



Optimizing Patient Communication The Key to a Successful Taper

Create Therapeutic Alliance

Avoid Stigmatization

- + Developmental process¹
 - + Identified difference(s)--> difference(s) deemed undesirable
- + Out-group is assigned a negative judgement¹
 - + Exaggerated negative cognitive-affective orientation toward pain or other symptoms
- + Resulting in densely woven patterns of disadvantage²
- + Maintained through the exercise of power¹
 - + Mediated by policy, law
- + Accepted as natural and sensible, without reflection, and often invisible³
- + Especially tenacious regarding persons who use drugs⁴
 - + Non-medical use, addiction, pain, mental health
- + Caution:
 - + Evidence-based medicine speaks in categories
 - + Complete reliance on evidence-based medicine can be stigmatizing

Use Person-First Language

- + "Difficult patients"
 - + Instead:
 - + Difficult conversations
 - + Patient in difficult circumstances
 - + Patients with ambivalence
- + "Catastrophizing"⁵
 - + Instead: Exaggerated negative cognitive-affective orientation toward pain
- + "Psychosomatic"
 - + Instead:
 - + Somatoform disorder
 - + Somatic symptom disorder
 - + Severity may be more physiologic than psychological
- + "Drug seeking"
 - + Blaming conclusion that may be unwarranted
- + "Relapse"
 - + Instead: Return to use
 - + What do we need to do that we weren't doing before?



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Engage Patients

Set the Stage

- + Prepare yourself beforehand
 - + Scripts for difficult conversations
- + Use motivational interviewing⁴⁻²
 - + Patient identification of behavior-goal disconnect, ownership, move towards change
- + Share medical decision-making process
- + Make judgments ≠ judgemental
- + Solutions non-linear and iterative
- + Listen authentically to patients who may have the next best idea

Understand the Stages of Change¹⁰⁻¹³

- + Precontemplation
- + Contemplation
- + Preparation
- + Action
- + Maintenance
- + Relapse

Encourage Change with Motivational Interviewing⁴

- + Express empathy-->validate hard feelings
- + Develop discrepancy
 - + What are your values/goals?
 - + What are your current behaviors?
 - + Are they connected?
- + Roll with resistance
- + Support self-efficacy

Navigate Difficult Conversations¹⁴

Understand Why Conversations Can Be Difficult

- + Stakes are high
- + Patients feel powerless
- + Emotions run high
- + Clashing needs
- + Clashing desires
- + Absence of authentic listening
- + Specific patient concerns:
 - + Distrusted
 - + Made to feel like a drug addict
 - + Made to feel like a criminal, punished
 - + Made to feel stupid, talked down to



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- + Discredited knowledge or me as a person
- + Absence of concern or attention to my symptoms
- + Absence of authentic listening

Example

- + One patient's experience:
 - + 28-year chronic pain sufferer
 - + Tried multiple treatment options
 - + Explored, but ultimately avoided surgery
 - + Prescribed opioids for 10 years and thankfully, never became addicted
 - + Was in pursuit of living life without pain (did not fully appreciate improved function)
 - + Was unknowingly afraid of what was required to find alternatives – the life change was dramatic
- + Challenge of treatment plan:
 - + Taking medication as prescribed created problems
 - + Hyperalgesia
 - + Cognitive impairment
 - + Mobility challenges
 - + My body did not respond positively to treatments that were investigated
 - + Allergic response to iodine and materials for neurostimulator
 - + Difficulty with neurotomy
 - + PTSD around treatment options
 - + Ultimately believed they stayed with one provider too long
- + Lessons learned:
 - + Opioids can be extremely effective and create immediate relief
 - + What is not clear is when the opioids stopped being effective
 - + There is long-term value in finding non-opioid treatments, which can be empowering
 - + My pain is transitory
 - + There is intermittent hope in seeing signs of improvement that you can have a better life at the other end
 - + I had no idea it was possible to get better, I **CAN** live with chronic pain, and **I do not need daily medication**
 - + Medical providers do not **ALWAYS** have **ALL** the answers

Tapering Suggestions

- + Identify potential patients
- + Create the partnership: patient can benefit if they feel supported and that they are not in it alone
- + Understand their fears or concerns
- + Discuss their support structure or how to shore up one
- + Convey that this is a journey, not a moment
- + Consider what will work for THIS patient at THIS moment
- + Be mindful of the pacing of the taper
- + Patient suggestions
 - + I understand the fear of change and fear of the unknown
 - + Look to the other side of what is possible



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- + The doctor can be a part of that journey
- + If you have the will or desire and the medical team can be part of it, it can be powerful
- + What is your best self?
- + What is your best life?
- + Thank you!

Conversation Trap¹⁵

Compassion Traps

- + Patient: Do you want me to lose my job, do you want me to be on the street?
- + Provider: I want you to have safe and effective pain control and it is my medical opinion that your current medicine won't give you that.
- + Patient: I wish you could feel my pain.
- + Provider: I know you're suffering and I'm sure that we can work together to reduce pain, so you don't have to suffer.

All-or-Nothing Traps

- + Patient: You're cutting me off and I have to live with my pain?
- + Provider: There are many, many things that people with chronic pain can do other than opioids to manage their pain. Would you like to hear about them?
- + Patient: I've tried all that stuff, none of it works.
- + Provider: I want to hear what you've tried so we can find a way for it to be more helpful this time.

Addiction Labeling Traps

- + Patient: Don't label me as a druggie.
- + Provider: I have no interest in labels at all; I am interested in helping people who are struggling with medical problems.
- + Patient: So you're basically saying that I'm a junkie.
- + Provider: I'm saying that addiction is a medical problem that responds to treatment, not a problem of bad morals or behaviors.

Desperate and Threatening Traps

- + Patient: I heard it's illegal for you to let me go into withdrawal.
- + Provider: Withdrawal is uncomfortable but not life threatening. I can prescribe you medicines to help with withdrawal symptoms.
- + Patient: I'm getting a lawyer (the medical board, your boss, etc.)
- + Provider: You do what you feel is right, of course. That's what I'm doing for you, too.



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Endgame Traps

- + Patient: (Behavior is angry, despondent, avoidant, etc.)
- + Provider: At this point, I suggest we agree to disagree, what I have laid out is what I believe to be the safest and most effective course of action right now.
- + Patient: I hate you, I am leaving, you suck, etc.
- + Provider: It is understandable that you are upset, it is my job to keep you safe and I care about you. You are free to go any time. I will be having my medical assistant call you in the next couple of days to check on you and invite you to come back in to talk about next steps.

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