moment that may be Motivational Interviewing related or not, that's catching your attention that you'd be happy to talk about for a few minutes on it?

Maddy Nicholson:

Yeah, so we touched a bit on that. So working at Wrexham Glyndwr University in Wales, and thinking about, how do I weave in the MI into that, and then working with professor Jeff Breckon at Sheffield Hall Uni at the moment, doing PhD, rollercoaster, really, and I mean, obviously, my passion for MI keeps me going through that, really interesting, the looking at systematic review, and seeing a handful of studies that have used MI in musculoskeletal care specifically, and just being interested around fidelity to MI within those studies, and sort of the transparency around MI trainer quality in those as well. And really, outcome measures, how do we know it's been useful? And what outcome measures do we use in musculoskeletal care in terms of that area? Really tricky.

Maddy Nicholson:

So, questions I have at the moment are if I'm being fair to physios, which part of a conversation with a patient do I code? Is it the first bit? And gaining some feedback recently from stakeholder group, they were saying, "Okay, well, if it's initial interview, the last 10 minutes is the bit where we talk with our patient." Which was interesting. And then

if it's a follow-up, the first 10 minutes is where you're going to get the good bit. And I guess maybe that's a question for you as well. And yeah, also, what the physios wants need specifically from an MI training, really interested along that study line.

Maddy Nicholson:

So again, I asked that question, and they were saying, “We want examples, we want specific examples.” Which I kind of went, “Yeah, I get that.” And at the same time, that idea of a toolbox, and if we just ask these questions… Though, my own resistance came up though, whether that’s right or wrong, because again, ‘it’s how the learning occurs, and the building blocks first that you need. But yeah, specific examples for physio was the answer, and a lot of experiential learning and feedback. And also, I just wanted to take a cheeky chance to thank all... It sounds really cheesy, but thank the MI a community and MINTies, because I just think it's just been vital in my learning, personally, because everyone's just so generous with their time and expertise.

Sebastian Kaplan:

Wonderful. Yeah, it does seem like your sights are set in the clinic that you work in, but are also much broader, and aiming to share with physios in a much broader way of, how best to integrate Motivational Interviewing into their worlds, how best to train, and how best to, I guess, disseminate research, and best practices. So, we look forward to what you discover over the next few years, Maddy. And Maddy, also, if people were interested in reaching out to you, and ask you questions, or sharing ideas, would you be interested in people doing that? And if so, how could they reach you?

Maddy Nicholson:

Yep, absolutely, @motivationalmad on Twitter is probably the easiest and best way. I do have an email address, which is very long-winded, Madeline.Nicholson@Glyndwr.ac.uk. So maybe @motivationalmad on Twitter maybe the easiest way, but yeah, I'd love to hear from people.

Glenn Hinds:

Fantastic, and we really appreciate that. And just to remind people of ways of staying in touch with ourselves as well, that on Twitter it's @changetalking, on our Instagram, it's TalkingtoChangePodcast, on Facebook, it's Talking to Change, and for ideas, or questions, or reviews, or questions around training, our email address is podcast@glennhinds.com. So Maddy, we really appreciate your time today, and we really appreciate your insights to the world of physiotherapy, physical therapy, and your journey into that world, and your integration of Motivational Interviewing, and the care and support of the people you come under contact with. So, thank you very much for everything you've shared with us today. And want to say thank you, and good luck, and thanks everybody.

Maddy Nicholson:

Pleasure to be here. Thank you very much.

Sebastian Kaplan:

Thanks, Maddy. Appreciate it.

Maddy Nicholson:

Thank you.

Glenn Hinds:

And now here's a role-play with Maddy, working with Seb, followed by us having a debrief of the intervention.

Maddy Nicholson:

Okay. Hi, Seb. Is it okay if I call you Seb?

Sebastian Kaplan:

Sure, sure. That's fine.

