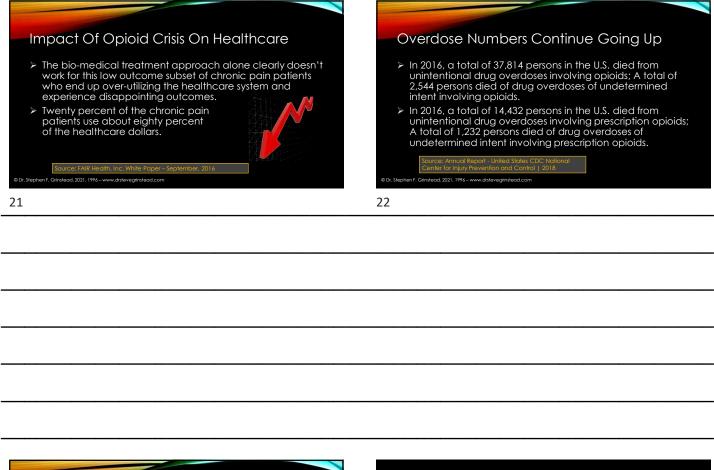


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FDA's Opioid Approval Process Is Shoddy Opioid Abuse in Chronic Pain According to Alicia Ault in her 9/30/20 article on Medscape Medical News © 2020, The FDA's approach is flawed because: One Source Of The Opioid Epidemic ➤ More than 30% of Americans have some form of acute or chronic pain > FDA has set a low bar for approval of these medications ➤ In 2014 alone, U.S. retail pharmacies dispensed 245 million prescriptions for opioid pain relievers over the past 20 years. > FDA did not require manufacturers to collect safety data Opioids are widely diverted and improperly used on tolerance, withdrawal, overdose, misuse, and diversion in any rigorous fashion. > Many physicians admit that they are not confident In at least one case FDA allowed manufacturers to exclude 32% to 43% of the initially enrolled patients from the doubleabout how to prescribe opioids safely blind treatment phase. 18 17 Opioid Abuse in Chronic Pain Impact Of Opioid Crisis On Healthcare Cost for opioid-related treatment rose over 1,000 percent from 2011 to 2015. More than a third (37%) of the 44,000 drug-overdose deaths that were reported in 2013 were attributable to pharmaceutical opioids In 2015 Private Payers' average costs for a patient diagnosed with opioid abuse or dependence were more Heroin accounted for an additional 19%. than 550 percent higher than the per-patient average cost based on all patients' claims. A parallel increase in the rate of opioid addiction, affecting approximately 2.5 million adults in 2014. ER Visits made up a large percentage of these costs.

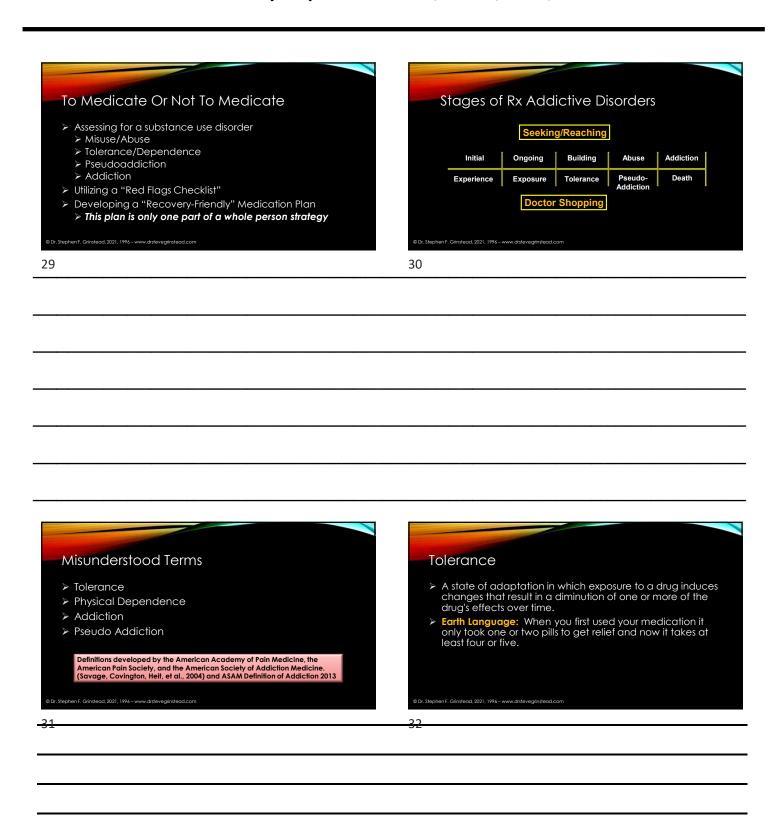
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It's Calls To Action Time What's the most important thing you learned in this section of the Webinar? What are two or three things you can do different to be more effective with the people you serve? What obstacles might get in your way and how can 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

