The Gentle Art of Saying “No”:
How to Establish Appropriate Boundaries with Chronic Pain Patients

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Disclosure

- Nothing to disclose

DISCLAIMER:

Dr. Cosio is speaking today based on his experience as a psychologist employed by the Veterans Administration. He is not speaking as a representative of or an agent of the VA, and the views expressed are his own.
Learning Objectives

- Describe patient-provider shared responsibility while prescribing pain medications
- Explain the model of collaborative care and the challenges of setting patient boundaries
- Explain the steps of resolution
- Discuss a plan on setting boundaries in example patient cases

The Pendulum Swings...

- deemed a human right
- believe entitled to opioids
- providers feel pressured
- reinforces patient’s beliefs and reliance on medication

Risk of Opioid Overdoses

- side effects/addiction
- dramatic rise in opioid misuse and deaths from OD
- High profile deaths like Heath Ledger and Prince
- identified by CDC as “public health epidemic”
- CDC released guidelines in March 18, 2016
Why Are Patients Deemed Difficult?

- mistreated, robbed, or ignored
- personality conflicts
- social or financial problems
- lack of trust, information, or communication
- cultural differences/language barrier
- cognitive impairment
- severe mental health/addiction concerns
- secondary gain
- system concerns-what happened today?
- negative drug interaction

“There are no difficult patients, just patients with difficulties.”

Common Provider Failures

- use jargon and avoid certain topics
- too much information and assume understanding
- patient afraid to assert themselves
- make jokes and ignore how impacts patient
- fail to explain a teaching hospital and/or clinic’s functioning
- provider feels like a police officer, judge, or deal-maker
Provider Relationship Expectations

• Patient is expected by provider to:
  – be open
  – honest
  – obedient
  – motivated to get better
  – display gratitude
  – display pleasure at improvement

Patient Relationship Expectations

• Provider is expected by patient to:
  – be thoughtful
  – to listen
  – to be empathic
  – to be non-judgmental
  – to do no harm
  – to be competent

Patient-Provider Shared Responsibility

• model of collaborative care
• known as “working alliance”
• originated in MH (Greencavage & Norcross, 1990)
• validated by strong research support
Patient-Provider Shared Responsibility

- Patients with rewarding relationships have:
  - better outcomes
  - less likely to seek assistance from other sources
  - reduces the risk of conflicting treatment plans
  - reduces risk of further confusion

Continuation of Care Plans

- heightened interest in pain management
- NEED for appropriate boundary setting more apparent
- NEED for consistency of self-management message throughout disciplines

Gentle Art of Saying “NO”

- sometimes what the patient wants may NOT be what they need
- saying "NO" may be the therapy!!!
- case study
Provider Training

- communication is most important life skill
- don’t usually put effort into this skill set
- 5 essential components:
  1. really listen
  2. express empathy
  3. be concise
  4. ask questions and reflect
  5. watch your body language

Provider Training

- communication training has been beneficial in improving relationship
- essential elements of healthy relationship:
  - compassion
  - clear expectations, or established boundaries
  - provider giving adequate explanations
  - patient being active participant
  - patient part of decision making

Boundary Setting

- Boundaries:
  - simple rules or limits
  - created by individuals
  - identify reasonable, safe, and permissible ways for others to behave around them
  - determine how they’ll respond when someone oversteps these boundaries
  - pain management requires appropriate boundaries
  - hard for providers to identify potential ruptures
Ask Yourself the Following:

- Is it hard for you to say no or yes?
- Are you ok when others say no to you?
- Do you take on other people's problems or pain?
- Do you experience other people's problems or pain?
- Do you share personal information quickly or slowly?
- Is it hard for you to share anything?
- Do you tell people in your life what you want, what you need, and how you feel?
- Are you able to ask for help when you need it?
- Is someone hurting or disrespecting you?

Difficulty Setting Boundaries?

- boundary setting requires lots of thought and practice
- providers learn little about this in clinical training
- to master skill, recognize:
  - boundaries are not a threat
  - not an attempt to control others' behaviors
  - setting limits improves relationships with patients

Practice Setting Boundaries

- **Name** or describe the behavior that is not acceptable to you
- **Express** what you need or expect from the other person
- **Decide** what you will do if he or she does not respect the boundaries you’ve established
- **Validate** your actions by recognizing that setting boundaries is important work and that your rights are important
Boundaries are NOT Comfortable

Providers feel uncomfortable during process
• when reasonable limits placed
• continue to step beyond those limits
• review what conduct is expected from patient
• maintain boundary
• review precise actions can expect from staff
• be consistent with message
• remember Step 4...setting boundaries is important work
• remember saying "NO" is the appropriate treatment!!!

Boundary Setting Guidelines

• establish boundaries or restrictions early on
• be consistent and document
• use policy/procedures as backup
• review opioid pain agreement
• use other tools available

Use Other Tools Available

• pain education school
• random urine tox screens
• prescription state monitoring
• opioid risk tools (SOAPP)
• use a "decision tree"
Handling Patient Refusals
- It is the patient's decision and right—they should take responsibility to make choices/recommendations available
- Providers are NOT obligated to provide opioids
- Providers ARE obligated to provide the best level of clinical care—1961 Single Convention on Narcotic Drugs
- Goals are to maximize safety and minimize risk for patient and community
- Providers should avoid making decisions based on emotions and not facts

Popular Media Example

Case Study #1
- Patient presents with increasing pain complaints and requests for dose increases while decreasing activity. There is no indication the opioid is helpful.
  - **Name**: Requesting dose escalation and activity decrease
  - **Express**: Role of medication to be more active
  - **Decide**: Plan to titrate down opioid if does not increase exercise
  - **Validate**: Refer to PT for an assessment or therapy
Case Study #2
• Patient comes to your clinic as a walk-in and is reporting lost or stolen medications.

Name: Walk-in and reporting stolen medications
Express: Patient’s shared responsibility for medication safety
Decide: Will not refill without police report
Validate: Consult local paper or prescription state monitoring

Case Study #3
• Patient urgently calls you with increased pain and then shows up to your clinic for an unscheduled appointment and asking for an early refill.

Name: Show up unscheduled with increased pain
Express: Emergent pain treated in ED or Urgent Care
Decide: Unscheduled visits should NOT be used for opioid increases
Validate: Patients deserve to have a full visit

Case Study #4
• You ordered a urine screen during your patient’s last visit and it comes back:
  – negative for a substance you are prescribing
  – positive for a substance you did not prescribe

Name: Patient is not following prescription and using illicits
Express: Concerns about patient and community safety
Decide: Conduct urine tox screen again—d/c if repeat offender
Validate: Risk of diversion, sharing, or self dose escalation
Case Study #5

- Patient is upset and is making SI/HI threats after being told d/c opiates at this time.

   **Name** - Patient is making SI/HI threats

   **Express** - Concerns about patient, provider, and community safety

   **Decide** - Call for police backup/refer to ED/refer to MH

   **Validate** - Consult/debrief with other providers for support

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Case Study #6

- Patient comes to your visit appearing intoxicated or somnolent/overmedicated. They also continue to report taking their opiates as prescribed.

   **Name** - Patient may be abusing medications or using illicits

   **Express** - Concerns about patient and community safety

   **Decide** - Conduct pill count, urine tox screen, and speak to family

   **Validate** - Consult with Addiction Services or refer to ED

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**REFERENCES**


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