

**Role Play #3: Follow-up Visit with Aberrant Behaviors**  
**PATIENT ROLE**

You found the Lortab helped settle down your mind, allowed you to sleep and you started taking more than prescribed, causing you to run out early. Your partner takes Ativan and gave you some just to get through a rough night while you waited for the next refill. Despite your misgivings, you thought you could use it once and then stop using. You found that it helped cut the pain and let you sleep. You feel reluctant to share this with your physician because you are afraid you will not get any pain treatment and that you will go into opioid withdrawal. You are also afraid your doctor will pass judgment on you and treat you without respect or kick you out of the practice (which could also lead to withdrawal).

**The doctor has to act in a non-judgmental fashion for you to begin to disclose your problem. If you feel the doctor is truly interested in your opinion, and will work with you in an ongoing way, you will discuss your situation honestly.**

**If the doctor asks you in a judgmental manner, you will deny the Ativan use, claim that the urine must be wrong, or that you picked up your partner's pill bottle by mistake. You will not engage in a dialogue.**

## **ROLE PLAY#3 Follow-up Visit for Patient with Aberrant Behaviors PHYSICIAN ROLE (Resident/student)**

Prior to obtaining his/her prescription, the patient signed a controlled substances agreement which outlined the need for adherence around close monitoring including urine drug screens, pill counts and taking the opioid medication as prescribed. For the first 2 months of treatment s/he was completely adherent. Then s/he came in two months in a row asking for early (>1 week) refills of her prescription. S/he also did not leave a urine drug test the last time it was ordered. At the last visit for an early refill, your colleague gave a 30 day supply of acetaminophen/hydrocodone, did a urine drug test and scheduled a follow up with you, the primary physician in 10 days. The patient was instructed to bring his/her pill bottle in for a pill count within the week. The urine drug test was positive for benzodiazepines and opiates. On the day of the scheduled visit the patient stated his/her pain remains “8 out of 10” and the patient did not bring in his/her pill bottle because s/he “forgot”. The objective of this role play is to practice addressing aberrant behaviors in patients.

**A. Attend to the relationship:** Ask how s/he is doing since last visit and express empathy regarding his/her pain.

### **B. Assess 6As**

1. A  
**nalgesia: What number best describes your pain on average in the past week?**
  - a. (  
**0 = no pain, 10 = worst pain imaginable).**
2. A  
**ffect: What number best describes how, during the past week, pain has interfered with your enjoyment of life? (0=does not interfere, 10=completely interferes)**
3. A  
**ctivity: What number best describes how, during the past week, pain has interfered with your general activity? (0=does not interfere, 10=completely interferes)**
4. A  
**djuncts: What other medications or modalities are you using or have you tried since your last visit? (non-opioid drugs, exercise, physical therapy, acupuncture, injections, pumps...)**
5. A  
**verse effects: What side effects, if any, have you experienced from your pain medications? (constipation, nausea, sedation, fuzzy thinking...)**

**Summarize what you have talked about thus far, highlighting the pain you know the patient is experiencing. Lead in to your concern about the behaviors you have noted.**

6. A  
**berant behaviors: Ask how the patient feels s/he is managing the prescription drug**

**use. Talk about the positive findings from the urine drug test report and non-adherence to agreement (for example, not revealing benzodiazepine use that was found on the urine drug test, not submitting pills for counting, not trying the adjunct if one was discussed at the last visit).** The goal of this dialogue is to make the patient comfortable enough to disclose use of additional substances not reported. You will know you are successful if the patient begins to disclose.

**B: Express concern that s/he may be losing control.** Explain that the medication can cause interactions when combined. In addition, not bringing in the pills prevents you from knowing how s/he is taking the medication. Discuss the dangers of taking his/her partner's medication and express concern for the patient's safety. Check to see whether the patient understands the risks and your concerns.

**C. Communicate that the agreement was not met and that more monitoring will be necessary.** Explore whether patient agrees or disagrees with your concerns. Remember, you can agree to disagree about the concerns. You will know you are successful if you elicit the patient's opinion and avoid an overtly antagonistic interaction.