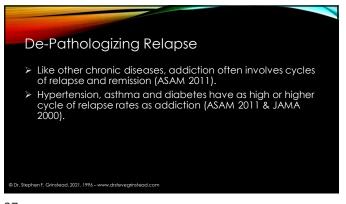


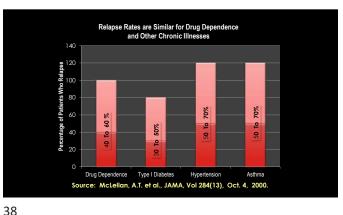




Physical Dependence Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Earth Language: When your body gets 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. *Dr. Stephenf. Gintlead 2021, 1994—www.drtleveginatead.com	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.
Pseudo Addiction	Addiction versus Pseudoaddiction
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.	 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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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?

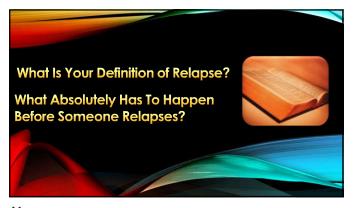
Please Use Chat to Submit Your Examples

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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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

42

41



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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 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? OD: Stephen F. Grindland. 2021, 1994—www.datevegfindlead.com
46
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 Oth. Stephen F. Grintlead, 2021, 1994—www.dateveglinslead.com



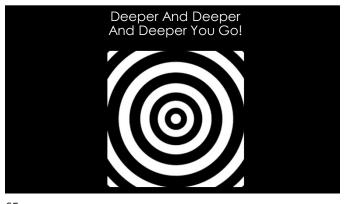


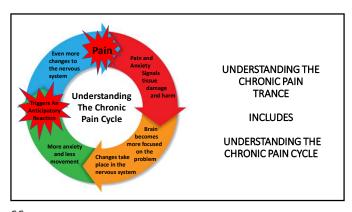
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Misinformation Regarding MAT The Need For Recovery-Friendly MAT Many treatment providers and 12-Step Recovery Programs think people on MAT are not really in recovery. Treatment Improvement Protocol (TIP) 63 For Healthcare and Addiction Professionals, Policymakers, Patients, and Families for Opioid Use Disorder (OUD) Care ➤ However, SAMSHA states that Patients taking medication 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 for OUD are considered to be in recovery. SAMSHA states that several barriers continue to contribute to the underuse of medication for OUD. and services needed to support people in recovery. 58 57 The Need For Recovery-Friendly MAT The Need For Recovery-Friendly MAT The World Health Organization's (WHO's) 9 principles of The World Health Organization's (WHO's) 9 principles of good care for chronic diseases can guide OUD care... good care for chronic diseases can guide OUD care... > Develop a treatment partnership with patients. > Link patients to community resources/support. > Focus on patients' concerns and priorities. > Work as a clinical team. Involve "expert patients," peer educators, and support staff in the health facility. > Support patient self-management of illness. Use the five A's at every visit (assess, advise, agree, assist, and arrange). Ensure continuity of care. Organize proactive follow-up.