Maddy Nicholson:

Yeah, yeah. So, you've been referred here from your doctor, and what we find is, with other people, some people think of physios as really sort of hands-on, and other people think of physios as people that kind of coach, and help, and guide. I'm just wondering what your understanding is of, I guess, physiotherapy? Why I might be here seeing you? And what the clinic here is about?

Sebastian Kaplan:

Well, yeah, back when I was much younger, when I was in my 20s, I hurt my back, and I had back surgery, so I saw a physical therapist then, and I can't say it was the greatest experience, it seemed like they were trying all these different things, and different strategies, and approaches, and it just really wasn't working for me, as quickly as I would've wanted it to, and I just wanted to get on with my life, and get back to being active, and playing basketball and things like that. So, I guess I am aware that you're going to help me get right physically, so I can get back to doing what I want to do.

Maddy Nicholson:

Okay. Yeah. Thank you. So, it sounds like you already had experience with physio in the past, whether that's been useful or not, not so sure about that. And at the same time, you've kind of come back here today with the idea that we might be able to help you move forward. Would it be right if I just kind of outlined how the clinic works, and our role of physios here in this clinic?

Sebastian Kaplan:

Sure, that'd be great.

Maddy Nicholson:

So yeah, the first part of today will be, I guess, some information collecting. So, apologies, but also not apologizing for that, in terms of, we need to make sure you're in the right

place, we've got the right information, so then we can get the best care for you. And in terms of the physio role here, it may or may not be different from what you've previously experienced, but I guess what we hope to do is listen to what's been going on for you, and then work with you to come up with some sort of focus, and meaningful focus, to move forward with your back. How does that sound?

Sebastian Kaplan:

That certainly may make sense. I mean, I guess the more that you know about me, the more you can help me. So that would work.

Maddy Nicholson:

Okay. Lovely. So, with that in mind, is it okay if I just ask you a few specific questions that I touched upon earlier? So yeah, any recent significant weight loss at all for you recently?

Sebastian Kaplan:

No. A bit of weight gain, unfortunately.

Maddy Nicholson:

Okay.

Sebastian Kaplan:

So going in the other direction.

Maddy Nicholson:

Any blood, or bowel changes at all recently?

Sebastian Kaplan:

Nope, none of that.

Maddy Nicholson:

No. Okay. And that's an important question, just that we ask, because you've come in with your back, I don't know whether anyone's taught you around that before, why that question's asked?

Sebastian Kaplan:

Well, I do remember something about when I had back pain, again, in my 20s, they thought it might be my kidneys and not my actual back, so maybe that's where that's coming from.

Maddy Nicholson:

Okay, I see. Yeah, yeah. And so certainly, kidney is definitely, as you say, located around the area. And also, with your bladder and bowel, you have some nerve coming out of your back from that area, and sometimes if you have changes in your blood or a bowel, it can

indicate something needs urgent attention, in terms of the nerves in your back. But certainly, because you're saying there's been no recent changes with that, then that doesn't worry me at the moment.

Sebastian Kaplan:

Okay. Well, that's good to know.

Maddy Nicholson:

Okay. Some hard-hitting questions to begin with, any history of cancer at all for you, or in your family?

Sebastian Kaplan:

No, not that I'm-

Maddy Nicholson:

No.

Sebastian Kaplan:

Aware of.

Maddy Nicholson:

Okay. And again, that's just to make sure we get you're in the right place with the screening questions. And so, thank you for filling out the other questions as well in your questionnaire, that's really helpful to direct us in the right direction for this session. So really, over to you now, tell me your story, in terms of what's been going on for you with your back.

Sebastian Kaplan:

Well, so I've been, I would say, an athlete all my life, and basketball in particular, other sports as well, tried to play some golf here and there, some soccer with my kids, and running as well, is something that I've done quite a bit of. And with the pandemic, it kind of prevented me from, I mean, not from doing running and those kinds of things, but prevented me from playing basketball for sure, and I would say, I wasn't as active as I should have been, so that's where my weight gain has come from. But with things opening up a little bit, I started playing again, and it was about two weeks ago, it was about two weeks ago. And I still think I can do things that I probably can't do anymore out there on the basketball court. And I don't even really remember if there was a specific thing that happened. I was just playing. And then, by the end of the night, I really could barely walk and was in pretty excruciating pain.

