

THE ART OF DIFFICULT CONVERSATIONS

It is understandable and predictable for patients to express strong feelings when presented with the need to change behavior such as reducing or eliminating prescription opioids. Pain medications can become a patient's primary coping strategy for dealing with physical, emotional, psychological and post-traumatic pain. Delivering the change message can be triggering and even terrifying for patients and families. Strong emotions are commonly expressed and directed toward the healthcare team.

When facing highly emotional situations consider what may be underlying the strong emotional expression. Often underneath a heightened emotion such as anger, there is shame, fear, grief, panic, sadness, and possibly a belief that living without prescription opioids is impossible. Communication that demonstrates empathy, compassion *and* strong boundary setting, will lead to more positive clinical outcomes. Consider applying the five guideposts below as a way to prepare for emotionally charged clinical situations. With the right mindset and tools, difficult conversations can become medicine that is safe, effective, and satisfying for patients, families and the healthcare team.

Belief and Confidence

Conversations with patients about reducing reliance on opioids are much less difficult when you believe that opioid pain medications are neither as effective nor safe; as we were once lead to believe. When you are confident that non-opioid interventions provide the best chance for effective pain management, the conversations become much easier. Expressing confidence and belief in your patient's ability to make the change is one of the most valuable tools for creating positive clinical outcomes. It is highly advisable to overtly and redundantly tell the patient you believe in their ability to make the changes, even if you don't completely believe the message just yet. Believing the patient can change is critical to the success of the process. Over time, as you see your patient making such changes and actually increasing functioning and quality of life, you will be more confident in your patient's abilities and it will be easier to relay your belief in them.

Value Identification

Prior to engaging in potentially challenging conversations, it is advisable to spend time reflecting on the core values and principles that guide you in your practice of medicine. For example, it may be in the service of practicing safe medicine, being in alignment with your colleagues, the medical board or with community, state, and national safe opioid prescribing guidelines. When you are in alignment with your values and the healthcare team believes that the change is in the patient's best interest, the difficult conversations are often more manageable and rewarding. Being in touch with your values makes you more confident in yourself around having such conversations and sending the message to the patient that you believe in the changes you are asking them to make.

Realistic Expectations

When asking a patient to do something they may be afraid to do or that they do not want to do, they may leave the appointment highly distressed, very angry, or inconsolably sad. Commonly providers and teams believe that patients leaving in such a highly emotional state means the office visit had a poor outcome. Reconsider this belief. When a provider and team asks a patient to make a change that is guided by core principles and a belief that it is in the patient's best interest to make the change, then the

state the patient is leaving in can be considered a natural part of the patient's therapeutic process, and a positive step toward the individual's health and well-being. If the provider and team can "hold the line" in a compassionate and supportive way, generally the patient will return later agreeing to work with the provider/team on the changes to the management of their chronic pain. Often times the patient needs to see that the provider and team is serious about the suggested changes before they will be willing to agree to make the changes.

Relationship as a Resource

Do not underestimate the power of using the relationship between you and your patient as a resource when asking the patients to make changes to the management of their chronic pain. Most patients genuinely care for their providers and team and want to work collaboratively with them. Genuinely communicating with patients that you believe they can make the change and that you will stick by their side through the changes is often one of the most powerful tools. Patients often fear their providers/team will abandon them, ask them to make changes too quickly, not listen to their fears, and or "fire" them from their practice. Upon completed a life changing pain education series, one patient told us that "he never would have agreed to go but he didn't want to disappoint his healthcare team.

Willingness to Feel Uncomfortable

Difficult conversations often bring about discomfort for patients, their families, providers, and healthcare team. When we model our willingness to be uncomfortable to our patients, it helps the process. Consider saying to yourself before engaging in such a conversation, "I am willing to be uncomfortable having this conversation because it is in the service of my value of safety and best-practice medicine." It can be helpful to notice your own sympathetic nervous system activation (e.g., rapid, shallow breathing; clenching fists or jaw), and then engage in an activity to activate your parasympathetic nervous system (e.g., slowing down and deepening your exhale and softening your hands or jaw). Just as these situations can be highly emotional for our patients, they can be highly emotional for provider/team. These conversations go much more smoothly when providers and team can identify which types of patients and situations trigger them the most and develop an intervention strategy to notice the trigger and proceed calmly and effectively with delivering effective patient care.

Further Resources

Visit [here](#) for more ideas on how to effectively talk to your patients on this topic.
(<http://professional.oregonpainguidance.org/online-resources/difficultconversations>)

[Motivational Interviewing Resources \(www.motivationalinterviewing.org\)](http://www.motivationalinterviewing.org)

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