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65 66



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 The Depression Barrier > Exploring the chronic pain trance to develop a plan There's a difference between depression and situational triggered feeling down or blue Looking at the depression barrier > Depression is very common for people in chronic pain Identify & manage your inner saboteur (AKA Denial) > Depression and isolation: The deadly duo Overcoming stuck points Understanding depression symptoms Cognitive Behavioral Restructuring To Wake Up Common depression management tools Exploring BPTFUARs: Beliefs, Perceptions, Thoughts, Developing a depression management plan Feelings, Urges, Actions and Social Reactions. 70 69 **Understanding The Stress** Developing A Depression Management Plan Pain Connection Medication management—many depression medications > Low stress: zero to three also help pain management Moderate stress: four to six Engage in cognitive behavioral therapy (CBT)

No Pain Distressful Pain Agonizing Pain

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Combination of CBT and medication management is

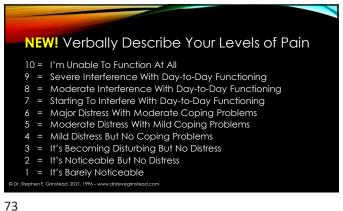
needed for moderate to severe depression

A proactive plan with at least four or five action steps

➤ High stress: seven to ten

The Old Pain Scale

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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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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

7



It's Call 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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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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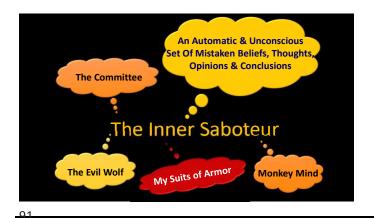
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My Progressive And Protective
- But Grueling - Suits Of Armor

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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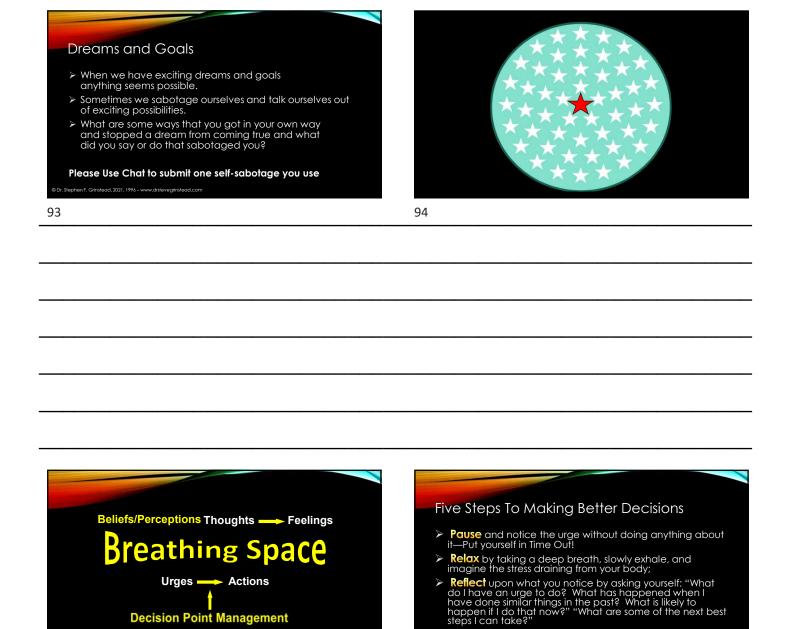
Self-Defeating Thinking Cycle We develop problematic perceptions and beliefs We seek support to shore them up and develop internal self-talk the reinforces them We engage in activities that support our beliefs and perceptions, including criminal thinking errors We surround ourselves with others who will also help us

we surround ourseives with others who will also help usupport our perceptions & beliefs
 Even though we experience pegative consequences

> Even though we experience negative consequences we will not let go of our cherished beliefs

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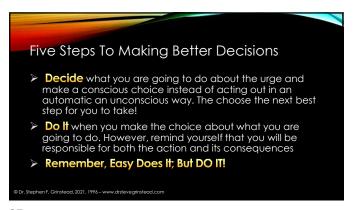
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Urges --- Actions

Decision Point Management

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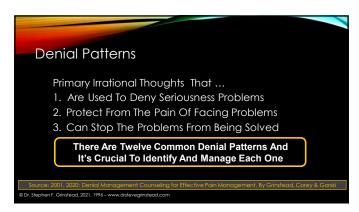






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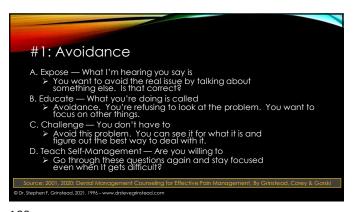


