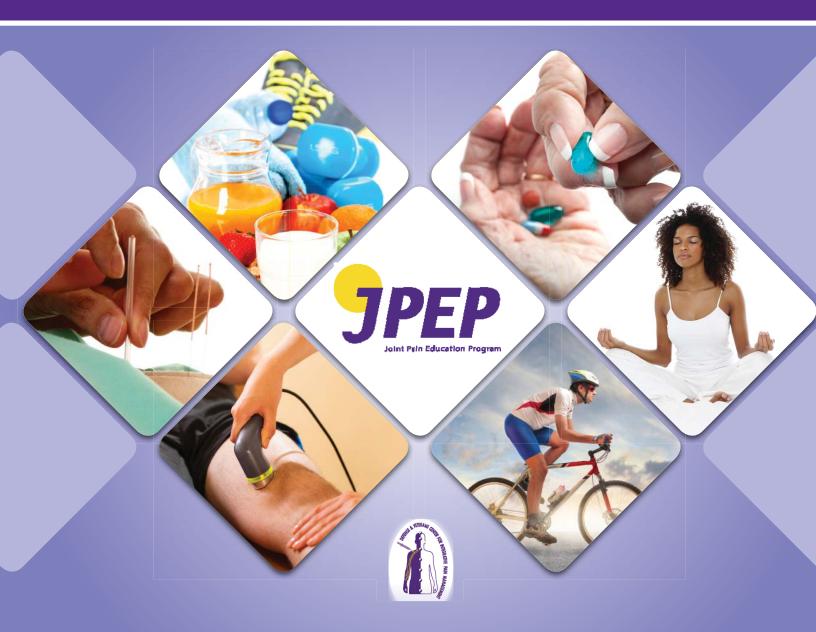
Pain Management for Primary Care



DoD/VHA JOINT INCENTIVE FUND (JIF) PROJECT



Series: Six Psychological Approaches to Pain Management

Module 6-2 Provider Communication in Chronic Pain





Module 6-2

Provider Communication in Chronic Pain

By the end of the module, you will be able to:

- Describe different approaches for increasing patients' investment and involvement in chronic pain management
- Identify the importance of, and means to, shift the focus of treatment from medical interventions to patients' own rehabilitation efforts
- Explain basic tenets to maximize effective communication with patients with complex chronic pain

We will review:

Topic One: Motivational Interviewing

Topic Two: Self-Management

Topic Three: Effective Communication

Lead Authoring Subject Matter Experts

Veterans Health Administration Dr. Jennifer Murphy Department of Defense CDR Jeffrey Millegan, USN

Topic One

Motivational Interview



Motivational interviews (MI) aim to elicit and encourage an "adult conversation," strengthening the commitment to healthier living.

- Collaboration
 - Patient and provider work together as partners and remain nonjudgmental
 - Providers do not impose their will or tell patients what to do
- Evocation
 - Providers capitalize on patient's natural motivation to make life better by bringing their motivation into conscious awareness
- Autonomy
 - Patients are in charge of their decisions and behavior, and that is respected by providers
 - · Patients know/decide what they will do

Notes

Motivational Interview (MI) is grounded in a respectful stance with a focus on building rapport in the initial stages of the counseling relationship.

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Motivational Interview Page 1

Notes - Continued

Change talk is defined as statements by the patient revealing consideration of, motivation for, or commitment to change. It does not need to be an action. In MI, the therapist seeks to guide individuals to expressions of change talk as the pathway to change. Research indicates that the more someone talks about change, the more likely they are to change.

MI is a collaborative conversation to strengthen a person's own motivation and commitment to change. It is a partnership with patients, grounded in their experiences and point of view.

In this process, the provider tries to draw out or 'evoke' the patient's own ideas and thoughts on change versus imposing opinions. MI believes that lasting change is most likely to occur when patients discover their own reasons to change.

Instead of the provider playing the role of expert or authority, MI recognizes and respects individuals as autonomous and in charge of their decisions, and acknowledges that there may be multiple ways that change can occur effectively.

