

COMMUNICATING ABOUT CHRONIC PAIN: INSTRUCTIONS FOR CLINICIANS

“Communicating about Chronic Pain: Instructions for Clinicians” is part of a series of six Whole Health tools designed to assist clinicians who want to enhance Veteran’s chronic pain self-management skills. For additional information, refer to the other materials in [“Self-Management of Chronic Pain”](#).

BUILDING A WORKING ALLIANCE WITH PATIENTS

A successful patient-clinician relationship is a key component of empowering patients to adopt a self-management approach to their chronic pain condition. Most patients would agree that they prefer clinicians who are knowledgeable about their medical condition, empathetic, easy to talk to, and take time to adequately answer questions. Research has shown that there is a strong association between a patient’s trust in their health care practitioner and how well they follow treatment recommendations. Effective communication strengthens a working alliance with patients and increases their motivation to adopt and work on a self-management rehabilitation plan. Findings from a systematic review of ten studies explored the influence of patient-professional partnerships on patients’ ability to self-manage chronic pain. It identified effective communication as a key factor within these partnerships which influences and supports patients’ self-management ability.[1]

Working collaboratively with patients on setting goals can also increase compliance.[2] Goal setting helps create a successful individualized pain rehabilitation plan and improves physician-patient communication.[3-5] Successful goal setting builds patients confidence in coping with their pain. It involves having the patient identify what they want to achieve in their life, what changes are important to them, and then coming up with goals agreed upon between the patient and the health professional.[6] The traditional biomedical model had the decision-making process often unilaterally driven by clinician and may not be fully informed of an individual patient’s needs.[7,8] Moving toward a patient-centered, personalized, and proactive biopsychosocial model in which all aspects of a patient are considered, the goal setting process is rather a collaboration between clinician and patient (refer to [“Goal Setting for Pain Rehabilitation”](#)).

Refer to [“Family, Friends, and Co-Workers”](#) for more information on enhancing the therapeutic relationship.

CONVEYING THE IMPORTANCE OF SELF-MANAGEMENT OF CHRONIC PAIN

Most interventions for chronic pain aim to reduce or eliminate pain. However, complete and lasting elimination of chronic pain is rarely achieved.[9] Therefore, comprehensive

treatments for chronic pain must include not only biomedical approaches, but also psychological and social approaches. Teaching patients what psychosocial tools they can use to better manage their pain condition is as important as providing standard medical treatments, such as medications. Patients are taught strategies for coping with the way pain limits their lives. Active coping strategies (versus passive coping approaches) are useful for managing chronic pain. Active coping strategies are associated with better outcomes and might include regular exercise, maintaining daily activities, ignoring pain sensations (when appropriate), developing adaptive thinking (i.e. decreasing catastrophizing, fear-avoidance beliefs, and increased pain self-efficacy beliefs), or practicing relaxation exercises and guided imagery.[10,11] When clinicians have a successful working alliance with patients, they can more effectively convey to them the importance of taking control of their symptoms.

Therapeutic presence is in and of itself an important component of effective communication. A qualitative study explored what patients felt made a good back pain consult. Patients emphasized the importance of 1) an explanation of what was being done and found, 2) understandable information on the cause, 3) receiving reassurance, 4) discussing psychosocial issues and 5) discussing what can be done. The most important part of a “Good Back Consult” was that the clinician took the patient seriously. These conclusions provide a road map for effectively communicating with patients suffering with pain conditions by highlighting the importance of validating with empathy, educating on the cause/etiology and empowering patients with what they can do moving forward.[12] A 2013 systematic review of seven studies of over 3,000 patients and 225 physicians found a strong association between empathic communication and positive outcomes. They concluded that “there is a relationship between empathy in patient-physician communication and patient satisfaction and adherence, patients’ anxiety and distress, better diagnostic and clinical outcomes and strengthening of patients’ enablement.”[13].

Some tips for enhancing a working alliance include the following:

1. USE “THIRD PERSON STATEMENTS” TO DISCUSS A SELF-MANAGEMENT PLAN

“Third person statements” convey information about what patients are doing who cope best with chronic conditions. They are much more effective than “If” or “You” statements, such as, *“If you want to get better, you need to go to physical therapy,”* or, *“You need to learn how to deal with your pain.”*

Third person statements allow clinicians to:

- Minimize the chances of making patients defensive.
- Promote accountability by the patient.