Sebastian Kaplan:

And for several days afterwards, I had a real hard time getting out of bed. Couldn't really find any position that was comforting. I've tried to avoid heavy medication, but I've been using a lot of ibuprofen to treat that pain. And I'm able to at least get in and out of the car

and go to work. But I decided I needed to see my doctor just to see what was the matter. And so, I saw my doctor earlier this week and he had me come see you.

Maddy Nicholson:

Absolutely. And so, it sounds like you've always been an active person and that's really important to you within your life. And that's translated into even after having a bit of downtime. Committing yourself, getting back active again. And what you've found with that is that you've then experienced a pain flare up.

Sebastian Kaplan:

Yeah. Playing basketball has always been something really important to me, both physically, but it's a great way to hang out with my friends. And yeah, it's just super frustrating. And I want to get back out there. I really missed it during the shutdown and I'm just looking for ways for this pain to go away.

Maddy Nicholson:

Okay. I'm hearing there's some frustration there because actually, it's really helpful for your mental health. And then that side of things for you, really important to be active for physical and mental reasons. And I noticed that you talked about going to your doctor to find out what was going on, being one thing. But also, to get rid of the pain, being another thing. Help me understand that a bit more, both of those things. How important is it for you to get a label or a diagnosis and then also, about getting rid of the pain?

Sebastian Kaplan:

Well, I guess, you can't really solve a problem without knowing what the problem is. And I guess I have pain for a reason, and I suspect part of the doctor's job is to find out what that reason is and therefore, he would know how best to treat it. And yeah, as far as getting rid of the pain, I mean, I don't know. It prevents me, I can't play in pain, and I can't do other things in pain. Yeah, I'm eager for the pain to go away so I can get back to life.

Maddy Nicholson:

Absolutely. And pain being something that's just gets in the way of what you want to be doing. It's not pleasant. And so naturally, you're going to want to know what do I do to get rid of this?

Sebastian Kaplan:

Exactly.

Maddy Nicholson:

So, I can function again. Yeah. Yeah. Just to confirm in terms of how long you've had this pain for now, if that's okay.

Sebastian Kaplan:

Well, this particular episode's been about two, three weeks or so. I had the back pain in my 20s, which was on and off for several years. I ended up having back surgery when I was about 29. And that did the trick for the most part. I've had periods since then, in the last 20 or so years where my back pain had flared up. But it just took a little bit of stretching and ibuprofen and maybe doing some sit ups or something, that it went away after a week or so.

Maddy Nicholson:

Mhm. You've had…

Sebastian Kaplan:

But this one feels different though. This one feels a bit, I don't know, more painful. Feels more like it did back in my 20s.

Maddy Nicholson:

Okay. You had this sort of big event in your 20s that it resulted in back surgery. And then, you've been managing it yourself on and off over the years is to the point where you can function. Not only function but play sport regularly. And you found your own way of managing it with your stretches, your ibuprofen, your sit ups. And now, you're concerned that it's going to be the same as in your 20s this time because it feels different.

Sebastian Kaplan:

Yeah. I would have to say I'm a bit worried that I have to go through what I went through again, but now as someone who's quite a bit older and less fit.

Maddy Nicholson:

I'm interested, from your point of view, you said that I'm not the fit, or it's different. Or you had that downtime, and you went back to it, and it flared up. From your point of view, taking the time out to weigh things up and reflect yourself, where do you think that the areas for consideration are in terms of how you look after your back?

Sebastian Kaplan:

Meaning what do I think is wrong with my back? Or what do you mean?

