

"VEMA"*

A TOOL FOR NAVIGATING DIFFICULT CONVERSATIONS

"VEMA" stands for Validation, Education, Motivation, and Activation. The VEMA Model is consistent with principles of Motivational Interviewing, as both models recognize that until a patient feels validated in their experience, they will not be able to move forward, hear educational information, or become motivated to actively engage in a change process. Consider the following when communicating with patients:

Validation

Even if there are no objective physical findings for your patient's pain, it is important to consider that your patient's pain and experience of their pain is real. In fact, given what we now know about Central Sensitization Syndrome, a person with no objective findings is likely experiencing painful sensations from "Brain Pain" AKA over amplification of pain receptors. It is common for patients to experience an array of emotional responses during conversations they likely perceive as a threat to their well-being and safety. Until a patient feels validated in their experience, they will not be able to move forward in their process of accepting change or being educated on important safety changes. Validate the patient's experience by reflecting their emotional response. Validation does not mean you have to agree with the patient's perception.

Example

"It's understandable that you are feeling (upset, anxious, fearful, scared, angry) due to this discussion and I believe your pain is real." "Your pain has been managed with prescription opioids for a very long time, it is normal to feel this change is impossible." "Making changes can feel scary and upsetting."

Education

Give realistic expectations and share your concerns framed around safety and best-practice guidelines. It might be helpful to have educational handouts including information about other non-opiate evidence-based modalities. Consider starting with a "Validation" statement and then using AND to bridge it to "Education" statement.

Example

"I believe your pain is real and we now know that taking opioids medications over time can lead to serious side effects. Are you interested in hearing more about that now or should we schedule another appointment?" "I can imagine making changes to your current opioid prescriptions can be upsetting and we now know that non-opioid modalities can lead to higher functioning and greater quality of life."

Motivation

Give realistic expectations and share your concerns framed around safety and best-practice guidelines. It might be helpful to have educational handouts including information about other non-opiate evidence-based modalities. Consider starting with a "Validation" statement and then using AND to bridge it to "Education" statement.

Example

"What area in your life do you feel the most motivated to begin making lifestyle changes?"

Activation

Collaboratively set goals with your patient. Create opportunities for the patient to have some control in creating their action plan. This will significantly increase the chances of the patient's engagement and success in taking action.

Example

If a patient needs to be tapered from more than one controlled substances ask the patient which medication they would like to start tapering first. And/or if you are starting a taper you might ask the patient which dose during the day they would like to start reducing first, e.g. evening dose of a three times a day dosing of methadone.

**VEMA comes from Anthony J. Mariano, PhD Clinical Psychologist, Pain Service VA Puget Sound Health Care System*

Further Resources

Below are some links to some websites that offer ideas on how to effectively talk to your patients on this topic:

<http://www.oregonpainguidance.com>

Difficult Conversations — "The Art"

Difficult Conversations — Real life examples and Helpful Hints

www.agencymeddirectors.wa.gov/guidelines.asp

<http://www.cdc.gov/drugoverdose/opioids/index.html>

<http://www.supportprop.org>

<http://www.motivationalinterviewing.org>