Consider giving the following third person statements a try with your patients, if appropriate:

- *“Coping effectively with chronic pain requires day-to-day work on areas such as exercise, improving mood, decreasing stress, increasing social support, and engaging in enjoyable life activities. These are important to do even with the pain.”*
- *“People who respond the best to their pain problem make lifestyle changes to address the stress, depression, and anxiety the pain causes in their lives.”*

2. VALIDATE THE EXPERIENCE OF CHRONIC PAIN

It is very common for chronic pain patients to fear clinicians will not believe them. They often worry that their health care team members will not believe them when they rate their pain level and/or assume they just want more pain medications. It can be helpful for you to communicate that you take the patient’s pain experience at face value. Consider acknowledging and validating the patient’s pain is what the patient says it is by saying something like:

- *“Pain is a difficult problem to have.”*
- *“Fibromyalgia is a painful condition.”*
- Avoid using “I statements,” such as “I know you have pain,” or “I’m sorry you have pain,” as it potentially sets clinicians up for defensiveness and negotiation during ongoing interactions.

3. UNDERSTAND THE MINDSET OF MANY INDIVIDUALS WITH PAIN

Many pain patients have a “Fix Me” expectation, the assumption that the clinician will cure or eliminate their pain condition. Address these expectations early on in treatment in the following ways:

- Be specific about the persistent nature of chronic pain.
- Distinguish between an acute versus chronic pain model of care.
- Acknowledge that it is difficult to grieve the loss of a pain-free life.
- Provide reassurance.
- Offer realistic hope that although the condition may be chronic, patients can learn strategies to manage the impact the condition is having on their lives.
- Reassure them about what you will be doing to evaluate and treat this condition, using “I statements” such as, *“I reviewed your medical record and the records you brought, and I look forward to working with you.”*

Some helpful wording to address this expectation might be the following:

“The condition you have is _____ (e.g., fibromyalgia, chronic back pain). It is a painful medical condition. Part of having a condition like this is that the pain is persistent. The pain will vary depending upon many factors, such as how well you respond to medication, physical therapy, and various self-care approaches. This process can be difficult. Most people wish that their pain could be taken away; this is normal. People who are most likely to successfully navigate having this condition learn coping skills like meditation, exercise, and stress management to keep pain flares low.”

4. ADDRESS HOW LOSS IMPACTS MANY INDIVIDUALS WITH PAIN

Many pain patients “want their old lives back.” They fall into the trap of believing that they cannot work on improving other aspects of their life until they rid themselves of their pain.

Patients often move through a cycle of grief before accepting their pain condition as chronic. Passive forms of grief manifest as depression whereas active forms of grief manifest as anger. Refer to “[Coping with Grief](#)” for more detail on how to help people through this process.

Consider addressing the losses patients may be experiencing by:

- Introducing the concept of developing a “New Normal” with pain
- Encouraging patients to set functional goals to improve their quality of life

You might consider saying:

“It is common to want your old life back. People with a chronic pain condition learn how to develop ways to pace activities and develop other meaningful interests. The pain problem can box you in and keep you isolated. A new normal will develop as you work on rebuilding your life.”

“Having chronic pain can feel personal. Statistics show that it is actually a silent epidemic that affects over 100 million people. Many of these people find that even if their pain continues, there is a lot they can do to better manage their pain. Let’s work on setting goals related to improving your level of functioning and increasing your quality of life, regardless of what level of pain you have right now.”