Listen, more than tell and use open ended questions frequently. <u>Use the mnemonic ARS: Affirmation Reflection Summary</u>

- Affirm and reinforce patient's strengths and abilities
 - "I have the confidence that you can do these difficult things once you have made up your mind"
- Reflect and listen with empathy
 - For example, after a patient says "I want to be more active, but I've tried and I can't," you should reflect and say: "So, you feel like you aren't able to be more active even though you want to"
- Summarize the patient's narrative and formulate next steps clearly and positively

Notes

MI is a person-centered form of guiding to elicit and strengthen motivation for change. It is not about convincing or forcing patients to change, but understanding their perspective and working with them to help lead them towards positive change in a gentle and collaborative fashion.

The goal throughout your conversation is to be working WITH the patient or veteran as opposed to talking AT them.

Facilitator may detail:

OARS is a brief way to remember the basic approach used in MI.

Open-ended questions are those not answered with 'yes' or 'no,' invite elaboration and thinking more deeply about an issue.

Affirmations are statements that recognizes patients' strengths. These should help individuals feel that change is possible and encourage feelings of self-efficacy.

Reflective listening is a critical skill in MI. By listening carefully and reflecting, providers help patients feel truly understood. In addition, through use of reflections the provider guides patients to the negative aspects of the status quo which may help resolve ambivalence. It may take time to develop this skill, but it is essential to facilitating momentum. Summaries communicate interest, understanding and call attention to important elements of the discussion.

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Motivational Interview Page 3

How do I motivate a patient? Remember the mnemonic RULE: Resist Understand Listen Empower

- Resist the "Righting Reflex" "I'm telling you, you need to stop smoking now!"
- Understand your patient's motivations Use reflections
- Listen to your patient Critical not to interrupt
- Empower your patient With genuine affirmations and practical assistance (counseling, support, medications)

Notes

As a provider, using MI can be challenging since the stance is altered from authority to partner.

Remember the RULEs.

It is important to help empower your patient to believe that change is possible.

Resist the "Righting Reflex" ("I'm telling you - you need to stop smoking now!") Understand your patient's motivations – use reflections Listen to your patient – critical skill – don't interrupt Empower your patient – with genuine affirmations and practical assistance (counseling, support, medications)

Patients should not feel abandoned in this process but empowered.

Care for chronic pain the same way you would any other chronic illness where cure is not possible

Foster a collaborative clinical relationship

Promote self-management strategies/responsibilities

Be aware of the patient's grieving process; but remind them that despite challenges, they can likely do more than they think they can. This is good news!

Provider is to help the patient make adaptive choices

Instead of confrontation, resistance to change is minimized by acknowledging that self-management is difficult and emphasizing autonomy

Do not be afraid to express limitations regarding treatment options and likely outcomes from biomedical interventions. Doing the RIGHT thing should always be the rule of the day, regardless of time constraints or patient pressure. Standing by interventions that are effective for the management of a long-term condition, which is largely the need for self-management, should be clearly communicated. If patients choose not to accept this, then the use of other communication techniques such as MI could be of benefit.

Best to use a biopsychosocial model for chronic pain and be clear with expectations:

What you can do and what you can not do

What the patient must do for him or her self, Determine how you can work together most effectively

With a limited amount of time, providers sometimes feel pressured but do not give "answers" you don't have

If you don't like the conversation YOU can change it!

Knowledge Check

According to MI, providers are encouraged to:

- a. Tell patients exactly what changes they should make and how to implement them into their lives
- b. Provide suggested timelines in which changes should occur
- c. Maximize the use of yes/no questions to increase clarity in communication
- d. Resist the urge to be directive, instead work with the patient's own motivations

Knowledge Check – Answer

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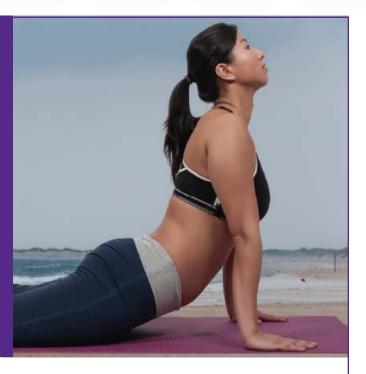
Notes

Read question aloud

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Topic Two

Self-Management



self-management approach supports the patient in taking a more active role in their health care and focusing their efforts on improving those areas that are within their contro

Self-management is the foundation of chronic pain treatment, shifting control from the provider to the patient.

