# The New Rules For Treating Chronic Pain

## *Addiction-Free Solutions In The Era of Opioid Crisis*

**Presented by Stephen Grinstead, Dr. AD, LMFT, ACRPS**


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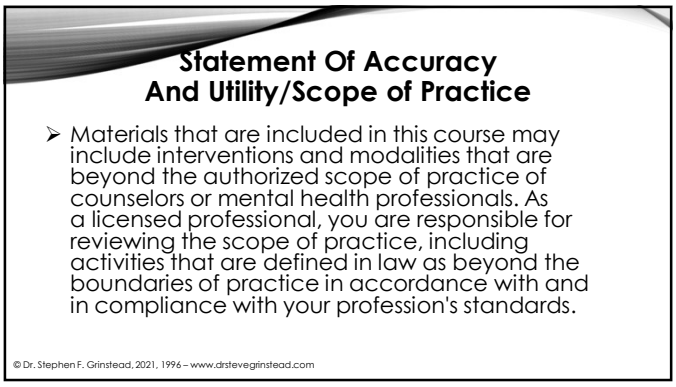


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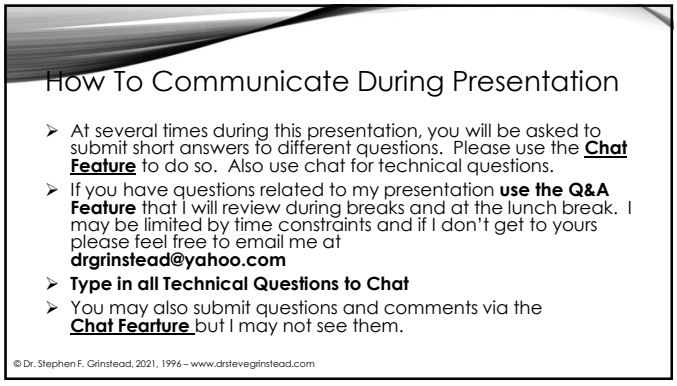


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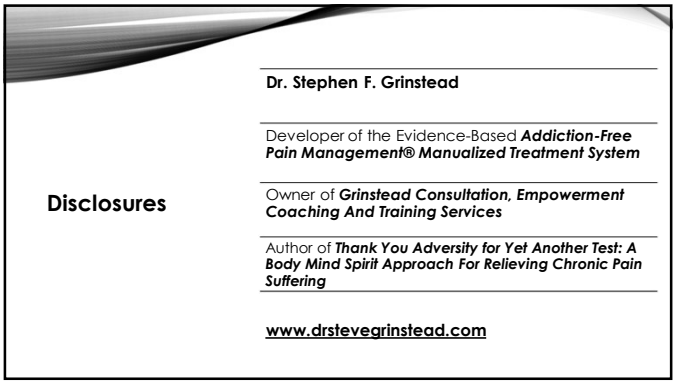


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# The New Rules For Treating Chronic Pain

## *Addiction-Free Solutions In The Era of Opioid Crisis*

**Presented by Stephen Grinstead, Dr. AD, LMFT, ACRPS**

We're Still At The Intersection Of
The Chronic Pain And Opioid Healthcare Crisis

**We Need To Understand The Synergistic Problem!**
**And What It Takes To Create A Synergistic Solution!**

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## Chronic Pain Is An Overwhelming Problem

- Chronic pain costs the insurance industry over a half a trillion dollars per year in direct costs and in lost productivity – this is more than is spent on **heart disease, diabetes, and cancer treatment combined!** (Annual Institute Of Medicine Report: June 2011)
- Alterations in brain functioning from living with chronic pain explains why long-term pain leads to cognitive deficits as well as anxiety and depressive disorders. (Journal of Neuroscience: 14: July 2013)



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## Chronic Pain Is An Overwhelming Problem

- Emotional and cognitive deficits sometimes begin long after the onset of pain. Long-term pain may be detrimental to the brain and decrease the ability to endogenously control the pain and frequently lead to many comorbidities.

Source: Journal of Neuroscience: 14: July 2013



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### Chronic Pain Is An Overwhelming Problem

- There Are More Than 2.5 Million Low Back Pain Related Visits To ER Annually
- This Study Says Opioids And Muscle Relaxants Are Ineffective For Chronic Low Back Pain
- This Study Says Placebo And NSAID Were Just As Effective For Perceived Relief Of Pain Symptoms

Source: Pain Medicine News – January/February 2016



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### Non-Medical Prescription Drug Abuse

- ER visits for Opioid analgesics increased 111%, from 144,600 in 2004 to 305,900 in 2008.
- Most commonly used pain killers were Oxycodone (this includes OxyContin), Hydrocodone, and Methadone, all of which increased during the five-year period.
- ER visits for benzodiazepines increased 89% during the period from 143,500 in 2004 to 271,700 visits in 2008 and 24% during 2007 to 2008.

Source: U. S. Center for Disease Control – June 2010



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### Opioid Drug Overdoses Lead The Rest

- Of the 38,329 drug overdose deaths in the U.S. in 2010, about 58% involved pharmaceuticals.
- The most common pharmaceutical ODs were:
  - Opioids 75.2%
  - Benzodiazepines 29.4%
  - Antidepressants 17.6%
  - Anti-epileptic and anti-parkinsonism drugs 7.8%

Source: JAMA, 2013; 309 657-659



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### Opioids Also Present In These ODs

- 77.2% of benzodiazepines
- 65.5% of anti-epileptic and anti-parkinsonism drugs
- 58% of antipsychotic and neuroleptic drugs
- 57.6% of antidepressants
- 56.5% other analgesics, anti-pyretics, & anti-rheumatics
- 54.2% of other psychotropic drugs

Source: JAMA, 2013; 309 657-659



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### FDA's Opioid Approval Process Is Shoddy

According to Alicia Ault in her 9/30/20 article on Medscape Medical News © 2020, The FDA's approach is flawed because:

- FDA has set a low bar for approval of these medications over the past 20 years.
- FDA did not require manufacturers to collect safety data on tolerance, withdrawal, overdose, misuse, and diversion in any rigorous fashion.
- In at least one case FDA allowed manufacturers to exclude 32% to 43% of the initially enrolled patients from the double-blind treatment phase.



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### Opioid Abuse in Chronic Pain

- One Source Of The Opioid Epidemic
  - More than 30% of Americans have some form of acute or chronic pain
  - In 2014 alone, U.S. retail pharmacies dispensed 245 million prescriptions for opioid pain relievers
  - Opioids are widely diverted and improperly used
  - Many physicians admit that they are not confident about how to prescribe opioids safely

Source: New England Journal of Medicine March 2016; 374:1253-1263



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### Opioid Abuse in Chronic Pain

- More than a third (37%) of the 44,000 drug-overdose deaths that were reported in 2013 were attributable to pharmaceutical opioids
- Heroin accounted for an additional 19%.
- A parallel increase in the rate of opioid addiction, affecting approximately 2.5 million adults in 2014.

Source: New England Journal of Medicine March 2016; 374:1253-1263



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### Impact Of Opioid Crisis On Healthcare

- Cost for opioid-related treatment rose over 1,000 percent from 2011 to 2015.
- In 2015 Private Payers' average costs for a patient diagnosed with opioid abuse or dependence were more than 550 percent higher than the per-patient average cost based on all patients' claims.
- ER Visits made up a large percentage of these costs.

Source: FAIR Health, Inc. White Paper – September, 2016



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### Impact Of Opioid Crisis On Healthcare

- The bio-medical treatment approach alone clearly doesn't work for this low outcome subset of chronic pain patients who end up over-utilizing the healthcare system and experience disappointing outcomes.
- Twenty percent of the chronic pain patients use about eighty percent of the healthcare dollars.

Source: FAIR Health, Inc. White Paper – September, 2016



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### Overdose Numbers Continue Going Up

- In 2016, a total of 37,814 persons in the U.S. died from unintentional drug overdoses involving opioids; A total of 2,544 persons died of drug overdoses of undetermined intent involving opioids.
- In 2016, a total of 14,432 persons in the U.S. died from unintentional drug overdoses involving prescription opioids; A total of 1,232 persons died of drug overdoses of undetermined intent involving prescription opioids.

Source: Annual Report - United States CDC National Center for Injury Prevention and Control | 2018



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### It's Calls To Action Time

- What's the most important thing you learned in this section of the Webinar?
- What are two or three things you can do different to be more effective with the people you serve?
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**Please Use Chat to Submit One Thing You'll Do Different**



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### Commonly Abused Pain Drugs

- **Alcohol**, Marijuana, Methamphetamine, Heroine
- Hydrocodone (Vicodin, Loratab, etc.)
- Zohydro (pure hydrocodone)
- OxyContin & Oxycodone
- Demerol & Dilaudid
  - Exalgo™ (Hydromorphone HCl) Remember Palladone? 24 Hour Extended-Release Tablets
- Opana (oxymorphone) 12 Hour Extended-Release Tabl
- Morphine & Codeine
- Methadone



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### Commonly Abused Pain Drugs

- New generation of sleep medication
  - Ambien, Lunesta
- Supposed "non-addictive" pain medication
  - Ultram/Tramadol
  - Soma
- Benzodiazepines
- Over-The-Counter (OTC) Medications
  - Beware of acetaminophen
  - Beware of ephedra & alcohol



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### So Is There An Opioid Epidemic?