5. EDUCATE ABOUT THE LIMITATIONS OF PAIN MEDICATIONS

Many pain patients are not aware that pain medications will typically help with only about 50-60% of the pain.[14] Often patients try to eliminate their pain with more and more pain medications, only to find that the medications are no longer as effective—even at higher dosages. Over time, pain medications may prove less and less effective for many individuals. Of course, they also have unwanted side effects. Patients are often unfamiliar with the research demonstrating when opioids are used for over a year they do not lessen pain and may actually decrease overall functioning.[15]

Some effective ways to educate patients about the limitations of medication use and other techniques they can use are summed up in the following statements:

- *“Pain medication has not been found to eliminate all the pain. In fact, too high a dose of pain medication can cause other problems for you such as...”*
- *“In fact, many patients say that the medication makes them so sedated that they are missing out on life.”*

- *“Techniques such as mindfulness meditation and relaxation training provide additional pain relief over and above what pain medications can do alone. A relaxed body and mind feel less pain.”*

It can be helpful when discussing opioid contracts to use third person statements. Consider using the following when discussing a narcotics contract:

- *“It is the standard of care for us to protect our patients with a written agreement regarding narcotics. Part of this agreement is that you will receive medications from only one practitioner and will have urine testing.”*

6. ENCOURAGE PATIENTS WITH PAIN TO MOVE

Often patients become afraid to move for fear of developing more pain. They may become increasingly sedentary and deconditioned, inadvertently making the pain condition worse. This is important to address throughout treatment and goal setting. Consider doing the following:

- Examine patients’ fear of re-injury and fear of causing increased pain by exercise and movement.
- Determine what exercise and activity levels patients can achieve themselves. For example, it may be determined it is acceptable for patients to have some muscle soreness for a little while after exercising or doing physical therapy exercises, but if they continue to hurt into the night or next day, they may need to decrease activity.
- Educate on the distinction between “Hurt” versus “Harm” and how this concept relates to the importance of regular physical activity.

Consider saying: *“Physical therapy may temporarily increase your pain, but it is not likely to cause further damage. All pain hurts. However not all pain is an indication of re-injury and damage. Your physical therapist can help you distinguish what kind of pain sensations to be aware of to keep your activity at a safe level.”*

Refer to [“Moving the Body in Chronic Pain: What Clinicians Need to Know”](#) for more information about this topic.

7. REFER THE PATIENT TO PSYCHOLOGY

Many patients may benefit from a referral to a psychologist or other behavioral health specialist to address the many secondary effects of their pain and to develop additional coping strategies. Many patients worry that their practitioner will stop treating the pain problem or will stop looking for a medical explanation for their pain once they receive a referral to a psychologist. It is also very common for pain patients to fear that the practitioner will deem the pain to be of a psychological nature (i.e., the practitioner thinks it is “all in my head”). As a result, many patients are less likely to follow through with this referral and may ramp up their efforts to seek medical interventions to cure their pain. When making a referral to psychology, clinicians should consider doing the following:

- Validate that the patient’s pain is real.
- Provide reassurance they are not handing patients off to the psychologist and that their medical team will continue to offer care.
- Explain how health psychologists and other behavioral health therapists are used in the VA setting and how others have benefited from such referrals in the past.
- Educate them about how the pain condition often has emotional consequences, such as persistent feelings of helplessness, depressed mood, worry, or problems with sleep. These are important to address through pain psychology treatment approaches.

Some recommended statements to consider include:

“It is the standard of care to address depression and anxiety as part of your pain management. Working with our pain psychologist is an integral part of the treatment plan. I will monitor your progress.”

“People who cope best with this situation visit our health psychologist to help with a plan for lifestyle change, relaxation training, and stress management. It is helpful to get feedback from the psychologist regarding how to ask for what you need from your family.”

INSTRUCTIONS TO CONSIDER OFFERING PATIENTS

Below are examples of what clinicians can offer patients to assist them with self-management of pain. Note, however, that the VA has specific requirements regarding materials that are directly given to patients, including that materials must be kept at a certain reading level. Clinicians are invited to offer some of these suggestions as part of what they discuss in a clinic session, but this material is not formally approved to be used as a patient handout.

The following information and exercise may be helpful in improving patient interactions with their health care team. Research has shown that there is a close association between a patient’s trust in their clinicians and how well they follow treatment recommendations. Understanding what contributes to poor versus good interactions allows patients to get the most out of their medical appointments.

Effective communication is a learned set of skills that allows people to get a message across, to express how they feel, to receive feedback, and to listen without judging. Not having effective communication skills can be stressful. Assertiveness training provides people with the skills to express their thoughts and feelings directly, ask for what they want, and say no to what they don’t want.