Maddy Nicholson:

I guess it sounds like you've been managing it yourself on and off over the years. And I'm wondering whether there was anything different this time that you think may have influenced how you've been able to manage your back symptoms when they've flared up. Or was there anything that happened that? Yeah.

Sebastian Kaplan:

Yeah. I think it's really just the intensity of it was different. Well, it is what is reminding me of what happened in my 20s, but also, is different from what happened since the surgery. Since the surgery, I was never in a position where I couldn't go to work the next day. I

was never just up all night because I couldn't find a position that wasn't painful. And that's what is happening now. And that's what happened at times in my 20s.

Sebastian Kaplan:

And as far as what took place, it's one of the frustrating things. I don't know why this happened this time specifically. I was just playing. And now, granted, I have taken a long time off and I'm older and I gained some weight. Maybe it's just I shouldn't play basketball anymore. Maybe that's the lesson here. I don't know. But I certainly hope not. Yeah.

Maddy Nicholson:

Yeah, yeah. You're weighing up whether any of those factors have any influence at all. And your gut instinct is that you want to keep playing. I mean, hearing your story and hearing you talking. There is certainly some areas of focus from my point of view that we could delve into it in more depth.

Maddy Nicholson:

And I guess I could present those to you. And then you could tell me what you think of them. Whether you think it's worthwhile looking into together. And then you could just add to that if you wanted, if you felt like, "Wait a minute, this person's not covered what I was hoping to cover within these sessions." How does that sound?

Sebastian Kaplan:

Yeah, that sounds great. I'd love to hear your ideas.

Maddy Nicholson:

Yeah. And of course, this is we're having a conversation here. Obviously, love to look at your movement as well. See how you're moving in your back as part of this assessment. But purely from what you're talking about, I guess some focus points might be around, yeah, I guess the pain system itself and maybe exploring that. And how the pain system works. Thinking about things like pain when you've had it for a little while and then pain when you've had it for a longer period.

Maddy Nicholson:

That's just one area that we could touch upon. I guess another area is, depends on how our movement assessment goes, but looking around movement. You talked about you're keeping pushing on and keeping being really active. And that is allowing you to function because you're an active person with children and you like sport.

Maddy Nicholson:

And at the same time, it's gauging how we do that in a way that your back is happy with, or your pain system is happy with. We could explore that in more detail, getting that balance and how that can move you towards being where you want to be, which is ultimately, sustaining your activity levels without the pain or in a manageable level of pain. I don't know what you think about those initial focus points.

Sebastian Kaplan:

Yeah, sure. Makes sense. As again, just really eager to, we play again next week. We don't play all the time, but if I could get out there next week, I'd really want to. And so, I don't know if there are things that I could really do in the next few days that would just get me well again. But yeah, again, just really happy to hear your ideas.

Maddy Nicholson:

Yeah. And normal to want to get back urgently to something that you enjoy doing. Absolutely. And I reckon, yeah, a discussion around how we can facilitate that best. I'm hearing you want it in the long term. You want it in the short term, but you also want to sustain it in the long term.

Maddy Nicholson:

And hopefully, hearing that, we can work together the best way to do that, to keep you active in the long term. I would, yeah, explore that idea of diagnosis as a point as well, as a potential focus point. Whether we need that to be able to move forward or not and explore that together.

Sebastian Kaplan:

Yeah.

Glenn Hinds:

Can I maybe just jump on here? And just, because I guess that the audience may be interested to know what was going on for both of these during that conversation. And I guess the question is how beneficial that conversation was for the patient. Can I just maybe start with you, Seb? I'd just be curious, what was that like for you?

Sebastian Kaplan:

Yeah, no. Yeah, it was good. I came in wanting some answers. And I also understand that people need to get to know me and understand and what happened and understand the story before we get there. But I found it to be a really easy environment to share. I felt like Maddy really was trying hard to listen and understand how important being active is to me. And she also took time to really try to understand my history as well.

Glenn Hinds:

Now it sounds like her efforts to understand it from your perspective and to get a broader picture of your experience was important for you.