- Estimated 1.9 Million people in US suffered from substance use disorders related to Rx opioids.
- Treatment admission from these medications quadrupled between 2002 And 2012.
- From 2001 To 2013 overdose deaths due to these medications more than tripled.
- There is a big need for medication-assisted treatment (MAT) but currently only a third of people who need MAT will get it. More on MAT later in the presentation.

Source: Advances In Addiction Recovery – Winter 2015, Vol. 3, No. 4



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### An Informed Consent Medication Decision Making Process



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### To Medicate Or Not To Medicate

- Assessing for a substance use disorder
  - Misuse/Abuse
  - Tolerance/Dependence
  - Pseudoaddiction
  - Addiction
- Utilizing a "Red Flags Checklist"
- Developing a "Recovery-Friendly" Medication Plan
  - ***This plan is only one part of a whole person strategy***



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### Stages of Rx Addictive Disorders

**Seeking/Reaching**

| Initial | Ongoing | Building | Abuse | Addiction |
|---|---|---|---|---|
| Experience | Exposure | Tolerance | Pseudo-Addiction | Death |

**Doctor Shopping**



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### Misunderstood Terms

- Tolerance
- Physical Dependence
- Addiction
- Pseudo Addiction

**Definitions developed by the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine. (Savage, Covington, Heit, et al., 2004) and ASAM Definition of Addiction 2013**



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### Tolerance

- A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.
- **Earth Language:** When you first used your medication it only took one or two pills to get relief and now it takes at least four or five.



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### Physical Dependence

- Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.
- **Earth Language:** When your body gets used to taking a medication on an ongoing basis and your brain adapts to that being the normal stat—then when you stop taking it suddenly you'll get sick or go into what is called withdrawal. For example a diabetic who is taking daily insulin then stops suddenly one day—they will get sick.



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### Addiction

- A primary, chronic, neurobiological brain disease, with genetic, psychosocial, **spiritual** and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, reduced psychosocial functioning and craving.
- **Earth Language:** When you are taking the medication for reasons other than physical pain relief and won't or can't stop taking it even when experiencing bad problems—then you're most likely addicted to the medication.



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### Pseudo Addiction

- Behaviors that may occur when pain is not being adequately addressed. Patients with unrelieved pain may become focused on obtaining medications, may "clock watch," and may otherwise seem inappropriately "drug seeking." Even behaviors such as illicit drug use and deception can occur in the patient's efforts to obtain relief.



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### Addiction versus Pseudoaddiction

**Earth Language:**

- Pseudoaddiction looks a lot like addiction
- You may appear to be "Drug-Seeking"
- You may need frequent early refills
- These behaviors are caused by under-treatment or mistreatment of your chronic pain
- Problematic behaviors disappear when your chronic pain is adequately managed



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### De-Pathologizing Relapse

- Like other chronic diseases, addiction often involves cycles of relapse and remission (ASAM 2011).
- Hypertension, asthma and diabetes have as high or higher cycle of relapse rates as addiction (ASAM 2011 & JAMA 2000).



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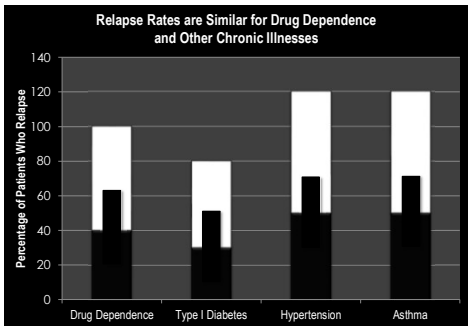


Source: McLellan, A.T. et al., JAMA, Vol 284(13), Oct. 4, 2000.

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### Reciprocal Relapse Issues

- Relapse with Rx Medications
  - Elective dental procedures
  - Elective surgical procedures
  - Painful injuries
  - Painful medical conditions
  - Mismanaged chronic pain
  - What are some examples have you seen?

**Please Use Chat to Submit Your Examples**



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### Common Relapse Triggers

- Rushing into premature elective procedures
- Not disclosing recovery status (Caution!)
- Ineffective medication management
  - Using the "wrong" type of medication
  - Large quantities or several refills
  - Using for psychological/ emotional reasons
  - Holding & dispensing their own medication



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**What Is Your Definition of Relapse?**

**What Absolutely Has To Happen Before Someone Relapses?**

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### You Have To Be In Recovery Before You Can Relapse!

**Being in recovery requires…**

- An objective understanding of addiction
- An ability to apply that understanding to yourself
- Accepting the painful feelings due to being addicted
- Having hope and belief that not only is recovery possible it's also preferable to the old way
- Doing the B.P.S.S. footwork that is necessary for recovery
- Being abstinent or following a recovery-friendly medication management plan ~ 60 to 90 days or 90 to 120 days



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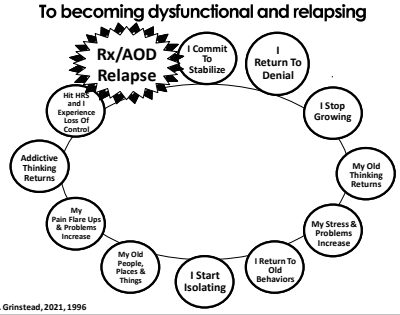
### The Relapse Cycle

**Moving from being stable in recovery To becoming dysfunctional and relapsing**



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### Looking For "Red Flags"

- Is your stress, depression, isolation increasing?
- Do you experience cravings or preoccupation with your pain medication?
- Are all medications being taken as prescribed?
- Is there a reduction in your non-pharmacological pain management interventions?
- Are you experiencing any negative consequences associated with your medication use?



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### Looking For "Red Flags"

- Are you honest with your support group about all medications, (including alcohol)?
- Do you use more than one prescriber for pain meds?
- Are you considering any elective medical or dental surgeries in the near future?
- Are you resistant to non-narcotic medications or referrals to non-medication pain management?



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### Looking For "Red Flags"

- Are you using non-prescribed substances including alcohol and/or other drugs i.e., marijuana, over-the-counter analgesics, methamphetamine, etc.?
- Is your quality of life and/or relationships are being negatively impacted by your use of pain medication?
- Do you experience withdrawal symptoms if you go too long between doses or stop your medication abruptly?
- Do you have a history—or family history—of alcoholism or other drug addiction?



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### Looking For "Red Flags"

- Do your family members or friends report concerns about your use of pain medication?
- Are you unable to fulfill major obligations with family, friends, and/or work due to your use of medication?
- Are you resistant to sign consent to release forms allowing your provider to discuss your treatment with other healthcare providers you have been seeing?
- Are you more concerned about your medication than your pain condition?



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### It's Calls To Action Time

- What's the most important thing you learned in this section of the Webinar?
- What are two or three things you can do different to be more effective with the people you serve?
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**Please Use Chat to Submit One Thing You'll Do Different**



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### Obstacles To Positive Treatment Outcomes

- The Number One Obstacle
  **<u>Failure to identify and/or treat coexisting disorders</u>**




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### Most Problematic Co-Existing Disorders

- **Medication Abuse And Addictive Disorders**
- **Unresolved Trauma Disorders (PTSD)**
- **Depressive Disorders**
- **Anxiety Disorders**
- **Sleep Disorders**
- **Personality Disorders**
- **Cognitive Impairment (pain)**
- **Eating Disorders**



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### Obstacles To Positive Treatment Outcomes

- Family system problems
  - Codependency (or enabling behaviors)
  - Burn out and becoming angry with the patient
- Judgmental healthcare providers
  - Minimize the seriousness of their pain
  - Imply that "it's all in their head"
  - Blaming them: "they did it to themselves"
  - Accuse them of med/drug seeking behaviors




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### Obstacles To Positive Treatment Outcomes

- Patients' self-defeating reactions
  - #1 Is being passive recipients; not active participants
  - Malicious compliance to keep Rx coming
  - Shift toward hopeless & helpless state of mind
  - Grief/Loss & feeling ashamed/guilty
  - Depression and other co-existing disorders
  - Treatment resistance and denial
  - Power struggles with treatment providers




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### Obstacles To Positive Treatment Outcomes

Grief, Loss And Depression Are Very Common

- Assess for signs of the grieving process
  - The treatment plan should instill hope
  - Shift patients from victimized to empowered
- Assess for signs of depression
  - Medication management
  - Cognitive behavioral therapy (CBT)
  - Combination CBT and medication



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### Obstacles To Positive Treatment Outcomes

**Another Problem That Can Sabotage Outcomes**

- Lack of an adequate relapse prevention plan that does not . . .
  - Develop an appropriate B.P.S.S. foundation
  - Have an effective pain flare up plan
  - Utilize a proactive activity pacing plan
  - Have an adequate craving management plan
  - Have appropriate accountability partners




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### Another Serious Obstacle

- A lack of Recovery-Friendly MAT for treating chronic pain and coexisting disorders.
- Only about one third of patients that need MAT will be able to get this treatment.
- Not having a craving management plan leads to relapse




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### Misinformation Regarding MAT

- Many treatment providers and 12-Step Recovery Programs think people on MAT are not really in recovery.
- However, SAMSHA states that Patients taking medication for OUD are considered to be in recovery.
- SAMSHA states that several barriers continue to contribute to the underuse of medication for OUD.

