



Managing Difficult Conversations About Opioids



Introduction | Talking about changes to pain management plans or tapering opioids can be stressful for both the provider and the person being treated. This guide explains how to prepare for and have these conversations in a supportive way while following safe pain control practices.

Preparing for the Conversation

Take a few minutes to prepare for the conversation. This will reduce stress and help set a supportive tone, establish rapport, and lead to more satisfactory results.

[CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain](#)

- **Cautions against** “applying hard limits on prescribing opioids,” “cutting off” opioids, and “abrupt tapering of opioids”
- **Encourages** basing treatment on clinical experience, judgment, and knowledge of patient
- **Encourages** working collaboratively to review opioid-related risks and to develop a tapering plan at an individualized pace to minimize withdrawal symptoms

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Preparing for Difficult Conversations About Opioids

Reflect on the values guiding the change

- Identify the core values and practices that drive the need to discuss changes to the treatment plan. You may be driven by the desire to keep a person safe and to be consistent with standards of medical care.

Accept that a negative reaction may occur

- Accept that the person may become upset and even angry.
- Stay objective and manage your own emotional response to any resistance from the person.

Make a plan

- Set the outcome you want to achieve for the visit. It may be a small step, like introducing the idea of tapering or a minor prescription change.
- Consider using [motivational interviewing techniques](#) to enhance the person’s motivation to change.
- Be prepared to prompt the person to set functional goals.
- Be prepared to recommend alternative treatments to opioids. See the *Knowledge Hub* resource [Methods for Managing Chronic Pain Other Than Medication](#) to share with the person.

These resources from the *Knowledge Hub* will help to engage the person in self-management and adopting a nonopioid pain management approach. Consider printing them to share during the visit.

- [Moving From the Cycle of Pain to the Cycle of Wellness](#)
- [Developing a Plan for Self-Management of Pain](#)
- [Methods for Managing Chronic Pain Other Than Medication](#)

During the Visit

Introducing the need for change. Approach the person with compassion. Consider introducing the need for changes to opioid treatment, with the intention of making the first treatment adjustment at the next visit. You might ask the following key questions:

- Have you tried to reduce the dose, or have you run out of medication before? Can you tell me about it?
- How would you feel if we went very slowly and made small changes over a period of months?

Taking a therapeutic approach. While emphasizing the need to reduce the risk of harm, ask the person about their concerns and offer options for next steps. Engage them in a discussion of nonopioid treatment approaches for managing pain.

During the Visit	
Elicit the person's perspectives and goals	<ul style="list-style-type: none"> ▪ Ask the person about their quality of life, ability to perform day-to-day tasks, and functional goals.
Use plain language to share your perspective and offer treatment options	<p>Keep it simple:</p> <ul style="list-style-type: none"> ▪ Describe your observations and concerns. ▪ Share your perspective about the safety and effectiveness of opioids or related concerns. ▪ Offer options for making changes to their treatment plan.
Check for understanding, listen and acknowledge	<ul style="list-style-type: none"> ▪ Check the person's understanding of your reasons for making changes by using the teach-back method. In this approach, you ask the person to use their own words to explain back to you what you discussed. ▪ Look for verbal and nonverbal clues to emotions and acknowledge their feelings and pain experience with empathy.
Express confidence in the person	<ul style="list-style-type: none"> ▪ Express your belief that the person can successfully make the changes needed to manage their pain with fewer opioids or without opioids.
Agree (or agree to disagree) on next steps	<ul style="list-style-type: none"> ▪ Review choices for the next steps and try to reach an agreement. ▪ If necessary, accept any disagreement on next steps, but adhere to the goal for treatment changes.
Express commitment to ongoing treatment	<ul style="list-style-type: none"> ▪ Offer reassurance that you are committed to helping the person as their opioid dose is reduced or other treatment changes are made.



Resources

Conversation Guides

[Navigation Strategies for Compassion-Based Patient Interactions](#) (Oregon Pain Guidance Group) | This overview describes a five-step process for navigating challenging conversations about opioids.

[The Art of Difficult Conversations Pocket Cards](#) (Oregon Pain Guidance Group) | These pocket cards succinctly outline strategies for having difficult conversations about opioids.

[Flip the Script: Discussion Guide](#) (Minnesota Department of Human Services) | This resource for providers offers guidance on having difficult conversations about pain, pain management, and the risks of opioids.

[The “FAVER” Approach: Responding to Inappropriate Patient Requests](#) (American Academy of Family Physicians) | This pocket card for providers concisely outlines the FAVER approach to responding to inappropriate requests from patients.

Kane, M., & Chambliss, L. (2018). [Getting to no: How to respond to inappropriate patient requests](#). | *Family Practice Management*, 25(1), 25–30.

Sample Language Tip Sheets

[Common Traps and Negotiation Strategies](#) (Oregon Pain Guidance Group) | This tip sheet presents examples of negative reactions to difficult opioid conversations and constructive ways to respond.

Video Vignettes: A Guide to Difficult Conversations About Chronic Pain (Group Health Institute and the University of Washington)

[High Risk Low Benefit Scenario](#) (6 minutes) | A provider models a discussion about reducing the opioid dose of a poorly motivated person with chronic pain by using good listening skills and motivational interviewing techniques.

[Opioid Diversion Scenario](#) (4 minutes) | A provider demonstrates compassion and boundary setting with a person suspected of diverting medication.

[Positive Urine Drug Screen Scenario](#) (4 minutes) | A provider sets boundaries and makes safe decisions for a person who tested positive for unprescribed benzodiazepine.

Other Guidance

[Building Trust and Engaging People With Disability and Chronic Pain in Their Own Care](#) | This *Knowledge Hub* resource offers communication tips to build trustful and therapeutic relationships in which people feel engaged as partners in managing their chronic pain.

[Tapering Guidance for Opioids: Existing Best Practices and Evidence Standards](#) (Action Collaborative on Countering the U.S. Opioid Epidemic, National Academy of Medicine [NAM]) | This slide presentation is from a July 22, 2019, NAM conference titled “Tapering Guidance for Opioids: Existing Best Practices and Evidence Standards.”

[Urine Drug Testing](#) (Centers for Disease Control and Prevention) | This resource provides guidance on when to conduct urine drug testing, how to talk with people about testing, and how to interpret the results.



For more information visit: Partnering for Better Chronic Pain Management and Safer Opioid Use:
A Knowledge Hub for People With Disability and Their Providers | KnowledgeHub.air.org

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