There are 3 major types of communication styles:

1. **ASSERTIVE**

Behavior in which a person expresses him/herself directly and straightforwardly. The person stands up for their legitimate rights in such a way that the rights of others are

not violated. This type of behavior is an honest, direct, and appropriate expression of one's feelings, beliefs, and opinions. It communicates respect for the other person, although not necessarily for their behavior.

2. **PASSIVE**

Behavior which allows a person's rights to be violated by another in one of two ways. First, the person might fail to use assertiveness when another person deliberately attempts to infringe upon their rights. Second, a person might fail to express their feelings and needs, so another person inadvertently violates them. Passive people may not say what they need to say, and they typically feel hurt, anxious, and sometimes angry as a result. A passive person may waste energy avoiding situations or approaching them indirectly.

3. **AGGRESSIVE**

Behavior in which a person stands up for their rights in such a way that the rights of others are violated. The purpose of the aggressive behavior is to humiliate, dominate, or put the other person down, rather than to express one's emotions or thoughts. It is an attack on the person, not just an attack on the other person's behavior.

Learning what can be done to improve the quality of one's interaction with members of the care team is one way for patients to feel a greater sense of control over their health situation. Even for people with a satisfactory relationship with their health care team, there is always something to improve upon. There are two ways to approach this learning in order to improve the quality of your health care appointments.

PLANNING AHEAD

Planning ahead in 3 important areas allows you to take charge of your health care.

1. **Schedule a medical appointment in advance and keep health care appointments.**

Ask yourself what could get in the way of keeping an appointment. By knowing what could get in the way, you could juggle your schedule and be creative in problem-solving a situation that you have control over to make and keep your appointments.

2. **Avoid running out of a prescription.**

Give yourself a week before you run out of the medication to contact the pharmacy or your doctor's office.

3. **Remember to ask important questions about treatment or medical conditions:**

Write a list of questions prior to the appointment. This serves as a reminder to ask the questions that weigh heavily on one's mind. It also helps reduce anxiety or worry about remembering to ask every question at the time of the appointment.

Even if people forget to ask a question or have new questions, they should give themselves permission to contact the doctor's office after an appointment. The time they take to learn about their medical condition and treatment plan is an investment in their own health.

EFFECTIVE COMMUNICATION

Raising awareness of how a person communicates with others is the first step in improving communication and negotiation skills. There are three components to effective communication.

1. "Use I" statements.

Using "I" statements helps set the stage for patients to communicate effectively with clinicians. Often individuals make statements that begin with "You." For example, "*You are difficult to understand*" or "*The way you are explaining the medication side-effects is not helpful.*" A "you statement" could be seen as a personal attack by the listener. Defensiveness and a misunderstanding of the "real question" are possible outcomes. Taking the example of "*The way you are explaining the medication side-effects is not helpful,*" one can ask how this statement can be rephrased to capture the "real question" one is asking. Perhaps the "real question" is, "*I feel confused and don't understand what side-effects to expect from the medication.*"

2. Respectfully say what is wanted.

One's message gets communicated more effectively when it is done in a respectful manner. Respect is linked to one's tone of voice and the language one uses. It also involves good judgment regarding the timing of one's statements. It may be helpful to negotiate a situation with a friend, co-worker, or health care practitioner in private.

3. Say why it is important.

Communicating why something is important helps the other person understand the speaker's unique position and builds empathy.

A PRACTICE EXERCISE TO CONSIDER OFFERING A PATIENT

For practice with this skill, use this [exercise](#).

TIPS TO HELP PATIENTS MAINTAIN A GOOD RELATIONSHIP WITH THEIR CLINICIANS

1. Keep scheduled health care appointments by planning personal schedule and transportation in advance.
2. Prepare a list of questions and concerns and share that list.
3. Give yourself permission to ask your health care team questions.
4. Learn how to slow the conversation down to get questions answered.

5. Convey to the clinician why those questions are important.
6. Ask for additional resources to learn more about your health condition.

If being assertive is difficult for a patient, remind them that they have:

1. The right to be treated with respect.
2. The right to have and express feelings and opinions.
3. The right to be listened to and taken seriously.
4. The right to set priorities.
5. The right to say no without feeling guilty.
6. The right to ask for what you want.
7. The right to ask for clarification.
8. The right to ask for information from professionals.
9. The right to make mistakes.
10. The right to choose not to assert yourself.