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### The Need For Recovery-Friendly MAT

- Treatment Improvement Protocol (TIP) 63 For Healthcare and Addiction Professionals, Policymakers, Patients, and Families for Opioid Use Disorder (OUD) Care
- This TIP reviews the need for three Food and Drug Administration (FDA) approved medications for opioid use disorder treatment—methadone, naltrexone, and buprenorphine — as well as utilizing the other strategies and services needed to support people in recovery.

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### The Need For Recovery-Friendly MAT

- The World Health Organization's (WHO's) 9 principles of good care for chronic diseases can guide OUD care…
  - Develop a treatment partnership with patients.
  - Focus on patients' concerns and priorities.
  - Support patient self-management of illness.
  - Use the five A's at every visit (assess, advise, agree, assist, and arrange).
  - Organize proactive follow-up.

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### The Need For Recovery-Friendly MAT

- The World Health Organization's (WHO's) 9 principles of good care for chronic diseases can guide OUD care…
  - Link patients to community resources/support.
  - Work as a clinical team.
  - Involve "expert patients," peer educators, and support staff in the health facility.
  - Ensure continuity of care.

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### The Need For Recovery-Friendly MAT

- An estimated 1.8 million Americans have an Opioid Use Disorder (OUD) related to opioid pain medications
- Estimated cost of the Opioid Epidemic was $504 Billion in 2015
- Prescription Opioid overdose caused 42,249 Deaths nationwide in 2016— this exceeded the number caused by motor vehicle crashes

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### The Need For Recovery-Friendly MAT

- Opioid-Related emergency department visits nearly doubled from 2005-2014
- Opioid-Related inpatient hospital stays Increased 64% nationally from 2005-20014
- OUD medications reduce illicit opioid use, retain people in treatment, and reduce risk of opioid overdose death much better than treatment with placebo or no medication

Source: 2018, TIP 63: Substance Abuse and Mental Health Services Administration



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### Effective Recovery-Friendly MAT For Chronic Pain And Coexisting Disorders

This MAT Plan Needs To Be…

- Individualized and Strategic
- Recovery Friendly
- Evidence-Based
- Minimum Effective/Low Dose
- Compliance Monitoring
- Cost Effective
- Implemented Along with Psycho-social Interventions



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### THE CHRONIC PAIN TRANCE! IT'S TIME TO WAKE UP!



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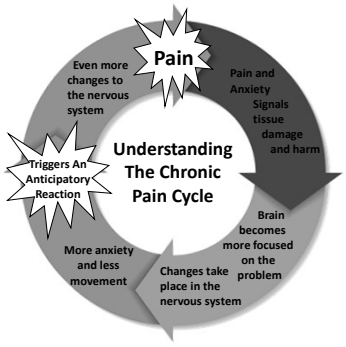


UNDERSTANDING THE CHRONIC PAIN TRANCE

INCLUDES

UNDERSTANDING THE CHRONIC PAIN CYCLE

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### Exploring The Chronic Pain Trance

- What is the chronic pain trance?
  - Automatic and unconscious coping styles
  - Developing a hopeless/helpless mindset
  - The quest for the "Magical FIX"
- Breaking the chronic pain trance
  - "You can't think your way out of a problem you behaved your way into" Dr. Stephen Covey
    - Getting into authentic action
  - Recognition is the first part of the solution
  - Then having hope that things will get better



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### It's Time To Wake Up From The Trance

- Exploring the chronic pain trance to develop a plan
- Looking at the depression barrier
- Identify & manage your inner saboteur (AKA Denial)
- Overcoming stuck points
- Cognitive Behavioral Restructuring To Wake Up
  - Exploring BPTFUARs: Beliefs, Perceptions, Thoughts, Feelings, Urges, Actions and Social Reactions.



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### The Depression Barrier

- There's a difference between depression and situational triggered feeling down or blue
- Depression is very common for people in chronic pain
- Depression and isolation: The deadly duo
- Understanding depression symptoms
- Common depression management tools
- Developing a depression management plan



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### Developing A Depression Management Plan

- Medication management—many depression medications also help pain management
- Engage in cognitive behavioral therapy (CBT)
- Combination of CBT and medication management is needed for moderate to severe depression
- A proactive plan with at least four or five action steps



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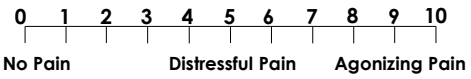
### Understanding The Stress Pain Connection

- Low stress: zero to three
- Moderate stress: four to six
- High stress: seven to ten

**The Old Pain Scale**



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**NEW!** Verbally Describe Your Levels of Pain

10 = I'm Unable To Function At All
9 = Severe Interference With Day-to-Day Functioning
8 = Moderate Interference With Day-to-Day Functioning
7 = Starting To Interfere With Day-to-Day Functioning
6 = Major Distress With Moderate Coping Problems
5 = Moderate Distress With Mild Coping Problems
4 = Mild Distress But No Coping Problems
3 = It's Becoming Disturbing But No Distress
2 = It's Noticeable But No Distress
1 = It's Barely Noticeable



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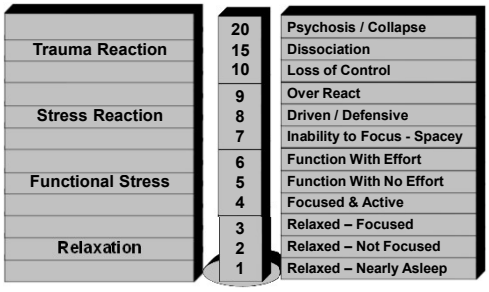
### Utilizing A Stress Thermometer



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### Understanding Relaxation Skill Building

- Understanding the Stress Thermometer
- Matching the thermometer to life experiences
- Keeping your stress below Level 7 at all times
- Setting up mutual time out signal
- Learning several immediate relaxation response tools
- **Personalizing the Stress Thermometer**



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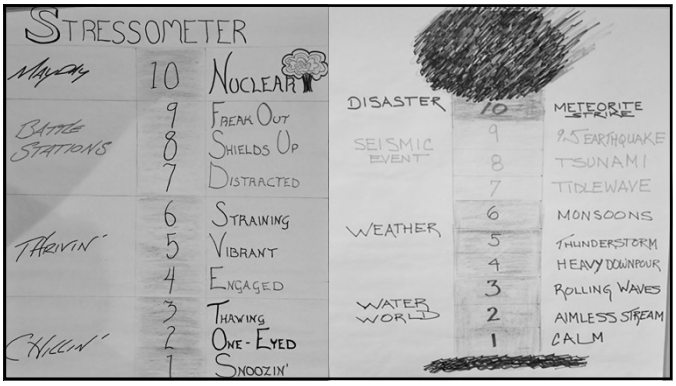


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### Learning Relaxation Response Methods

- Muscle stretching, tensing, relaxing
- Deep breathing
- Guided imagery
- Hypnotic language
  - Count backwards from 10 to 1 with the breath
- Making a gratitude list—at least ten items
- Prayer and reflection
  - Tap into Spiritual energy
- Use of self-hypnotic/subliminal recordings – CD/MP3



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### Even More Relaxation Response Methods

- Take a nature walk/hike
- Prayer and meditation
- Aerobic exercise or dance
- Yoga or Tai Chi
- Identify focal points for relaxation
  - Relax jaw, shoulders, lower-back, etc.
- Use of soothing music

**Chat one thing you do to lower your stress**



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**STEVE'S FAVORITE RELAXATION TECHNIQUE**

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### It's Call To Action Time

- What's the most important thing you learned in this section of the Webinar?
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**Please Use Chat to Submit One Thing You'll Do Different**



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### Learning From Your Best Friend Through Daily Journaling

- Keeping A Daily Chronic Pain Journal
- Check Out My Handout: *Strategic Empowerment Pain Journaling Made Easy*



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### Using An Empowerment Pain Journal

- In your journal at least two or three times per day list the type of pain, the highest level of pain that you are experiencing and why you rated it that way.
- Using the stress thermometer also identify the highest level of stress you experienced and why you rated it that way—what were your stress triggers?
- Note what you do for your pain (i.e., medication, stretching, exercise, massage, etc) and how well it works (on 0 to 10 scale with 0 meaning not at all and 10 meaning totally).



