Start with empathy and compassion for your patient’s situation. Your patient is likely to be anxious about any change in their pain medications. It is normal for you to be anxious or uncomfortable as well. Simply naming this anxiety in your patient and in yourself can be very helpful. If the patient is not in imminent danger, take the time to build a trusting and supportive relationship before making any changes to the pain medication. Reassure your patient that you will not abandon them and will continue to work with them to improve their function and quality of life. Explain that you will go slowly if necessary and that patients can experience improved quality of life after lowering pain medications.

**Involve the patient** – Ask the patient about their perceptions of risks, benefits, and adverse effects of continued opioid therapy. Clear up any misconceptions they may have. Give them your assessment of the risks, benefits, and alternatives to opioids. Involve them in decisions, such as which medication or dose to change first and how quickly the changes will occur. Tapering will be more successful with the patient’s input and collaboration.

**Take more time** – Schedule a longer appointment when you discuss possible tapering. Use the extra time to listen to your patient’s story about their pain and their concerns about any changes to their treatment. Patients often report that providers don’t take the time to hear their story. Make sure your patient feels you fully understand their perspective. This promotes empathy and builds a therapeutic alliance.

**Get the support of your team** – Making changes to pain medications is best managed by the entire healthcare team. It is ideal if all team members are aware of the treatment plan and communicate their empathy and support for the patient on a regular basis. If the conversation with the patient gets stressful, have a team member standing by to join you to diffuse the situation. During the tapering process, arrange for a team member to check in with the patient every week or more often via phone, text, clinic visit, etc.

**Use motivational interviewing (reflection, validation, support)** – Be sensitive to the patient’s reactions to your conversation with them. Remember, you don’t have to agree with the patient to show that you understand and validate their feelings. Here are some example phrases.

- **Reflection:** “You seem upset by what I have said. Can you talk about how you are feeling right now?”
- **Validation:** “I absolutely believe your pain is real.” “I know it is very challenging for you to make changes to your medication.” “It’s perfectly normal for you to be anxious, fearful, and angry.”
- **Support:** “I know you can do this, and I am going to stick by you on this journey.” “I am sorry to see you suffering. I care about you and I want your health to improve.” “I see that you are suffering right now. By working together I am confident you can do this and that over time your quality of life will improve”

**For inherited patients, maintain the current dose and document if considering a taper** – If safety allows, do not make any medication changes at the first visit. Explain that you are making a careful assessment of the risks and benefits of continued opioid therapy. Reassure your patient that you will involve them before making any changes. Assure them of your concern for their health and safety. In your documentation, make it clear that you are maintaining the current dose of opioids in the broader context of assessing risks and benefits and developing a relationship of trust.