RESOURCE LINKS

- [Coping with Grief](https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp>
- [Family, Friends, and Co-Workers](https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/family-friends-coworkers.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/family-friends-coworkers.asp>
- [Goal Setting for Pain Rehabilitation](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/goal-setting-for-pain-rehabilitation.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/goal-setting-for-pain-rehabilitation.asp>
- [Moving the Body in Chronic Pain: What Clinicians Need to Know](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-the-body-in-chronic-pain.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-the-body-in-chronic-pain.asp>
- [Self-Management of Chronic Pain](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/self-management-chronic-pain.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/self-management-chronic-pain.asp>

AUTHOR(S)

“Communicating About Chronic Pain: Instructions for Clinicians” was written by [Shilagh A. Mirgain](#), PhD and by [Janice Singles](#), PsyD (2014, updated 2016, 2023).

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REFERENCES

1. Fu Y, McNichol E, Marczewski K, Closs SJ. Patient-professional partnerships and chronic back pain self-management: A qualitative systematic review and synthesis. *Health & Social Care in the Community*. 2016;24(3):247-259.
2. Coppack RJ, Kristensen J, Karageorghis CI. Use of a goal setting intervention to increase adherence to low back pain rehabilitation: a randomized controlled trial. *Clin Rehabil*. 2012;26(11):1032-1042.
3. Rockwood K, Stadnyk K, Carver D, et al. A clinimetric evaluation of specialized geriatric care for rural dwelling, frail older people. *J Am Geriatr Soc*. 2000;48(9):1080-1085.
4. Schulman-Green DJ, Naik AD, Bradley EH, McCorkle R, Bogardus ST. Goal setting as a shared decision making strategy among clinicians and their older patients. *Patient Educ Couns*. 2006;63(1-2):145-151.
5. Hartman D, Borrie, MJ, Davison E, Stolee P. Use of goal attainment scaling in a dementia special care unit. *Am J Alzheimers Dis Other Demen*. 1997;12(3):111-116.
6. Gardner T, Refshauge K, McAuley J, Hübscher M, Goodall S, Smith L. Goal setting practice in chronic low back pain. What is current practice and is it affected by beliefs and attitudes? *Physiother Theory Pract*. 2018;34(10):795-805.
7. Ozer MN, Payton OD, Nelson CE. 2000. Treatment Planning for Rehabilitation: A Patient-Centered Approach. 2nd. Connecticut: McGraw-Hill.
8. Schulman-Green DJ, Naik AD, Bradley EH, McCorkle R, Bogardus ST. Goal setting as a shared decision making strategy among clinicians and their older patients. *Patient Education and Counselling*. 2006;63:145-151.
9. Turk DC. Customizing treatment for chronic pain patients: who, what, and why. *Clin J Pain*. 1990;6(4)255-270.
10. Jensen MP, Karoly P. Control beliefs, coping efforts, and adjustment to chronic pain. *J Consult Clin Psychol*. 1991;59(3):431-438.
11. Bond MR. Psychological issues in cancer and non-cancer conditions. *Acta Anaesthesiol Scand*. 2001;45(9):1095-1099.
12. Laerum E, Indahl A, Skouen JS. What is “the good back-consultation”? A combined qualitative and quantitative study of chronic low back pain patients’ interaction with and perceptions of consultations with specialists. *J Rehabil Med*. 2006;38(4):255-262.
13. Derksen F, Bensing J, Lagro-Janssen A. Effectiveness of empathy in general practice: a systematic review. *Br J Gen Pract*. 2013;63(606):76-84.
14. Lechnyr R, Lechnyr T. Mistakes made by chronic pain patients: a guide for chronic pain patients to help them avoid pitfalls and mistakes and become part of the team in helping to restore a better quality of life for themselves. *Pract Pain Manag*. 2007;7(8).
15. Eriksen J, Sjogren P, Bruera E, Ekholm O, Rasmussen NK. Critical issues on opioids in chronic non-cancer pain: An epidemiological study. *Pain*. 2006;125(1-2):172-179.