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### Using A Empowerment Pain Journal

- Identify what you were doing that may have triggered the pain or stress and make note any ways you could avoid those triggers in the future. Be sure to include both physical triggers and emotional triggers.
- Identify any negative thoughts because of your pain.
- Identify any uncomfortable feelings you are having or poor decisions you are making because of your pain.
- At the end of each day identify the most important thing you learned and commit to one thing that you will do differently to improve your pain management.
- After seven days review and see what you learned.



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### Yet Another Very Big Obstacle!

**How Do We Manage Our Inner Saboteur**



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### What Is The Inner Saboteur?

- Exploring The Inner Saboteur



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### Internal Conflict



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### Which Voice Do I Listen To?



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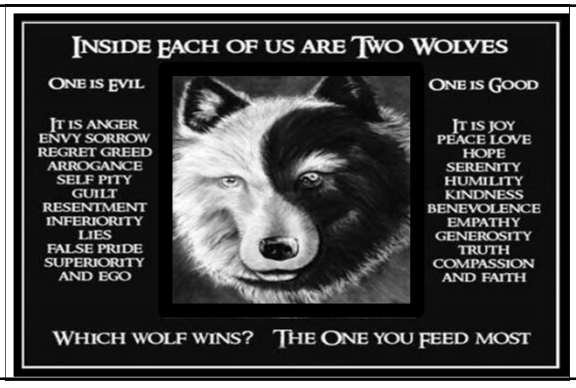


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### The Monkey Mind



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### My Progressive And Protective - But Grueling - Suits Of Armor

I have learned to replace my no longer useful "suits of armor" with my new functional Spiritual Values, Practices and Principles!

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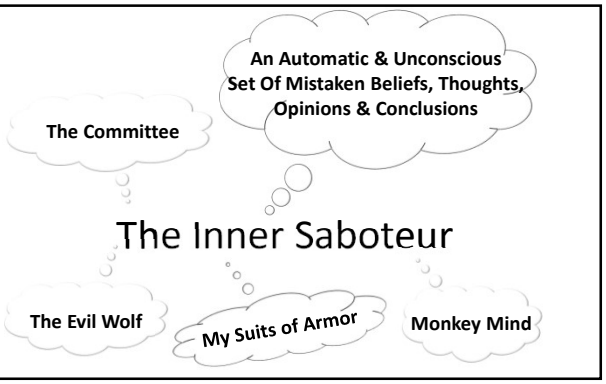


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### Self-Defeating Thinking Cycle

- We develop problematic perceptions and beliefs
- We seek support to shore them up and develop internal self-talk the reinforces them
- We engage in activities that support our beliefs and perceptions, including criminal thinking errors
- We surround ourselves with others who will also help us support our perceptions & beliefs
- Even though we experience negative consequences we will not let go of our cherished beliefs



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### Dreams and Goals

- When we have exciting dreams and goals anything seems possible.
- Sometimes we sabotage ourselves and talk ourselves out of exciting possibilities.
- What are some ways that you got in your own way and stopped a dream from coming true and what did you say or do that sabotaged you?

**Please Use Chat to submit one self-sabotage you use**



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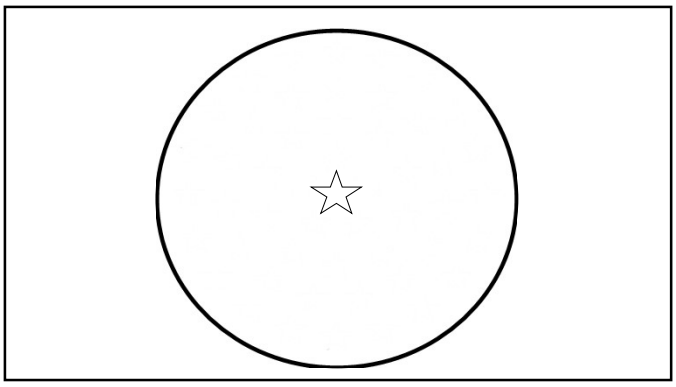

86

**Beliefs/Perceptions Thoughts ⟹ Feelings**

**Breathing Space**

**Urges ⟹ Actions**

⇑

**Decision Point Management**



87

### Five Steps To Making Better Decisions

- **Pause** and notice the urge without doing anything about it—Put yourself in Time Out!
- **Relax** by taking a deep breath, slowly exhale, and imagine the stress draining from your body;
- **Reflect** upon what you notice by asking yourself: "What do I have an urge to do? What has happened when I have done similar things in the past? What is likely to happen if I do that now?" "What are some of the next best steps I can take?"



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### Five Steps To Making Better Decisions

- **Decide** what you are going to do about the urge and make a conscious choice instead of acting out in an automatic an unconscious way. The choose the next best step for you to take!
- **Do It** when you make the choice about what you are going to do. However, remind yourself that you will be responsible for both the action and its consequences
- **Remember, Easy Does It; But DO IT!**



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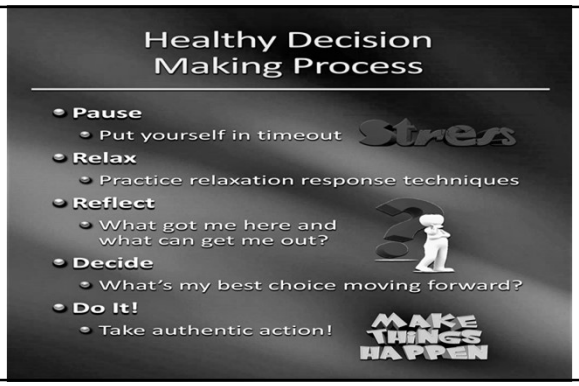
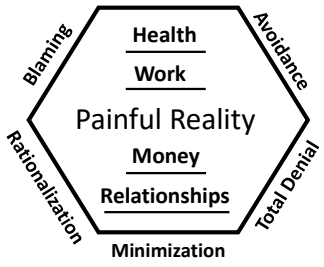



90

### Experiential Exercise






91

### Which Was Your Primary Defense?

**How Many of You Are**

- Avoiders
- Fellow Rationalizers
- Minimizers
- Total Deniers
- Blamers

**Please Use Chat To submit your primary defense**



92

### Normalizing & De-Pathologizing Denial

- Denial is an automatic and unconscious reaction that defends us against the pain of recognizing serious problems; but it can lead to our problems getting worse!

**It's A Normal Part of The Human Condition**

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Four Primary Emotional Drivers of Denial

- Anger - The problem is disrupting my life +
- Fear - It's getting worse & I can't solve it +
- Guilt - I've done something wrong +
- Shame - I'm defective as a person =
- Intrinsic Pain - Thinking & talking about the problem just hurts too much
- **But please remember…**
  ***Any uncomfortable emotion can fuel denial***

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Levels of Defenses/Denial
### It's Not Just On Or Off

- Lack Of Information
  - Wrong information about the problem or solution
- Conscious Defensiveness
  - The person knows something is wrong but doesn't want to face the pain of knowing

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Levels of Defenses/Denial
### It's Not Just On Or Off

- (Unconscious) Denial
  - Automatic & unconscious defense mechanism that guards against pain & helplessness
- Delusional
  - Deeply entrenched mistaken belief held in spite of overwhelming evidence to the contrary

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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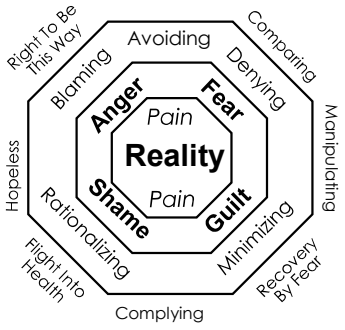
# The New Rules For Treating Chronic Pain

## *Addiction-Free Solutions In The Era of Opioid Crisis*

**Presented by Stephen Grinstead, Dr. AD, LMFT, ACRPS**

### Anatomy of Denial

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### Denial Patterns

Primary Irrational Thoughts That …

1. Are Used To Deny Seriousness Problems
2. Protect From The Pain Of Facing Problems
3. Can Stop The Problems From Being Solved

**There Are Twelve Common Denial Patterns And It's Crucial To Identify And Manage Each One**

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Dealing Directly With Denial

- Identify
  - Recognize denial by its cognitive heme
- Expose
  - Name the denial pattern & cognitive theme
- Educate
  - Explain the denial pattern being used
- Challenge
  - Permission to start effective problem solving
  - An injunction against continuing to use denial
- Teach Self Management
  - Show another way of thinking & behaving

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### It's Like a Whack A Mole Game


100

### #1: Avoidance

A. Expose — What I'm hearing you say is
- You want to avoid the real issue by talking about something else. Is that correct?