Sebastian Kaplan:

Yeah.

Glenn Hinds:

What was it about that you found helpful? Because you're saying, "I want to get back quickly." Why was the way Maddy doing it helpful for you?

Sebastian Kaplan:

Well, I've seen physical therapists in the past and other healthcare providers too. And sometimes, it can just feel a bit like they're talking at me or just poking and prodding because they have either their own agenda or check boxes that they need to check off. And this felt a bit more, or a lot more just personalized really. That it gave me the sense that whatever care I would receive and whatever treatment I would engage in, would truly be because of me and my needs. Not because of I'm a middle-aged man with back pain.

Glenn Hinds:

It really sounds like it was worth Maddy's while taking the time to do that because there was a buy-in from you as a consequence, compared to the other encounters you've had in the past.

Sebastian Kaplan:

Right. Yeah.

Glenn Hinds:

Okay. Thank you. And I guess, and the next question, and for you, Maddy. What was that like for you? And what were some of the choice points that you'd noticed yourself having during that conversation with Seb?

Maddy Nicholson:

Yeah, I noticed my righting reflex rising up at times. My gut instinct of you don't need a label to be able to manage this. And I said, "Thank you mind, and we'll carry on." A bit of mindful. I like to imagine myself, which sounds weird, zooming out and looking over myself sometimes. And that helps me to notice those urges and sit with them. Which does take an effort when you want to be helpful. That was one thing.

Maddy Nicholson:

I guess also, I felt like, because we'd only just met, I was balancing going into a deeper level with you, with not going too far, because I'd only just met you. And this person might be going, "I've come in for physio here. Why is she asking me about how I feel about what role exercise plays with my mental health?"

Maddy Nicholson:

Again, I felt like I was still a bit surface level, but I didn't feel it was right to go any deeper than that at that stage. And yeah, I guess all those points for focus were zinging in my head. And I was building up a little picture in my head thinking, "Okay, I could present these things and be led by you, I guess, of where we go next." And happy to do that, because I don't feel like there was any specific place to start. I felt like we could start with diagnosis.

Maddy Nicholson:

But I could say, "Look, how important is it for you to get a diagnosis before we move on to any discussion around managing this?" And you might go, "Well, actually, you know what? I said, I wanted a diagnosis, but." And then we might go dance back to that if it actually arose again. As we were doing things, you were like, "Yeah, but what's wrong with me? How can I do that if I don't know?" We might then, yeah, come back to that focus, I guess, with your permission and understanding on why that might be useful to know about that. Yeah.

Glenn Hinds:

Sounds like a lot of the effort that you were making there was the being attentive, both to what Seb was saying, and what Seb wasn't saying, and the issues that were for them. But also very important, you were describing that attention to yourself, that noticing the instinct to go, "You don't need this." Or "You do need this." And you described it in MI terms as the righting reflex and the ability to recognize and support yourself not to do it that way.

Glenn Hinds:

It sounds like, again, it's that effort on your part to really hear it from the other person's perspective and from what Seb was already says, it sounds like he found your effort to do that in this initial conversation really helpful. That led to the point where the conversation had ended, which was, "Okay, here are some of the choices you can now make about what we do next that are treatment related."

Maddy Nicholson:

I think as well, I was also weighing up shift, I guess, from engagement into focus. And whether that was appropriate yet. And tuning in, I think at one point I heard Seb talking about maybe the struggle. And then in my head, I was going, "Okay, are we at the point where I choose to reflect that struggle because we're still engaging here? Or am I choosing to shine the light on his strength of committing to being active still and move it in a direction towards, yeah, that kind of strength focus?" That was another thing that was going on.

Glenn Hinds:

Again, as we bring this to closing, one of the questions then was, what was it that helped you make that decision about going in one direction rather than the other?

