



Communicating With People With Disability to Create a Chronic Pain Management Plan



Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers

Introduction | This resource offers guidance on ways to engage people with chronic pain and disability in doing the following:^{1,2}

- Setting functional goals,
- Making shared treatment decisions where opioids are a consideration, and
- Establishing self-management practices.

See the *Knowledge Hub* resource [Managing Difficult Conversations About Opioids](#) for a conversation guide on tapering opioids to reduce risk or discontinue use, or suspected opioid use disorder.

The discussion to develop a treatment plan is divided into five steps:

- Step 1.** Understand the person's pain experience and priorities to establish treatment goals.
- Step 2.** Establish realistic treatment expectations and set functional goals.
- Step 3.** Provide information about options for managing pain, including opioids, if medically appropriate.
- Step 4.** Reach a mutual decision about the plan for treating the person's chronic pain.
- Step 5.** Work with the person to adjust their pain management plan and for safer opioid use.



Understand the person's pain experience and priorities to establish treatment goals.

- Give the person the opportunity to share how pain affects their life and what approaches they have tried to manage it.
- Assess for depression and anxiety, both of which are more common in people with chronic pain and disability.^{3,4,5}

Only 20% of people with complex medical conditions received appropriate care when physicians failed to consider contributing factors in the patient's life, such as daily activities, support systems, and emotional state.

Source: Weiner, S. J., Schwartz, A., Weaver, F., Goldberg, J., Yudkowsky, R., Sharma, G., . . . Abrams, R. I. (2010). Contextual errors and failures in individualizing patient care: A multicenter study. *Annals of Internal Medicine*, 153(2), 69–75. doi:10.7326/0003-4819-153-2-201007200-00002

Strategy	Example Language
Understand the pain experience and acknowledge concerns	<ul style="list-style-type: none"> How are things going for you? What is a typical day for you? How has your activity level changed since we last talked? What do you do for fun?
Understand how the person is managing pain	<ul style="list-style-type: none"> How do you manage your needs when you are in pain? What have you tried to reduce your pain or prevent it from getting worse? What pain management approaches have worked best for you?
Empathize with the person's emotional distress or frustration	<ul style="list-style-type: none"> I know that you're often in pain and you're worried. Let's figure out how we can improve your quality of life. I understand that this has been very frustrating. Please know that I will continue to work with you until we find a plan that provides some relief.

Share the *Knowledge Hub* resource [Communicating With Your Provider to Manage Chronic Pain](#) to help people have this conversation with you.



Establish realistic treatment expectations and set functional goals.

- Emphasize the trial-and-error nature of finding the right combination of strategies to reduce pain and improve the person's quality of life.
- If the person is not already taking steps to self-manage their pain, introduce strategies such as activity pacing to reduce pain flareups, low-impact exercise to increase muscle strength and flexibility, relaxation methods to reduce muscle tension, and other approaches. Share the *Knowledge Hub* resource [Methods for Managing Chronic Pain Other Than Medication](#) to offer non-drug intervention tips on how people can manage pain on their own.
- Set realistic expectations about the level of pain control the person can expect with opioids, if under consideration.

Strategy	Example Language
Empathetically, set realistic expectations about pain control.	<ul style="list-style-type: none"> I know you'd like to be completely pain free, but medication will only help with some of your pain. Controlling chronic pain usually takes a lot of trial and error using medication treatments combined with non-drug treatments and steps you can take at home to manage your pain. Knowing that you have a condition that can't be permanently healed is frustrating.
Understand the person's priorities for pain control.	<ul style="list-style-type: none"> How would you feel if we focused on making the pain manageable and improving your quality of life? Before your pain got worse, what did you do that you don't do now? Let's talk about what a positive result would be for you (for example, "It sounds like being able to go fishing is important to you").



Provide information about options for managing pain, including opioids.

- Don't assume you know a person's preferences for the treatments being considered. Be aware that a person's preferences may change over time.
- Offer information and resources on self-management and non-drug approaches to managing pain. Share these *Knowledge Hub* resources with the person:
 - (1) [Moving From a Cycle of Pain to a Cycle of Wellness](#),
 - (2) [Developing a Plan for Self-Management of Pain](#), and
 - (3) [Methods for Managing Chronic Pain Other Than Medication](#) to offer non-drug intervention tips on how people can manage pain on their own.
- Share information on opioid risks, emphasizing those that are specific to the person's situation and medical history.⁶ Confirm that the person understands the risks by using an approach like the teach-back method. In this approach, you ask the person to use their own words to explain back to you what you discussed.
- The opioid agreement (or contract) can be a useful tool for discussing opioid risks and introducing expectations.