B. Educate — What you're doing is called
- Avoidance. You're refusing to look at the problem. You want to focus on other things.

C. Challenge — You don't have to
- Avoid this problem. You can see it for what it is and figure out the best way to deal with it.

D. Teach Self-Management — Are you willing to
- Go through these questions again and stay focused even when it gets difficult?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### How Do You Avoid Your Painful Reality?



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### #2: Absolute Denial

A. Expose — What I'm hearing you say is
- That you don't have a problem and that anyone who thinks that you do is crazy. Is that correct?

B. Educate — What you're doing is called
- Absolute Denial. You're saying you don't have a problem despite strong evidence that you do.

C. Challenge — You don't have to
- To deny this problem. You can see what's really going on and deal with it.

D. Teach Self-Management
- Let's look at what you told me that makes me believe that you have a serious problem.

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### How Have You Blocked Your Painful Reality?

Have You Been To This State?




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### #3: Minimizing

A. Expose — What I'm hearing you say is
- You do have a problem, but it isn't that bad? Other people think it's worse than it is? Is that correct?

B. Educate — What you're doing is called
- Minimizing. You're trying to convince yourself the problem is not really that bad so you don't have to solve it.

C. Challenge — You don't have to
- Minimize this problem. You can objectively evaluate how bad it really is.

D. Teach Self-Management
- How bad is it on a scale of 0 - 10? Why did you rate it that way? How bad would it have to get for you to do something about it?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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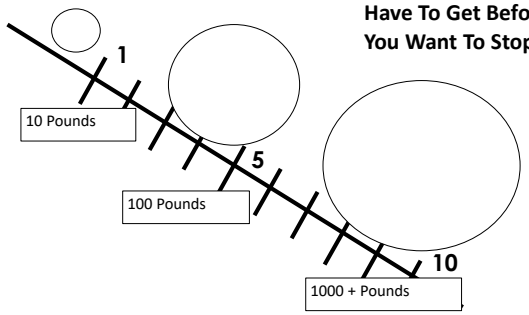
**How Bad Does It Have To Get Before You Want To Stop It?**




106

### #4: Rationalizing

A. Expose — What I'm hearing you say is
- If you have a good reason for the problem, then there should not be any consequences. Is that correct?

B. Educate — What you're doing is called
- Rationalizing. You believe that having a good reason will solve the problem and prevent any consequences.

C. Challenge — You don't have to
- Rationalize this problem. Good reasons don't make bad consequences disappear.

D. Teach Self-Management
- Are you willing to stop focusing on why you have the problem, and start focusing on how to solve it?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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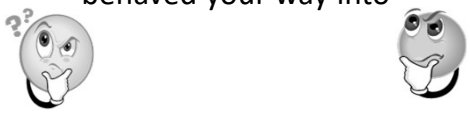
**Dr. Stephen Covey**

You can't think your way out of a problem that you behaved your way into





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### #5: Blaming

A. Expose — What I'm hearing you say is
- You have the problem, But it's not your fault, so you shouldn't have to deal with it. Is that correct?

B. Educate — What you're doing is called
- Blaming. You believe that if it's someone else's fault you won't have to deal with it.

C. Challenge — You don't have to
- Blame someone else. You can and should accept responsibility for solving your problem.

D. Teach Self-Management
- Stop focusing on who is to blame and start focusing on how to solve your problem.

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Blaming Puts & Keeps You In The Victim Role




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### Rate Your Big 5 Patterns 1-10

- Avoidance 1-2-3-4-5-6-7-8-9-10
- Total Denial 1-2-3-4-5-6-7-8-9-10
- Minimizing 1-2-3-4-5-6-7-8-9-10
- Rationalizing 1-2-3-4-5-6-7-8-9-10
- Blaming 1-2-3-4-5-6-7-8-9-10

**Please Use Chat To Submit Your Top Choice:** _____

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



111

### Personalizing Your Chosen Denial Pattern

- Personal Title
  - A personal title is a word or short phrase that has emotional impact on you
  - e.g. my Personal ***Rationalizing*** pattern is "The Little Professor"
- Personal Description
  - The description is a short sentence that starts with "I know I'm using this denial pattern when I …
  - e.g., my personal description is: I know I'm using ***Rationalizing*** when I start listing all the "good" reasons for my bad behaviors.

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### It's Calls To Action Time

- What's the most important thing you learned in this section of the Webinar?
- What are two or three things you can do different to be more effective with the people you serve?
- What obstacles might get in your way and how can you overcome any problems?
- Who are three appropriate accountability partners that you can aske to help you succeed with your calls to action?

**Please Use Chat to Submit One Thing You'll Do Different**



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### #6: Comparing

A. Expose — What I'm hearing you say is
- You can't have a problem, because you know other people who are worse than you. Is that correct?

B. Educate — What you're doing is called
- Comparing. You believe that because someone is worse than you, you don't have a problem.

C. Challenge
- Other people's problems don't matter. What is happening to you does matter.

D. Teach Self Management
- Are you willing to stop focusing on others and start focusing on recognizing and solving your own problems?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Do you compare yourself to others?

### Either Good or Bad?



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### #7: Manipulating

A. Expose — What I'm hearing you say is
- You'll admit that you have a problem, if I solve it for you without forcing you to change. Is that correct?

B. Educate — What you're doing is called
- Manipulating. You'll only admit to the problem if I agree to solve it for you.

C. Challenge
- You can and must solve it yourself. Others can't do it for you nor should they. No one is going to rescue you!

D. Teach Self Management
- Are you willing to stop trying to manipulate me and start working with me to develop problem solving skills?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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**Do you manipulate others to get your needs met?**



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### #8: Recovery By Fear

A. Expose — What I'm hearing you say is
- You'll this self-defeating pattern again because you're too scared of what will happen.

B. Educate — What you're doing is called
- Scaring Yourself Into Health. You believe that being afraid will stop you from using this self-defeating pattern .

C. Challenge
- You don't have to be afraid. Fear can drive you to use this self-defeating pattern . You can replace fear with confidence by dealing directly with the problem.

D. Teach Self Management
- Are you willing to stop focusing on fear, and solve the problem in spite of your fear?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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Do You Depend on FEAR to Keep You Out of Trouble or To Not Make Necessary Changes?

**F-E-A-R: has two meanings:**
**1. Forget Everything And Run**
**or**
**2. Face Everything And Rise**


**The Choice is Yours!**

**Problem –** False Expectations Appearing Real – Forget Everything And Run
**Or Solution – Face Everything And Rise**

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### #9: Compliance

A. Expose — What I'm hearing you say is
- You'll tell me anything I want to hear if I will stop pushing you to look at things you don't want to see.

B. Educate — What you're doing is called
- Compliance. You're willing to say anything to get me off your back, but you probably won't follow through.

C. Challenge
- You don't have to say things you don't mean. You can tell me directly what you will and will not do.

D. Teach Self Management
- Will you be honest and stop trying to convince me you will do things you have no intention of doing?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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# The New Rules For Treating Chronic Pain

## *Addiction-Free Solutions In The Era of Opioid Crisis*

**Presented by Stephen Grinstead, Dr. AD, LMFT, ACRPS**

**Do You Ever Say Yes When You Really Mean No**

**Just to Get People Off Your Back?**


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### #10: Flight Into Health

A. Expose — What I'm hearing you say is
- Now that you know this self-defeating pattern is a problem, you will just stop using it and everything will be wonderful.

B. Educate — What you're doing is called
- Flight Into Health. You think that knowing what is wrong will magically cure you without effort.

C. Challenge
- You don't have to pretend that the problem will just go away. It won't. You have to learn how to solve your problems and keep them from coming back.

D. Teach Self Management
- Are you willing to give up your belief in a "Magical Cure" and develop a problem solving plan?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Are You "Suddenly Cured?"




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### #11: Believing I Can't Be Helped

A. Expose — What I'm hearing you say is
- You've tried everything and nothing has worked. You'd rather believe you're hopeless than try again.

B. Educate — What you're doing is called
- Strategic Hopelessness. You believe that if I leave you alone, your problem will be solved.

C. Challenge
- You don't have to believe you're hopeless. Being hopeless won't solve your problems. It will just make them worse.

D. Teach Self Management
- Are you willing to start believing that you're not hopeless & develop a problem solving plan?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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**Have there been times you convinced yourself your situation was hopeless?**


**Ever Been At This Street Corner?**

125

### #12: Democratic Disease State

A. Expose What I'm Hearing You Say Is …
- You have the right to enjoy your self-defeating pattern and no one has the right to stop you. Is that correct?

B. Educate What you're doing is called …
- The Democratic Disease State. You believe that having the right should allow you to enjoy the process

C. Challenge
- You don't have to mess up or hurt others. Even if you want to, you wouldn't be a peace. You can recover and live.