- Patients must understand that acute pain is a sign of a disease, whereas chronic pain is the disease.
- Providers must acknowledge the limitations of medical treatment and the need for patient involvement.
- Self-management improves pain, mood and function and can be done individually or in groups.
- Self-management shifts the primary focus from medical treatments to your patient's own rehabilitation efforts.

Notes

A Self- Management is a dynamic process of maintaining health in the setting of chronic illness where the patient, family, community, and health care professionals manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions (Grey M et al, Nurs Outlook 2006)

Facilitator may detail:

Active coping strategies substantially reduce the likelihood of experiencing pain-related disability (Blyth F et al, Pain 2005)

Consistently practicing multiple self-management strategies is associated with improvements in pain, disability and depression (Nicholas M et al, Eur J Pain 2012)

Shifts locus of control from provider to patient

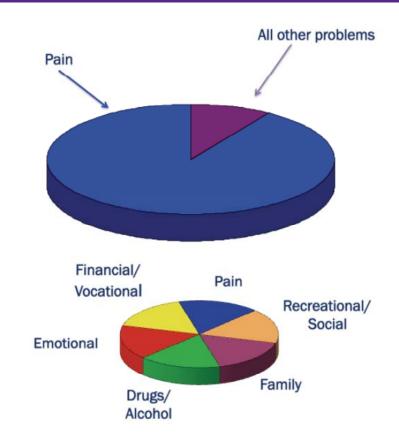
Nearly all outcomes are mediated through the patient's behavior versus the provider (Bodenheimer T et al, JAMA 2002)

Associated with greater disease knowledge, increased self-care, and more benign disease course (Wassem R, Rehab Nurs 1991)

Patient's perceived self-efficacy is paramount

Group treatment combining self-management approach leads to improvement on measures of pain distress, disability, mood, pain beliefs, and functional reach compared to an attention control group (Nicholas et al, Pain 2013)

Self-management changes the patient's perspective from 'pain is everything' to 'pain is one more' thing to cope with'...



Notes

We are shifting the perspective that pain is the primary symptom and distinct from all other aspects of an individual's life.

We are debunking the believe that once pain is "fixed," all other problems will be solved.

From a self-management perspective, pain is considered within the context of the person as a whole. Developing a plan to improve pain management therefore also considers other important aspects of the individual's life such as social, financial, and emotional contexts.

What does self-management accomplish?

It teaches patients to be self reliant and active.

- Empowers individuals with chronic pain through reassurance, encouragement, and education
- Develops adaptive strategies for managing pain and fostering global wellness
- Encourages the conservative use of analgesics and adjuvant medications as a means to promote a healthy lifestyle

Notes

The key is to help patients understand that chronic pain is a chronic condition that needs to be managed on an ongoing basis, through a collaborative process where the patient is essential in their own health and well-being.

Providers should facilitate empowering patients with education, tools, resources, referrals, and the like.

Active modalities should be favored over passive modalities – in other words, "what can I do to help improve myself and my life versus what can you do to fix me or make me better?"

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How do I teach patients to practice self-management?

- I focus on managing illness:
 - Learn about the condition
 - Develop strategies to manage illness tasks
 - Take ownership of health needs
- l activate my resources:
 - Identify and access various resources to support efforts (i.e. health care, social, spiritual, and community supports)
- I learn to live with a chronic illness:
 - Recognize the emotional responses to living with a persistent illness
 - · Develop strategies to integrate wellness into daily life

Notes

Providers help to facilitate the learning process and emphasize the need for the patients active role in healthcare.

Consider the bio-psychosocial dimensions affected by chronic pain and the various resources that may be useful in enlisting help where available, and working towards not making pain the center of the individual's world but instead expanding the world to be fuller and more fulfilling. This often involves the use of community and social involvement as well as self-care strategies.

Knowledge Check

The self-management approach shifts the focus from provider to patient. What areas of life might be considered when implementing self-management strategies:

- a. Family/social
- b. Pain/medical
- c. Emotional
- d. All of the above

Knowledge Check – Answer

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- c. Emotional
- d. All of the above

Notes

Read question aloud

Module 6-2 Training Guide

Topic Three

Effective Communication



Effective communication with patients suffering from chronic pain can be challenging.