A person's recall, understanding, and adherence are improved when providers:

- Use plain language.
- Are specific.
- Use some repetition.
- Check for understanding.

Source: King, A., & Hoppe, R. B. (2013). "Best practice" for patient-centered communication: A narrative review. *Journal of Graduate Medical Education*, 5(3), 385-393. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771166/pdf/i1949-8357-5-3-385.pdf>

Strategy	Example Language
Explain the treatment options	<ul style="list-style-type: none"> ■ Here are some options that we can consider. ■ Let's look at this information to help you understand the options in more detail. ■ Opioids come with side effects like constipation and sleepiness. You will need to avoid driving initially, until we can be sure that side effects won't impair your ability to drive safely. With opioids, we may end up chasing the pain with higher doses as you develop tolerance.
Confirm understanding	<ul style="list-style-type: none"> ■ To make sure I explained the options well, could you tell me how they are different from each other? ■ How will you explain your options to your [family member]?
Identify the person's treatment preferences	<ul style="list-style-type: none"> ■ When you think about taking an opioid medicine, are you more concerned about the increased risk of overdose or managing the side effects from the medicine? ■ Among the treatment options we've discussed, what options do you think you would like to try first?
Share information relevant to the person's medical history	<ul style="list-style-type: none"> ■ Given that you have sleep apnea and heart disease, I am worried about how opioids could affect you or even cause you to stop breathing. ■ The research shows that you are at higher risk of developing opioid use disorder because of your age and history of problems with heavy drinking.

**STEP »4**

Reach a mutual decision about the plan for treating the person's chronic pain.

- Before moving to a decision, ask the person if they have any questions or concerns that have not been discussed yet.
- Describe what happens if a treatment approach does not control the person's pain or improve their function.⁷ For example, share possible next steps or options to explore if the treatment plan doesn't work.
- Assist the person with finding resources for non-drug interventions for managing their pain. Share these *Knowledge Hub* resources to offer non-drug intervention tips on how people can manage pain on their own:
 - [Moving From a Cycle of Pain to a Cycle of Wellness](#)
 - [Developing a Plan for Self-Management of Pain](#)
 - [Methods for Managing Chronic Pain Other Than Medication](#)

**STEP »5**

Work with the person to adjust their pain management plan and for safer opioid use.

- Adjusting medication and/or dose.
- Trying new ways the person can self-manage their pain. Share these *Knowledge Hub* resources with the person:
 - [Moving From a Cycle of Pain to a Cycle of Wellness](#)
 - [Methods for Managing Chronic Pain Other Than Medication](#)
- Seeing a specialist such as a rheumatologist, physiatrist, or pain medicine provider.
- Should treatment with opioids be initiated, explain the signs and symptoms of opioid use disorder.⁸ Share the *Knowledge Hub* resource [Understanding Signs and Symptoms of Opioid Use Disorder](#) with the person as you have this conversation.
- Set expectations about situations in which opioids will be discontinued.
- Confirm with the person their understanding of the opioid treatment agreement.

Strategy	Example Language
Address the potential for treatment failure.	<ul style="list-style-type: none"> ■ We talked about the trial-and-error nature of managing chronic pain. If your pain gets worse, or if this new management plan does not work for you, we will consider other options, such as referral to a pain center or a different combination of medications.
Confirm the person's understanding of the opioid treatment agreement.	<ul style="list-style-type: none"> ■ Tell me about how you will store your opioids. ■ What is your understanding about how often you will need to see me and what will happen during your visit?
Explain the signs and symptoms of opioid use disorder.	<ul style="list-style-type: none"> ■ Be aware that opioid use disorder or addiction is a concern. This means the opioids may cause more harm than good in your life. We can't accurately predict who will have a substance use disorder. The signs we look for are issues like trouble controlling opioid use and running out of pills early. Another sign could be that a person may want to stop taking opioids but is unable to do so because they develop medication cravings.
Explain the treatment plan should the person develop opioid use disorder.	<ul style="list-style-type: none"> ■ If you develop opioid use disorder, there are several different treatment options that we can discuss. The most effective treatments include using medications, and counseling is recommended as part of the treatment for opioid use disorder. I am still able to see you to treat your other health conditions even if you are getting addiction treatment elsewhere.



