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

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 the 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 increase 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

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

REFERENCES

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- International Association for the Study of Pain (IASP). Part 10: Pain terms, a current list with definitions and notes on usage.