**D: Discuss with the patient that to continue to prescribe opioid medication s/he would need to return within one week with his/her pills for counting, discontinue use of the partner's medication, and that there would be zero tolerance on these points.** You might say, "I'd like you to come back during the week to have your pills counted; it's a way to keep you safe." The patient may ask for increased medication and you might say, "Going up on the dose is not out of the realm of possibility. First though, I want to make sure you can control the way you're using meds." You will know you are successful if the patient participates in this discussion by agreeing or disagreeing without antagonism.

**E: Reassure the patient that you want to help him/her with pain management and encourage compliance with adjunctive therapy.** Develop a mutually acceptable treatment plan for pain that involves return for pill count with the nurse within the week and does not involve use of the partner's medication. Describe other modalities that may be helpful in addition to medication (e.g., acupuncture, physical therapy). Ask patient to follow-up with you, perhaps at an earlier interval than at the last visit.

## **ROLE PLAY #3 Follow-up Visit with Aberrant Behaviors OBSERVER ROLE (Resident/student)**

### **Check off the items completed by the physician**

- \_\_\_\_\_ Open the visit by **connecting with the patient** (i.e., show interest in the patient).
- \_\_\_\_\_ **Assess the 6As:**
  - \_\_\_\_\_ **Analgesia** (Rating of pain on average in past week – 0 low to 10 high)
  - \_\_\_\_\_ **Affect** (How much pain has affected enjoyment of life - 0-10?)
  - \_\_\_\_\_ **Activity** (How much pain has interfered with general activity in past week?)
  - \_\_\_\_\_ **Adjuncts** (What other medications or modalities using now or in past?)
  - \_\_\_\_\_ **Adverse effects** (What side effects have had from pain meds?)
- \_\_\_\_\_ **Summarize** what has been discussed thus far referring to patient's pain and difficulty with it
- \_\_\_\_\_ **Assess the 6As – Aberrant behaviors** (Talk about the positive findings from the urine drug screen and non-adherence to agreement – not revealing benzo use, not submitting pills for counting, not trying any adjuncts you discussed last visit.)
- \_\_\_\_\_ **Express concern** (e.g., that s/he may be losing control, that medications can cause interactions when combined, dangers of taking partner's medication)
- \_\_\_\_\_ **Explain that more monitoring will be necessary**
- \_\_\_\_\_ **Assess patient's view** of the findings and/or the need for closer monitoring
- \_\_\_\_\_ **Explain limits in respectful way** – that to continue to prescribe opioid medication s/he would need to return within one week with pills for counting, discontinue use of partner's medication
- \_\_\_\_\_ **Discuss other modalities** that could be helpful
- \_\_\_\_\_ **Check understanding and agreement/disagreement with plan**
- \_\_\_\_\_ **Close on good terms:** Reassure patient you want to help him/her with pain management at the same time that you provide a mechanism for safety. Express interest in following-up with pt, confidence in joint plan, and interest helping with pain relief/management

### **Overall Visit 2 (ABBA)**

- \_\_\_\_\_ **Affirm** patient (something to admire in patient such as enduring such intense pain, searching for solutions, limiting use of medications or in situations such as driving)
- \_\_\_\_\_ **Be curious** (why is patient hesitating or denying problem—ask open questions of the patient and say how patient makes sense)
- \_\_\_\_\_ **Be respectful and collaborative** (e.g., express concern for patient's safety as the aberrant behaviors are discussed—i.e., not adhering to agreement, not submitting pills for counting, possibility of losing control over amount of medication taken)
- \_\_\_\_\_ **Allow autonomy** by highlighting choice (Example 1: when naming adjuncts to medication, name several modalities that have worked for other chronic pain patients and say it may or may not work for him/her. Example 2: if patient is uncomfortable with universal precautions/monitoring that takes place in this office, s/he may choose to find care elsewhere)

### **Comments:**