Additional Patient and Provider Pain and Addiction Resources

1. Books
   f. *Say Goodnight to Insomnia* (Jacobs, Gregg D. *Say Goodnight to Insomnia: The 6-Week Programme Proven More Effective than Sleeping Pills.* Rodale, 2011. ISBN: 9780805089585) | This program is based on cognitive behavioral therapy and has been shown to improve sleep long-term in 80 percent of patients, making it the gold standard for treatment. He provides techniques for eliminating sleeping pills; establishing sleep-promoting behaviors and lifestyle practices; and improving relaxation, reducing stress, and changing negative thoughts about sleep.

2. Patient Handouts:
   a. *Communicating with Your Provider for Better Pain Management and Safer Opioid Use* (American Institute for Research) | This guide offers information to
help patients have conversations with their provider when developing a chronic pain treatment plan that may include opioids.

b. **Communicating with Your Provider to Manage Chronic Pain** (American Institute for Research) | This guide can be given to patients and provides tips about working with their provider to develop a pain management plan and information to help patients discuss opioids with their providers.

c. **Recovery Strategies – Pain Guidebook** (Lehman, Greg. “Recovery Strategies - Pain Guidebook.” Greg Lehman.) | The book is designed to help therapists and patients deal with injuries and persistent pain. The book can be used alone or can be used with a therapist.

d. **The Pain Truth ... and Nothing But! An Easy to Understand Patient Education Handbook About Pain Management** (Jam, Bahram. The Pain Truth ... and Nothing But! An Easy to Understand Patient Education Handbook About Pain Management. Advanced Physical Therapist Education Institute, 2020.) | This book’s purpose is to provide a summary of the multitude of “pain” studies in ten simplified lessons. The intention of this book is to take advanced scientific knowledge and present them in easy-to-follow lay terms.

3. **Provider Handouts:**
   a. **Building Trust and Engaging People with Disability in Their Own Care** (American Institute for Research) | This resource offers information on applying person-centered communication techniques to engage people with disability and chronic pain in their own care.
   
b. **Managing Difficult Conversations About Opioids** (American Institute for Research) | This guide explains how to prepare for and have conversations about changes in pain management plans in a supportive way while following safe pain control practices.

4. **Conversation Guides**
   a. **Navigation Strategies for Compassion-Based Patient Interactions** (Oregon Pain Guidance Group) | This overview describes a five-step process for navigating challenging conversations about opioids.
   
b. **The Art of Difficult Conversations Pocket Cards** (Oregon Pain Guidance Group) | These pocket cards succinctly outline strategies for having difficult conversations about opioids.
   
c. **Flip the Script: Discussion Guide** (Minnesota Department of Human Services) | This resource for providers offers guidance on having difficult conversations about pain, pain management, and the risks of opioids.
   
d. **The “FAVER” Approach: Responding to Inappropriate Patient Requests** (American Academy of Family Physicians) | This pocket card for providers concisely outlines the FAVER approach to responding to inappropriate requests from patients.
   
f. **Common Traps and Negotiation Strategies** (Oregon Pain Guidance Group) | This tip sheet presents examples of negative reactions to difficult opioid conversations and constructive ways to respond.

5. **Video Vignettes:**
   a. A Guide to Difficult Conversations About Chronic Pain (Group Health Institute and the University of Washington)
      i. **High Risk Low Benefit Scenario** (6 minutes) | A provider models a discussion about reducing the opioid dose of a poorly motivated person with chronic pain by using good listening skills and motivational interviewing techniques.
      ii. **Opioid Diversion Scenario** (4 minutes) | A provider demonstrates compassion and boundary setting with a person suspected of diverting medication.
      iii. **Positive Urine Drug Screen Scenario** (4 minutes) | A provider sets boundaries and makes safe decisions for a person who tested positive for unprescribed benzodiazepine.
   b. **Tame the Beast** (5 minutes) | an animated video for patients explaining how pain scientists now understand pain including the approach of retraining patients pain system.

6. **Articles:**
   a. **Withdrawal-associated injury site pain: A descriptive case series of an opioid cessation phenomenon.** (Rieb L, et al. Pain. 2016 Dec; 157(12):2865-2874 doi: 10.1097/j.pain.000000000000710.) | This research represents the first known documentation that previously healed, and pain-free injury sites can temporarily become painful again during opioid withdrawal, an experience which may be a barrier to opioid cessation, and a contributor to opioid reinitiation.
   b. **The Power of Casual Gratitude** (Beck, Julie. The Atlantic, Atlantic Media Company, 27 June 2016) | an article about the power of gratitude and replacing “I'm sorry” with a simple “thank you”.

7. **Miscellaneous**
   a. **VOMIT (Radiology Facts) Wall Poster** (Advanced Physical Therapist Education Institute) | The purpose of the VOMIT poster (18” X 24”) is to show patients at a glance the TRUE facts on their x-ray, ultrasound, CT Scan and MRI results in an easy to understand format; to optimistically prevent them from becoming a VOMIT (Victim Of Medical Imaging Technology).
   b. **Pain Care for Life, Self-Care Resources** (Lifemark) | For those living with chronic pain, these self-care resources offer guided practices that can help patients manage pain, move with more ease and get back to life. Resources include: guided video exercises, electronic books, audio lessons and fun,
interactive exercises which can be recommended to patients or integrated into a pain treatment plan.