Resources

Supporting People's Efforts to Manage Their Pain | Boxer, H., & Snyder, S. (2009). 5 communication strategies to promote self-management of chronic illness. *Family Practice Management*. Retrieved from <https://www.aafp.org/fpm/2009/0900/fpm20090900p12.pdf>

Protocol for a More Realistic Chronic Pain Management Dialogue | Haig, A. J. (2019). How to talk to your chronic pain patients: A clinician's two-prong strategy for patient communication before diagnosis. *Practical Pain Management*, 18(9), 57–8. Retrieved from <https://www.practicalpainmanagement.com/resources/practice-management/how-talk-your-chronic-pain-patients>

A Pragmatic Model for Patient-Centered Care | Weiner, S. J., & Schwartz, A. (2016). *Listening for what matters: Avoiding contextual errors in health care*. Oxford, UK: Oxford University Press

Managing Difficult Conversations With People With Opioid Use Disorder About Pain Control | Tauben, D., Klein, J. W., Merrill, J. O., & Gordon, D. B. (n.d.). *Acute pain management in patients with opioid use disorder*. National Institutes of Health Pain Consortium, Centers of Excellence in Pain Education. Retrieved from https://www.painconsortium.nih.gov/sites/default/files/UW_Eric_PainManagementWithOUD_508C_0.pdf

Motivational Interviewing | Substance Abuse and Mental Health Services Administration. (2021). Using Motivational Interviewing in Substance Use Disorder Treatment. *SAMHSA Advisory*. Retrieved from https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-014.pdf

Teach-Back | Institute for Healthcare Advancement (IHA). (n.d.) Welcome to the Always Use Teach-back! training toolkit. Retrieved from <http://www.teachbacktraining.org/home>

Algorithms for Assessing Chronic Pain and for Developing a Multimodal Pain Treatment Plan | Centre for Effective Practice. (2018). Management of chronic noncancer pain. Ontario, Toronto: Author. Retrieved from <https://cep.health/media/uploaded/20180628-CNCP-Rev-4.0FINAL.pdf>



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](https://www.knowledgehub.air.org)

Endnotes

- 1 King, A., & Hoppe, R. B. (2013). "Best practice" for patient-centered communication: A narrative review. *Journal of Graduate Medical Education*, 5(3), 385–93. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771166/pdf/j1949-8357-5-3-385.pdf>
- 2 Fu, Y., McNichol, E., Marczewski, K., & Closs S. J. (2016). Patient-professional partnerships and chronic back pain self-management: A qualitative systematic review and synthesis. *Health and Social Care in the Community*, 24(3), 247–59.
- 3 Blair, M. J., Robinson, R. L., Katon, W., & Kroenke, K. (2003). Depression and pain comorbidity: A literature review. *Archives of Internal Medicine*, 163(20), 2433–55.
- 4 Geerlings, S. W., Twisk, J. W., Beekman, A. T., Deeg, D. J., & van Tilburg, W. (2002). Longitudinal relationship between pain and depression in older adults: Sex, age, and physical disability. *Social Psychiatry and Psychiatric Epidemiology*, 37(1), 23–30.
- 5 Murray, C. J., & Lopez, A. D. (1997). Alternative projections of mortality and disability by cause 1990–2020: Global burden of disease study. *Lancet*, 349(9064), 1498–1504.
- 6 Mathias, M. S., Johnson, N. L., Shields, C. G., Bair, M. J., MacKie, P., Huffman, M., & Alexander, S. C. (2017). "I'm not gonna pull the rug out from under you": Patient-provider communication about opioid tapering. *The Journal of Pain*, 18(11), 1365–1373. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28690000/>
- 7 Lavelle, M., Lucado, J., Lin, A., & Paez, K., (2019). *What I want my doctor to know about how arthritis and chronic pain affect my everyday life*. Issue Brief. Crystal City, VA: American Institutes for Research. Retrieved from <https://www.air.org/sites/default/files/NIDILRR-Opioid-Issue-Brief-June-2019-508-rev.pdf>
- 8 Lavelle et al. (2019).

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