D. Teach Self Management
- Are you willing to give up the right to sabotage yourself screw up your life and possibly die in order to learn to live again?

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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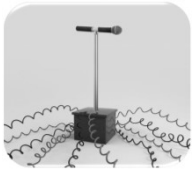
**Have You Used Self-Destructive Behaviors in a "Self-righteous" Way?**



**My Righteous Indignation**

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### Rate Your Small 7 Patterns 1-10

- Comparing 1-2-3-4-5-6-7-8-9-10
- Manipulation 1-2-3-4-5-6-7-8-9-10
- Recovery By Fear 1-2-3-4-5-6-7-8-9-10
- Compliance 1-2-3-4-5-6-7-8-9-10
- Flight Into Health 1-2-3-4-5-6-7-8-9-10
- Hopelessness 1-2-3-4-5-6-7-8-9-10
- Right To Be This Way 1-2-3-4-5-6-7-8-9-10

**Please Use Chat To Submit Your Top Choice:** _____

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



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### Personalizing Your Chosen Denial Pattern

- Personal Title
  - A personal title is a word or short phrase that has emotional impact on you
  - e.g. my personal ***Right To Be This Way*** pattern is "My way or the highway"
- Personal Description
  - The description is a short sentence that starts with "I know I'm using this denial pattern when I …
  - e.g., my personal description is: I know I'm using The ***Right To Be This Way*** when I start get rigid, see only my point of view and refuse to listen to anyone else.

Source: 2001, 2020: Denial Management Counseling for Effective Pain Management, By Grinstead, Corey & Gorski



129

### It's Calls To Action Time

- What's the most important thing you learned in this section of the Webinar?
- What are two or three things you can do different to be more effective with the people you serve?
- What obstacles might get in your way and how can you overcome any problems?
- Who are three appropriate accountability partners that you can aske to help you succeed with your calls to action?

**Please Use Chat To Submit One Thing You'll Do Different**



130

### OVERCOMING STUCK POINTS



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### Overcoming Stuck Points

| The Problem | The Solution |
|---|---|
| ➢ Hopeless | ➢ Hopeful |
| ➢ Demoralized | ➢ Revitalized |
| ➢ Victim | ➢ Victorious |
| ➢ Powerless | ➢ Empowered |
| ➢ Surviving | ➢ Thriving |



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### Overcoming Hopeless Stuck Points

- Some common causes of hopelessness
  - The chronic pain trance
  - Clinical depression
  - Undertreated or mistreated chronic pain
  - Lack of social support
  - Other coexisting psychological conditions



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### Overcoming Hopeless Stuck Points

- Important action steps to attain **Hope**
  - Waking up from the chronic pain trance
  - Changing how you think is the first step towards changing how you feel
  - Building a team of both professional and personal coaches and guides
  - Practicing an attitude of gratitude



134

### Overcoming Demoralized Stuck Points

- Some common causes of demoralization
  - The chronic pain trance
  - Clinical depression
  - Under-treated or mistreated chronic pain
  - Lack of social support
  - Other coexisting psychological conditions



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### Overcoming Demoralized Stuck Points

- Important action steps to **Revitalize**
  - Waking up from the chronic pain trance
  - Changing how you think is the first step towards changing how you feel
  - Building a team of both professional and personal coaches and guides
  - Practicing an attitude of gratitude



136

### Overcoming Victim Stuck Points

- Some common causes of being a victim
  - The chronic pain trance
  - Clinical depression
  - Under-treated or mistreated chronic pain
  - Lack of social support
  - Other coexisting psychological conditions



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### Overcoming Victim Stuck Points

- Important Action Steps To Become **Victorious**
  - Refusing to be a victim by developing hope
  - Becoming an active participant in your own healing process
  - Reaching out for positive social support
  - Being open for spiritual healing support
  - Practicing an attitude of gratitude



138

### Overcoming Powerless Stuck Points

- Some common causes of powerlessness
  - The chronic pain trance
  - Clinical depression
  - Under-treated or mistreated chronic pain
  - Lack of social support
  - Other coexisting psychological conditions



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### Overcoming Powerless Stuck Points

- Important Action Steps to become **Empowered**
  - Seeking/accepting appropriate professional support
  - Seeking/accepting family/social support
  - Letting go of "control" and accepting help
  - Challenging the I'm not good enough mistaken belief
  - Challenging the I'm a failure mistaken belief



140

### Overcoming Surviving Stuck Points

- Some common problems leading to just surviving
  - The chronic pain trance
  - Clinical depression
  - Under-treated or mistreated chronic pain
  - Lack of social support
  - Other coexisting psychological conditions



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### Overcoming Surviving Stuck Points

- Important Action Steps to achieve **Thriving**
  - Move through the stages of the grieving process
    - Shock denial
    - Anger and resentment
    - Overwhelming depression
    - Pleading and bargaining
    - Acceptance of your condition
    - Revitalization - embracing the new "Normal"



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### Resolving Stuck Points Is Very Doable!

| The Problem | The Solution |
|---|---|
| Hopeless | Hopeful |
| Demoralized | Revitalized |
| Victim | Victorious |
| Powerless | Empowered |
| Surviving | Thriving |



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**For Effective Chronic Pain Management**
**What We Need Is A Synergistic Treatment Solution**

**Individualized, Integrated, Concurrent, Targeted, Strategic And Collaborative Treatment**



144

Identifying The Synergistic Problem!

**The Coexisting/Chronic Pain Syndrome™**



145

The Coexisting/Chronic Pain Syndrome™




146

A Synergistic Treatment Problem

- Needs A Synergistic Treatment Solution
- The Addiction-Free Pain Management® System



147

UTILIZING A FORMULA FOR SUCCESS IN OVERCOMING TREATMENT OBSTACLES

IT'S CRUCIAL FOR MOVING OUT OF THE PROBLEM AND INTO THE SOLUTION



148

### Overcoming Obstacles

- For Healing to Occur Patients Must Be . . .
  - Listened To
  - Understood
  - Taken Seriously
  - Affirmed as a Human Being

  **Active Listening**
- The Formula For Success
  - Using Effective Active Listening



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### Formula For Success
### A Rational, Directive, Supportive Approach

| Disaster | Success |
|---|---|
| ~~Pre-Judgment~~ | Understanding |
| + ~~Insensitivity~~ | + Compassion |
| + ~~Confrontation~~ | + Challenge |
| ~~Power Struggle~~ | Collaboration |

150

### Knowledge Is Power

Understanding Pain Is A Crucial First Step For Positive Treatment Outcomes



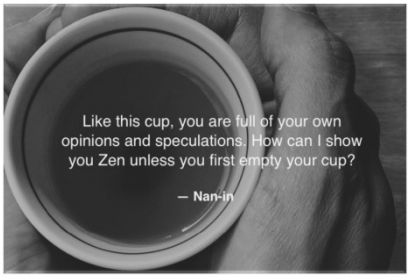
151

"A little knowledge that acts is worth infinitely more than much knowledge that is idle"

~ John Quincy Adams

152

But We Must First Empty Our Cups To Be Enlightened

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## Importance Of Healing The Whole Person

- Chronic Pain Problems
- Substance Use Problems
- Other Psychological Problems
- Medical Condition(s)
  - Usually unsuccessful medical treatments
- Psychosocial Problems
- Spiritual Problems
- Levels of Functioning and/or Quality Of Life Problems



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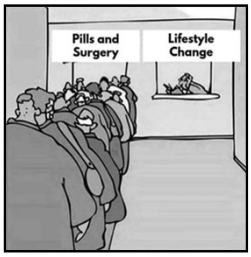
## We Have A Serious Problem




- Biological
- Psychological
- Social
- Spiritual



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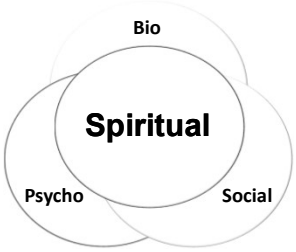
## Healing – Working **With** the Whole Person






156

### Remember! Recovery-Friendly Medication Management

- For Chronic Pain And Mental Health Disorders
  - Evidence-Based
  - Recovery Friendly
  - Minimum Effective/Low Dose
  - Individualized and Strategic
  - Compliance Monitoring
  - Cost Effective
  - Recovery-Friendly MAT for Substance Use Disorders
  - Implemented Along with Psycho-social Interventions



157

### Core Non-Pharmacological And Holistic Practices

- One of the major goals is to help chronic pain patients step away from the traditional Bio-Medical Model.
- It's crucial to be working with the whole person:
  - Biological
  - Psychological
  - Social
  - Spiritual
- A Body-Mind-Spirit Approach! More Later In This Presentation