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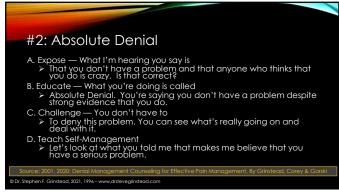


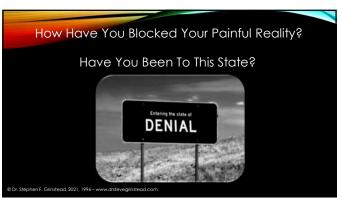
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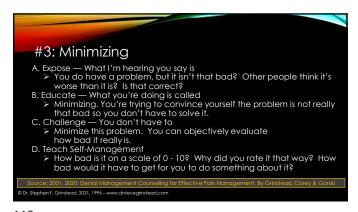


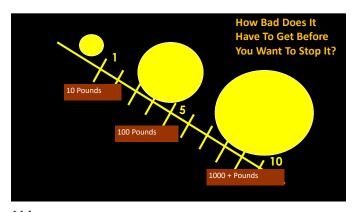
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113 114

#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

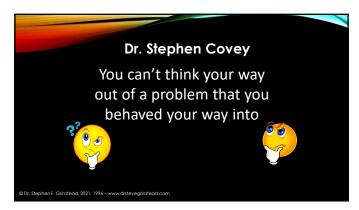
Rationalize this problem. Good reasons don't make bad consequences disappear.

D. Teach Self-Management

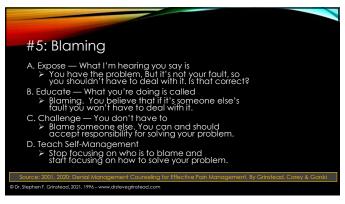
Are you willing to stop focusing on why you have the problem, and start focusing on how to solve it?

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

D. Stephenf. Grinstead, 2021. 1994 – www.datevegirdeod.com



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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
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. 2000: Denial Management Courseling for Effective Pain Management. By Grinstead, Corey & Gorski

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 Grinslead, Corey & Gorstal

OD: Stephenf. Grinslead, 2021, 1974—www.datevegindead.com

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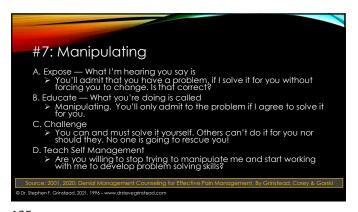


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#8: Recovery By Fear

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 pottern. You can replace fear with confidence by dealing directly with the problem.

D. Teach Self Management

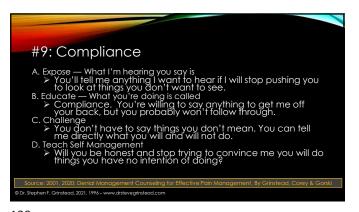
> Are you willing to stop focusing on fear, and solve the problem in spite of your fear?

Source: 2001, 2020. Denial Management Counseling for Effective Pain Management. By Gristead. Carey & Garkli

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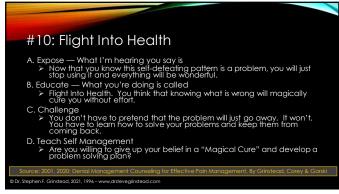


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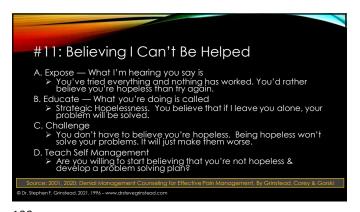


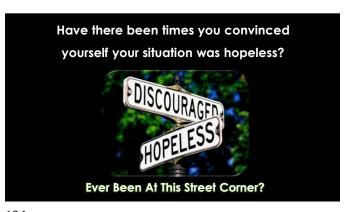
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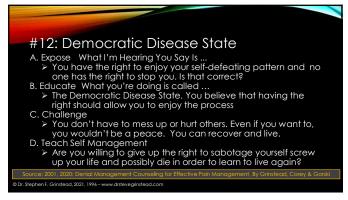




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What obstacles might get in your way and how can you

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

Who are three appropriate accountability partners that you can aske to help you succeed with your calls to action?

overcome any problems?