- Many times patients and providers share a biomedical perspective of pain that is inadequate to deal with the complexities of chronic pain.
- Before patients can make positive changes, providers must learn to think of chronic pain as a persisting syndrome present at least three (3) months characterized by:
 - An extreme focus on- or amplification of pain
 - Significant inactivity or deconditioning
 - History of multiple unsuccessful treatments
 - Emotional issues (depression, irritability)
 - Disrupted sleep
 - Reduction in social activities

Notes

Providers often apply biomedical approach to 'fix' and 'cure' can perpetuate the unhealthy chronic pain cycle.

continued on next page

Module 6-2 Training Guide Effective Communication Page 11 Notes - Continued

Providers limited time with patients and their own desire to avoid an uncomfortable situation may lead to less direct care with less than optimal interventions.

At times, it may be challenging to communicate effectively with patients with chronic pain for various reasons.

The chronic pain experience results from entire the progression of events in the socio-cultural context, including interactions between patients and providers.

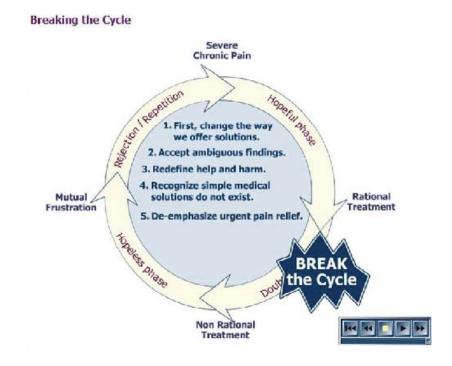
Providers should seek to understand how our own efforts can help ameliorate or exacerbate these interactions.

It is critical for effective pain management that both providers and patients embrace the complexities of chronic pain and address the whole person.

While not all patients with chronic pain fulfill this criteria, many of those who are the most challenging to treat do.

They are often those who utilize the most healthcare resources and pain is typically the centerpiece of their lives. The key is that traditional treatments have not been effective and broad-based pain-related functional impairment is evident.

The best way to break the cycle of chronic pain is to re-conceptualize the problem, redefine goals, help and transfer hope from a medical solution to self-management.



Notes

From A. Mariano, VISN 20 Chronic Pain Provider Education:

http://vaww.cp.visn20.med.va.gov/

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Remember, communication basics include:

- What you say may not be what is heard:
 - Ask a patient to repeat what you said
 - Avoid jargon
- Clarify what patients believe:
 - What is the problem?
 - What do you feel should be done?
- Clarify patient's expectations:
 - What would like me to do?
 - What are you willing to do?

Phrases to avoid:

AVOID

There's nothing wrong with you.

You shouldn't have this much pain.

Accept your pain.

You'll have to live with the pain.

Nothing can be done.

"Degenerative"

BETTER

We can't measure pain with tests.

Stress "turns up the volume" of everyone's pain.

Expect pain to be a small part of your life and it won't be a large part.

I want to help you live better with pain.

"No medical solutions" does not mean no solutions.

You are getting older and these are normal changes.

Notes

Avoid words that are more black and white or all-or-nothing such as nothing, always, never, etc.

The way that things are communicated can make all of the difference to a patient. By adopting phrases such as the ones suggested, patients are less likely to become defensive, upset, or angry and more likely to listen to the message being delivered.

Effective Communication Page 15 Use policies and Opioid Care Agreement (OCA).

They improve the quality and clarity of your communication.

If the patient is on long-term opioid treatment (LOT) discuss:

- Urine Drug Testing
- Early refills, lost medications
- · Self-escalation of opioid dosing
- Dose limitations
- Breakthrough medications for exacerbations of pain
- Types of medications to use

Notes

Knowledge Check

One of the most beneficial ways to ensure that patients have received the information provided during appointments is:

- a. Suggest that they rely on a friend or family member to remember the information
- b. Ask them to repeat information back to you as they understood it while they are in your office
- c. Have them tape record the appointments
- d. Ask members of the office support staff to spend additional time with them in reviewing all of the information

Knowledge Check – Answer

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Notes

Read question aloud

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Summary



Be comfortable to use motivational interviews with your patients using the RULE mnemonic (Resist-Understand-Listen-Empower).

Treat chronic pain like any other chronic illness. Encourage patients to self-manage while acknowledging the challenges. Emphasize autonomy and reassure your commitment to help.

Communicate effectively by clearly defining goals, responsibilities and expectations. You are not obliged to give an answer to every question in single visit. Be supportive and empathic with every encounter.

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Notes



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