158

### Exploring The Relationship With Pain

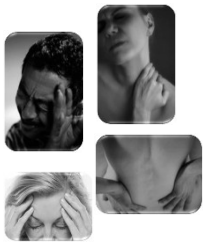
- Understanding pain and the pain system
- Differentiating between pain and suffering
- Learn how pain effects the whole person
- The Bio-Psycho-Social-Spiritual components of chronic pain



159

### Understanding Different Types of Pain

- Helping Patients Understand
  - Acute Pain
  - Chronic Pain
  - Recurrent Acute Pain
  - Anticipatory Pain
  - Neuropathic Pain
  - Opioid Induced Hyperalgesia
  - **Making Peace With Pain**





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### Acute Pain

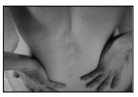
- Symptom of underlying problem
- Damage to the system
- Source is easily identified
- Time limited healing process
- Analgesics or narcotics *may* be used



161

### Chronic Pain

- Six month duration
- Source is often ambiguous
- Pain lingers long after initial injury
- May no longer serve useful purpose
- Treatment is often confusing and frustrating for patients and their healthcare providers





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### Recurrent Acute Pain or Pain Flare-Ups

- Patients experience acute pain episodes
- Episodes are usually brief
- Low or pain free periods between episodes
- Often associated with identifiable precursors
- Needs a separate treatment plan
- Most of the time the intervention can be non-medication based except for some serious pain condition i.e., cancer



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### Anticipatory Pain

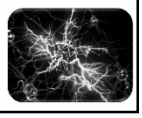
- People become so fearful about conducting basic tasks of daily living that they can easily become stressed or even immobilized
- Activated by
  - Environmental triggers
  - Internal psychological/emotional triggers
- Often associated with previous pain flare up episodes
- You get what you expect!



164

### Neuropathic Pain

- **Definition:**
  - **Neuropathic pain** is now **defined** by the International Association for the Study of **Pain** (IASP) as "**pain** caused by a lesion or disease of the somatosensory nervous system." Jun 1, 2018





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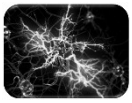
### Neuropathic Pain

- Symptoms:
  - Tingling, itching, numbness (Parasthesias)
  - Shooting, burning, stabbing, aching, electrical sensations (Dysesthesias)
  - Non-harmful stimulus perceived as painful (Allodynia)
  - Spatial Changes: pain perception extending beyond initial area of tissue injury
  - Phantom limb pain: It's not in their head





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### Opioid-Induced Hyperalgesia

- **Definition:** Opioid induced hyperalgesia (OIH) is defined as a state of nociceptive sensitization caused by exposure to opioids. The condition is characterized by a paradoxical response, whereby a patient receiving opioids for the treatment of pain may actually become more sensitive to certain painful stimuli. The type of pain experienced may be identical to or different from the original underlying pain. OIH is often confused with opioid tolerance (OT) and withdrawal-associated hyperalgesia (WAH).

US National Library of Medicine, Published online 2020 Apr 21. doi: 10.3390/jpm10020027



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### Making Peace With Pain

- We need to call a cease fire and start making peace with our pain to stop unnecessary suffering.
- When living with chronic pain, we must stop seeing pain as an adversary.
- We need to make pain our best friend!
- We can't always eliminate pain but we can stop suffering with it.
- Making peace with pain is crucial to obtain freedom from suffering.




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### Exploring Pain Versus Suffering

- Pain — Physical sensations that tell us something is wrong
- Suffering — Psychological interpretation that the sensation is awful, terrible, or unbearable
- Pain is inevitable, but suffering is optional
- Freedom From Suffering
  - It's A Right and A Responsibility



169

### Pain or Suffering — You Decide!

- Is it Physiological / Physical
  or
  Psychological / Emotional?



170

### Ascending Versus Descending Pain Symptoms

- Physiological Pain
  - Aching, Throbbing, Pulsing
  - Splitting, Piercing. Pounding
  - Irritated, Sore, Sensitive
  - Burning, Stinging, Lacerating
  - Inflamed, Sharp, Swollen
  - Hot, Radiating, Spreading
  - Tender, Painful, Hurtful
  - Numbing, Tingling, Shooting
- Psychological Suffering
  - Dreadful, Severe, Awful
  - Irritating, Nagging, Disturbing
  - Saddening, Depressing, Worrisome
  - Distressing, Excruciating, Agonizing
  - Grueling, Punishing, Torturing
  - Upsetting, Aggravating, Annoying
  - Terrifying, Frightening, Terrible
  - Fatiguing, Debilitating, Exhausting



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### Suffering Might Look Like This


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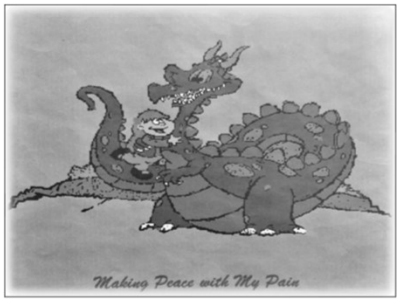
Making Peace With Pain Can Look Like This

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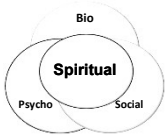
### The Four Components Of Pain

- Biological - Ascending
  - A signal that something is wrong
- Psychological - Descending
  - Meaning individual assigns to pain signal
- Social/Cultural - Descending
  - Role assigned to the person in pain
  - Family and cultural beliefs about pain
- Spiritual
  - Impact on people's Spiritual Values, Practices and Principles



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### Utilizing Biological Interventions

- Diet/Nutrition and exercise (easy does it)
- Sleep and Rest
- Activity Pacing & Non-Avoidance
- Good Hygiene
- An appropriate recovery –friendly medication management plan
- Healthcare (hydrotherapy, massage, acupuncture, yoga, chiropractic etc.)
- Stress management (visualizations, breath work)
- Eliminating/Reducing: Nicotine, Caffeine, and Sugar



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### Utilizing Psychological Interventions



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Utilizing Family/Social/Cultural Interventions



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Utilizing Spiritual Interventions



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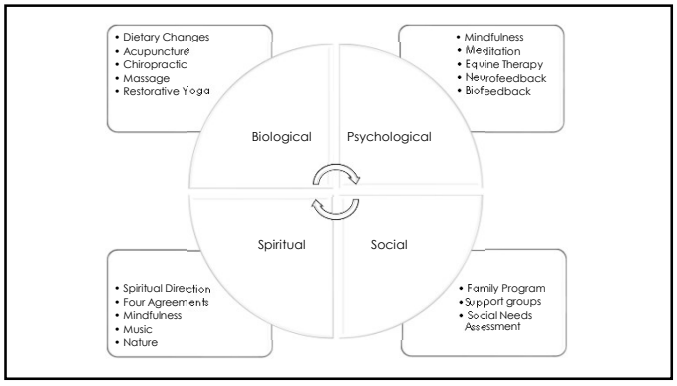


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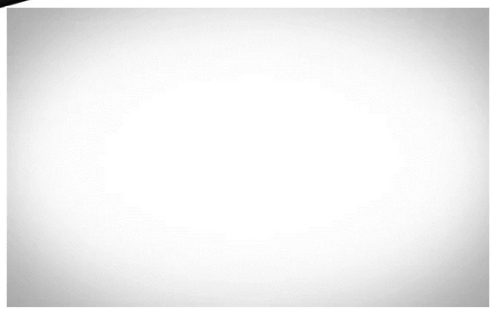
**Understanding Pain In About Five Minutes**





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### It's Calls To Action Time

- What's the most important thing you learned in this section of the Webinar?
- What are two or three things you can do different to be more effective with the people you serve?
- What obstacles might get in your way and how can you overcome any problems?
- Who are three appropriate accountability partners that you can aske to help you succeed with your calls to action?

**Please Use Chat To Submit One Thing You'll Do Different**



181

### COGNITIVE BEHAVIORAL RESTRUCTURING



182

**Exploring Cognitive Distortions**

Identifying Obstacles to Healthy Choices
by Examining Two Critical Roadblocks

*Mistaken Beliefs and Skewed Perceptions*

183

### What Are Cognitive Distortions

- Cognitive distortions are simply ways that our mind convinces us of something that isn't true. These inaccurate thoughts are usually used to reinforce negative thinking or emotions — telling ourselves things that sound rational and accurate, but only serve to keep us feeling bad about ourselves. They are based on mistaken beliefs and skewed perceptions
- Cognitive distortions can also be exaggerated or become irrational thought patterns that are believed and perpetuate the effects of abnormal states, especially depression, pain and anxiety. ... These thinking patterns often are said to reinforce negative thoughts and/or emotions.