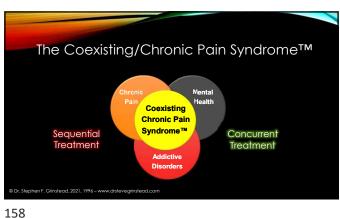


	Consequence (Continue Charalty Parinty
Overcoming Demoralized Stuck Points	Overcoming Victim Stuck Points
 Important action steps to Revitalize Waking up from the chronic pain trance Changing how you think is the first step towards changing how you feel Building a team of both professional and personal coaches and guides Practicing an attitude of gratitude 	 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	Overcoming Powerless Stuck Points
Important Action Steps To Become <u>Victorious</u>	Some common causes of powerlessness
 Refusing to be a victim by developing hope Becoming an active participant in your own 	The chronic pain tranceClinical depression
healing process	Under-treated or mistreated chronic pain
 Reaching out for positive social support Being open for spiritual healing support 	> Lack of social support
 Practicing an attitude of gratitude 	Other coexisting psychological conditions
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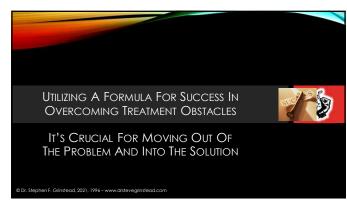










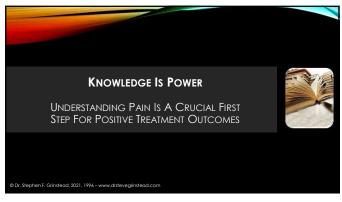


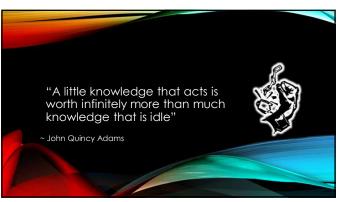
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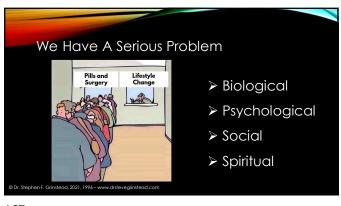


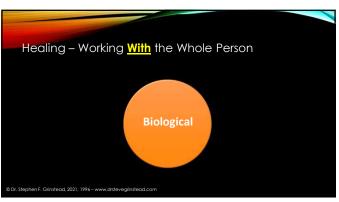
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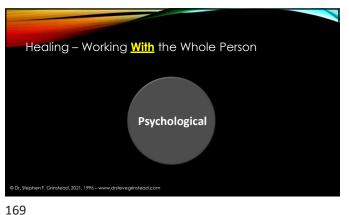


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Healing – Working With the Whole Person **Spiritual**

Remember! Recovery-Friendly Medication Management

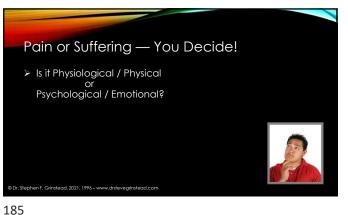
- For Chronic Pain And Mental Health Disorders
 - ➤ Evidence-Based
 - > Recovery Friendly
 - > Minimum Effective/Low Dose
 - ➤ Individualized and Strategic
 - Compliance Monitoring
 - Cost Effective
 - ➤ Recovery-Friendly MAT for Substance Use Disorders
 - > Implemented Along with Psycho-social Interventions







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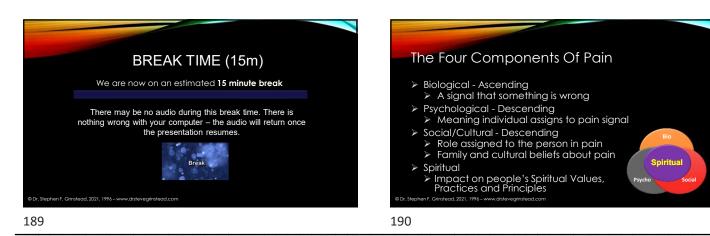