Maddy Nicholson:

That is such a good question. And I think as well about telephone consultation versus in-person consultation, because I guess people are hearing this, but we can see each other right now. Some of it is that intuitive body language thing as well. Maybe I shouldn't say that, but it's that combination maybe of talk about struggle early on. With that body language, you can gauge how that lands. And I felt, "No, I need to acknowledge the struggle."

Maddy Nicholson:

But then, this is such a long-winded way of answering your question. But then, maybe when you do that, if what comes next is more struggle and you feel like it's tipping towards these are all the reasons why it's hard and this bubble is building. Maybe that's a flag to me to say, "Yes, we've acknowledged. And now, we need to shift, and I need to help Seb to move forward."

Maddy Nicholson:

I think, oh, what was that? I'm just trying to think. Something that, I think it was Ali Hall talks about bringing a blanket and not doing that too much. And so yes, we can do that, and we can show that we hear the struggle. And at the same time, we're not being that helpful if that's all that we do because actually, we are there to help and facilitate someone move toward change if they want to, ultimately. And respecting that autonomy obviously to choose.

Maddy Nicholson:

And another thing, I guess, I think one of the podcasts that you do with Terry Moyers, again, talking about, well, penny drop for me was about, well, you talk to people anyway. Why not do it in a way that is MI adherent and that you're aware of? And it made me think, "Actually, yeah the power of what we choose to reflect, hadn't even dawned on me before that point. And so, why not be become aware of that and bring attention to that?" Which is what we're doing now, I guess debriefing it.

Glenn Hinds:

Thank you. Thank you very much. And I'm just wondering any other thoughts or comments, Seb, from your perspective, either as Seb the client or as Seb the MI practitioner and the podcast host.

Sebastian Kaplan:

Yeah, I think that question, it's a great question. Right. Why do this versus that? Is there a reason to almost ignore or just be aware that maybe some sustained talk was in the room, so to speak. And just be aware of it, but not really attend to it. Or go in there a little bit and try to understand that a bit. Or maybe go in there with an affirmation too, which has another dual quality to it.

Sebastian Kaplan:

And these are things that people, we could talk for hours and hours about why we would do this and why we do that. And not to say it's unimportant to do that. I think it is very useful to be intentional about the choices we make. I sometimes settle back into something that Bill Miller has said many times, which is when in doubt, use a reflection. You're rarely going to do harm and something really important might come of it.

Sebastian Kaplan:

And I think of an affirmation. Although I want to be more selective on the use of affirmation, so you're not doing affirmations over and over and over again. It might lose the

genuineness of it. But that you could also maybe say when in doubt, if there's a moment to affirm, use an affirmation and see where that goes.

Sebastian Kaplan:

But as far, Maddy, to your point of being careful about it not just becoming one barrier after the other, or sustained talk after sustained talk, after sustained talk. I think in my head, I've thought of many different metaphors to describe it. Maybe one recently I've thought of is, you know when you get in a newer car? Well, it doesn't have to be that new, but you get into a car, and you start driving without your seatbelt.

Sebastian Kaplan:

Nothing happens for the first, I don't know, many meters, however it is. And then all of a sudden, the car starts to ding. And it's like, "You don't have your seatbelt on." And maybe in there's maybe some newer cars, it starts to get faster. And I feel like that with exploring sustained talk. After maybe a couple of volleys back and forth, that car isn't dinging to say, "You might want to switch gears, or put your seatbelt on, or stop asking about that."

Sebastian Kaplan:

And I guess that's how I think of it is, for a few moments it's okay. You're learning more about the person. You're offering opportunities to provide validation, to not judge them for some of their struggle. And then, you're going to want to start moving on from that.

Glenn Hinds:

Fantastic. And certainly, having I got Maddy's contact details, if there's anything came up from that role play, I'm sure Maddy would be happy to hear from you. And so would Seb and I. But thank you, everybody, for coming along today.

Sebastian Kaplan:

Thanks, everyone. Thanks, Maddy.

Maddy Nicholson:

Thank you.