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### Exploring BPTFUARs

- Beliefs **(B)** and Perceptions **(P)** cause Thoughts **(T)**
- Thoughts **(T)** cause Feelings **(F)**
- Thoughts plus Feelings cause Urges **(U)**
- Urges plus Decisions cause Actions **(A)**
- Actions Cause Social Reactions **(R)**
- Two Types Of Problematic BPTFUAR Sequences
  - Self-defeating
  - Addictive



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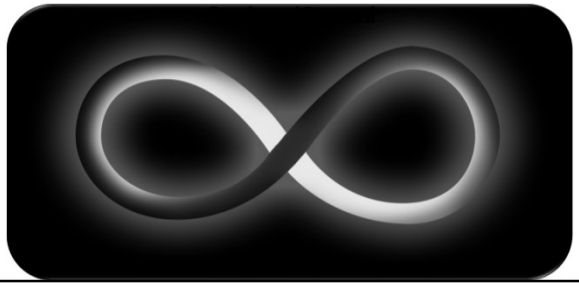
### Importance Of Timeline Competency

**Past** **From A Peace** **Future**



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### Tests For Rational Thinking

**Are Your Beliefs, Perceptions and Thoughts …**

- Based on objective reality (facts)?
- Protecting the life, health, and well-being of yourself and those you love?
- Helping you set productive goals and develop effective plans?
- Helping you avoid / resolve conflicts?
- Allowing you to feel okay without the use of medications, alcohol, other drugs, or other self-defeating behaviors?
- Giving you a sense of meaning and purpose?



187

### Cognitive Behavioral Restructuring Questions

- What's the best if I continue to use self-defeating behaviors
- What's the worst if I continue use self-defeating behaviors
- What's the worst if I start using new positive behaviors
- What's the best if I start using new positive behaviors
- **Reality Check**
  - **What's the most likely outcome if I continue to use self-defeating behaviors**



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### TFUAR Management
**Keep It Simple and Short**

| Problem | Solution |
|---|---|
| Thinking → | |
| Feeling → | |
| Urges → | P.R.R.D. |
| Actions → | Do It! |
| Reactions (Social) → | Accountability Partners |



189

### The Importance Of Finding Balance Points



190

### The End Of The Beginning
### Finding Balance

- Positive Self-Talk
- Appropriate Emotional Expression
- Effective Pain Management
- Healthy Support Network
- Healthy Recovery
- Proactive Healthy Life-Style
- Spirituality/Humility



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**Repressed Self-Talk**

**Positive Self-Talk**

**Negative Self-Talk**



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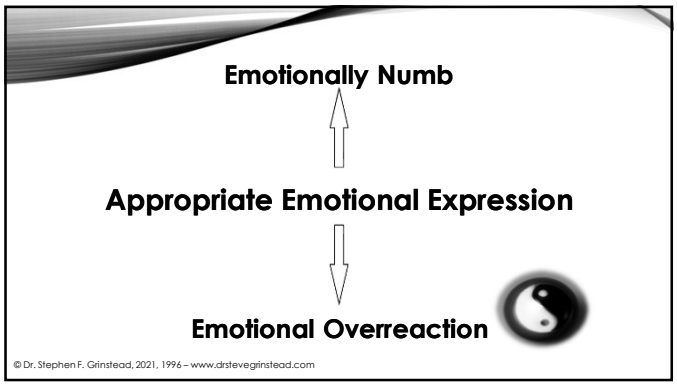


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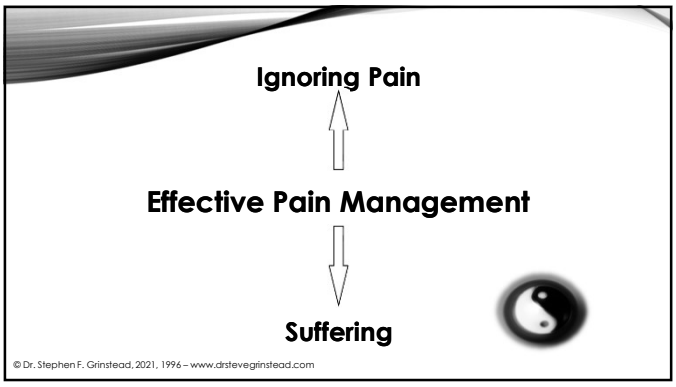


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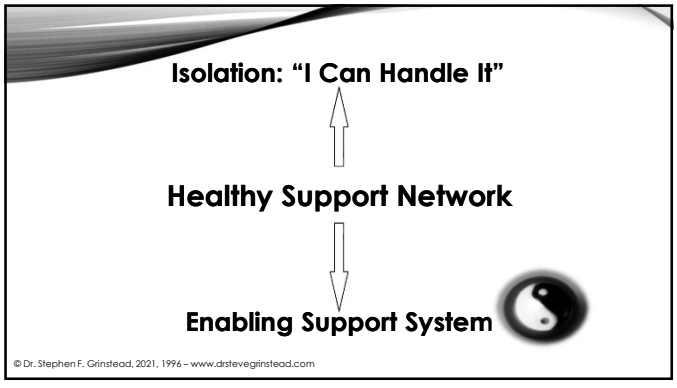


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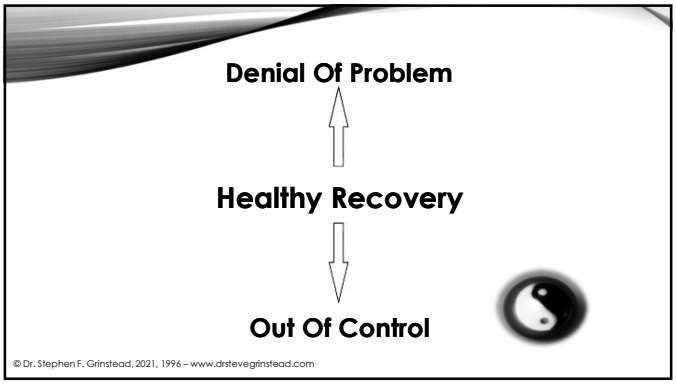


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**Compulsive/Impulsive**

↑

**Proactive Healthy Life-Style**

↓

**Immobilization**



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**Pride/Arrogance**

↑

**Spirituality/Humility**

↓

**Shame/Guilt**



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**THE IMPORTANCE OF COLLECTING EVIDENCE-BASED OUTCOME MEASURES**



199

Outcome Measures – Pre-Pre-Post Data

- Medications Pre and Post
- Post Acute Withdrawal Assessment
- Biofeedback Stress and Anxiety Assessment
- Ascending/Descending Pain Assessment
- PCL-5 – PTSD Checklist
- Depression, Anxiety and Stress Scale
- Family Assessment Device - General Functioning



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### Outcome Measures – Pre-Pre-Post Data

- Bio-Psycho-Social-Spiritual Functioning Assessment
- Spirituality Index of Well Being
- Quality of Life and Patients' Goals Achievement
- Nutrition, Body Mass Index, Body Fat, Weight
- Functional Physical Capacity Assessment – If Indicated
- Pain Outcome Profile (POP)
  - **Seven Scales:**
    Mobility; Activities of Daily Living; Vitality; Negative Affect; Fear; Physical Index; and Affective Index



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### Poor Treatment Outcome Indicators

**Low Outcome Patients**

- Become maliciously compliant in half-heartedly following recommendations with their provider
- Expect to become pain free with minimal personal effort
- Are NOT motivated to experiment with both traditional & non-traditional pain management methods
- Lack of Positive Family and/or Social Support



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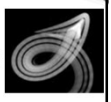
### Achieving Good Treatment Outcomes



**By Creating High Outcome Patients Who…**

- Become actively involved in understanding their pain disorder and all the available treatment interventions
- Let go of "Magical Thinking" and are willing to work
- Become self-motivated to actively & systematically experiment with both traditional & non-traditional concurrent pain management modalities
- Develop Positive Family and/or Social Support



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### Achieve Positive Treatment Outcomes

**By developing a strategic treatment plan where…**

- Patients become knowledgeable proactive participants — Not passive recipients
- Patients act as the captain of the treatment team
- Healthcare Professionals act as a guides or coaches using a collaborative strength-based challenge approach
- Health Care Professionals utilize collaborative treatment plans with interactive patient input and buy in
- Strategic recovery and relapse prevention plans improve the patient's Bio-Psycho-Social-Spiritual levels of functioning



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### Moving Onward & Upward With Hope & Gratitude

**Your Final Calls To Action – Please Review Your Notes**

- What is the most important thing you learned about yourself by participating in this presentation?
- What are **at least four things** you can commit to doing different to improve your ability to help people to stop suffering with their chronic pain?
- What obstacles might you encounter and how can you find solutions to overcome any problems?
- Who are **three appropriate accountability partners** that you can ask to be part of your team to help you be successful with your commitments?



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### Q And A Time

Please Now Use **Q&A**

To Submit Your

Questions/Comments

211

### *The End Of The Beginning!*

*Thank You For Attending*

**The New Rules For Treating Chronic Pain**

***Addiction-Free Solutions In The Era of Opioid Crisis***

**Presented by:**
**Dr. Stephen F. Grinstead**
**www.drstevegrinstead.com**



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