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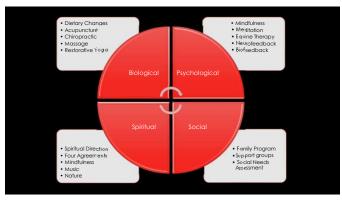
Utilizing Psychological Interventions Managing Denial (Defense Mechanisms) Education (about pain, recovery and addiction) Thinking Management > Emotional Management Meditation, hypnosis, self-Music, Art, Journaling, Collage Work hypnosis Therapy and/or counseling External Focusing Or Distracting Finding Daily Balance Cognitive Restructuring

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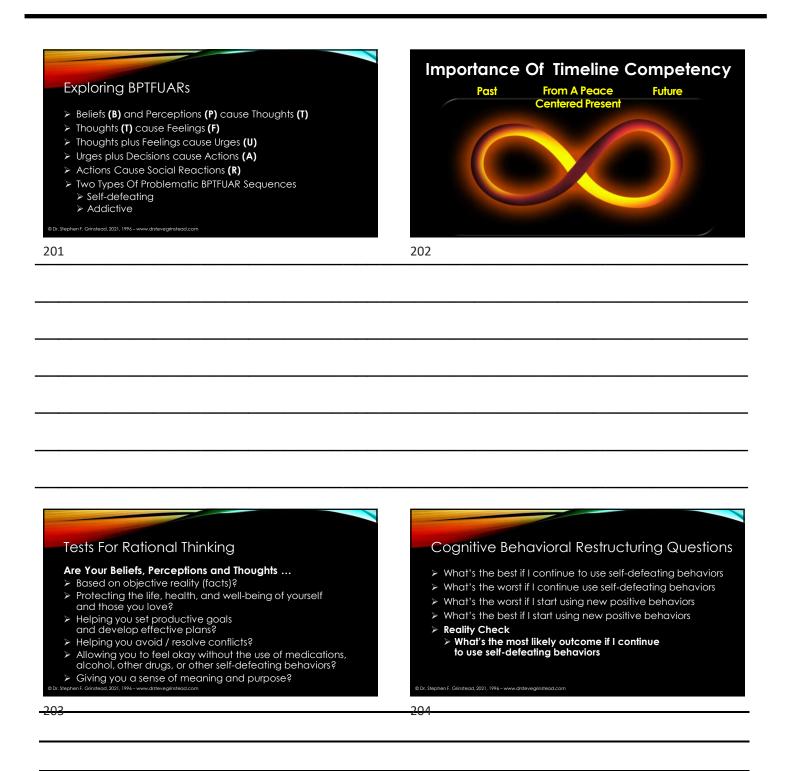


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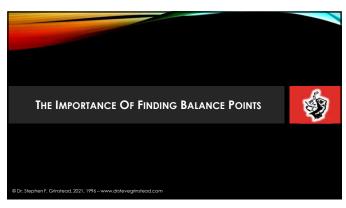






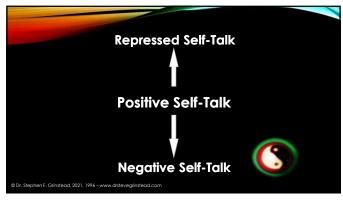
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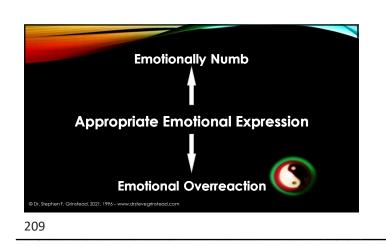


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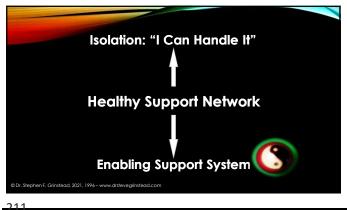
The End Of The Beginning Finding Balance Positive Self-Talk Appropriate Emotional Expression Effective Pain Management Healthy Support Network Healthy Recovery Proactive Healthy Life-Style Spirituality/Humility



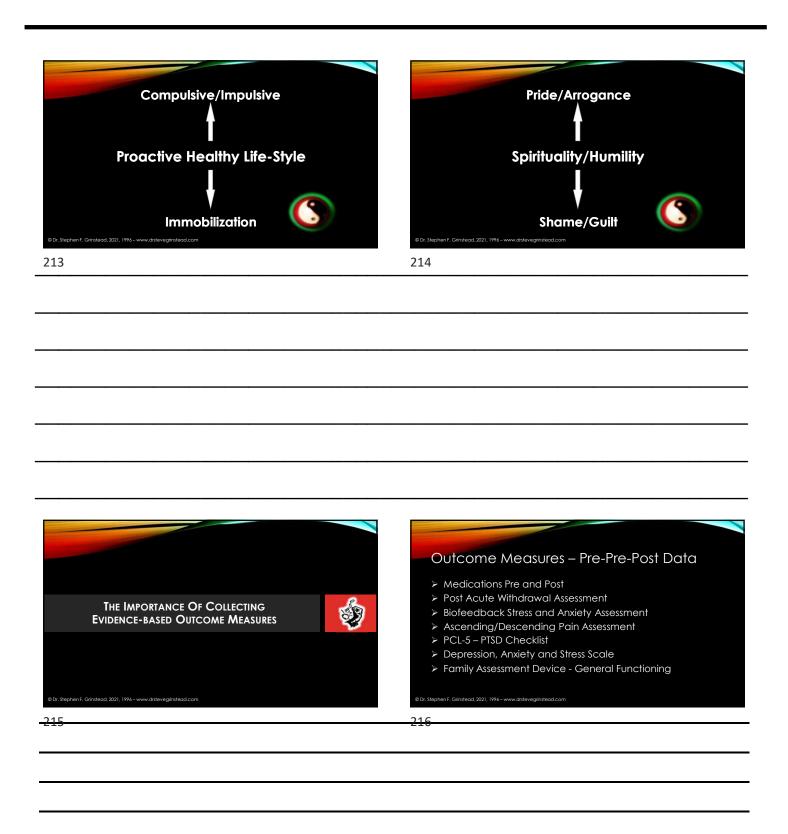
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Outcome Measures – Pre-Pre-Post Data Poor Treatment Outcome Indicators Low Outcome Patients ➤ Bio-Psycho-Social-Spiritual Functioning Assessment Spirituality Index of Well Being Become maliciously compliant in half-heartedly following recommendations with their provider Quality of Life and Patients' Goals Achievement Nutrition, Body Mass Index, Body Fat, Weight Expect to become pain free with minimal Functional Physical Capacity Assessment – If Indicated Are NOT motivated to experiment with both traditional & non-traditional pain management methods Pain Outcome Profile (POP) Seven Scales: Mobility; Activities of Daily Living; Vitality; Negative Affect; Fear; Physical Index; and Affective Index Lack of Positive Family and/or Social Support Dr. Stephen F. Grinstead, 2021, 1996 – www.drstevegrinstead.com 218 217 Achieving Good Treatment Outcomes Achieve Positive Treatment Outcomes By Creating High Outcome Patients Who... By developing a strategic treatment plan where... Patients become knowledgeable proactive participants — Become actively involved in understanding their pain Not passive recipients disorder and all the available treatment interventions > Patients act as the captain of the treatment team ➤ Let go of "Magical Thinking" and are willing to work Healthcare Professionals act as a guides or coaches using Become self-motivated to actively & systematically a collaborative strength-based challenge approach experiment with both traditional & non-traditional Health Care Professionals utilize collaborative treatment concurrent pain management modalities plans with interactive patient input and buy in Develop Positive Family and/or Social Support Strategic recovery and relapse prevention plans improve the patient's Bio-Psycho-Social-Spiritual levels of functioning

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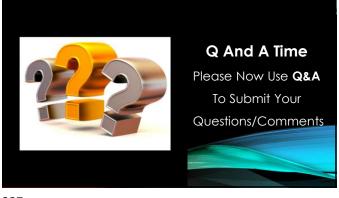
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Moving Onward & Upward With Hope & Gratitude Your Final Calls To Action – Please Review Your Notes

- 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 $\underline{\text{three appropriate accountability partners}}$ that you can ask to be part of your team to help you be successful with your commitments?

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