

# Addressing Chronic Pain And Co-Existing Disorders

## Addressing Chronic Pain And Coexisting Disorders

*Using the Addiction-Free  
Pain Management®  
(APM) System*



Developed By:

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## How To Benefit From This Presentation

- Understand the APM™ Model
  - Know the principles and practices
- Integrate it into your personal/clinical style
  - Make it part of your routine practice
- Adapt it to the needs of your program
  - Improve your program quality & effectiveness
- Individualize it for each patient you see
  - Make a difference in the lives of your patients

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## Looking At The Whole Person

- Pain Disorders
- Substance Use Disorders
- Other Mental Health or Personality Disorders
- Medical Condition(s)
  - Unsuccessful medical treatment
- Psychosocial Problems
- Levels of Functioning and/or Quality Of Life
  - GAF, SOFA, GARF

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## Common Co-occurring Disorders

**Addiction & Chronic Pain Disorders**

**Severe Sleep Disorder**

**Cognitive Impairment**

**Anxiety Disorders**

**Trauma Disorders (PTSD)**

**Depression**

**Eating Disorders**

# Addressing Chronic Pain And Co-Existing Disorders

## 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
<del>Pre-Judgment</del>	Understanding
+ <del>Insensitivity</del>	+ Compassion
+ <del>Confrontation</del>	+ Challenge
<del>Power Struggle</del>	Collaboration

## Patients Must Be Proactive

- Patients become knowledgeable active participants—Not passive recipients
- The patient is always the captain of the team
- Healthcare Professional: A guide or coach
- Use a collaborative non-confronting approach
- Create a collaborative treatment plan
- Develop recovery & relapse prevention plans

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## Stages of Rx Addictive Disorders

Seeking				
Initial	Ongoing	Building	Abuse	Addiction
Experience	Exposure	Tolerance	Pseudo-Addiction	Death
Reaching				

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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)

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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 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 state—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, neurobiologic 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, 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 you're addicted.

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## Pseudo Addiction

- Behaviors that may occur when pain is under treated. 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:

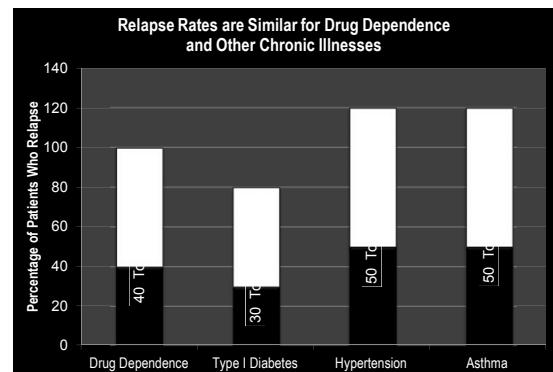
- Pseudoaddiction looks a lot like addiction
- Patients may appear to be "Drug-Seeking"
- Patients may need frequent early refills
- These behaviors are caused by under-treatment
- Problematic behaviors disappear when the person's pain is adequately managed

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## 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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## 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?



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## Looking for “Red Flags”

- 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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## Relapse With Rx Medication

- Elective dental procedures
- Elective surgical procedures
- Painful injuries
- Painful medical conditions
- Mismanaged chronic pain
- What examples have you seen?

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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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## Answer True, False, or Not Sure for Each One

1. If you stop addictive use for a while and then begin to use again, you relapsed.
2. Relapse develops over a progressive period of time and has early warning signs.
3. You are in recovery if you have stopped the alcohol and/or drug use.

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## Answer True, False, or Not Sure for Each One

4. Relapse occurs because addicts/alcoholics drop out of treatment or stop going to meetings.
5. Recovering people may not be totally aware of the warning signs of relapse.
6. Once recovering people are consciously aware of the warning signs of relapse, they can choose to take action to make the warning signs go away.

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## Answer True, False, or Not Sure for Each One

7. Relapse can be avoided by willpower and self-discipline alone.
8. People who relapse are not motivated to recover.
9. When people relapse it means that they haven't hit bottom yet and they need to experience more pain.

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## You Have To Be In Recovery To Relapse

### What Is Early Recovery?

Being in recovery requires...

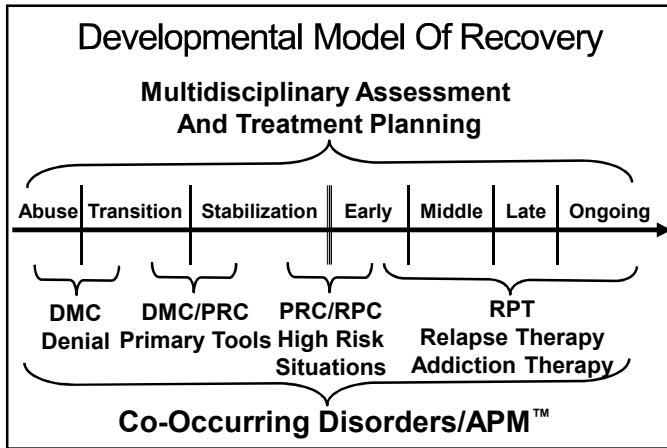
- **Understanding** the problem—pain and addiction
- **Applying** that understanding to self
- **Accepting** the painful feelings due to pain & addiction
- Having hope & belief recovery is possible & preferable
- Doing the B.P.S.S. recovery footwork recovery requires
- Building a medication management track record (90-120 Days)

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## What Does Recovery Look Like?



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## Tools For Moving Into Early Recovery

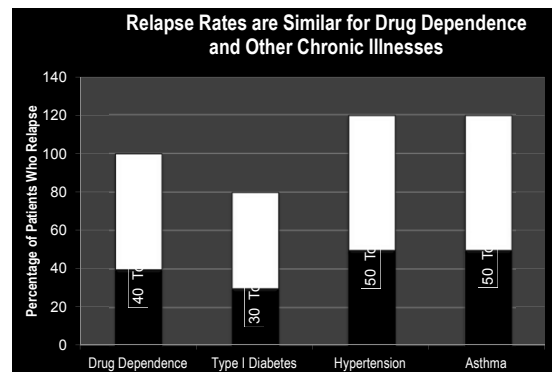
- Moving from stabilization to early recovery requires...
  - Identifying and managing stress
  - Normalizing and managing cravings
  - Identifying and managing Post Acute Withdrawal
  - Managing Pain Flare Ups
  - Identifying and managing high risk situations

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## Relapse

- Like other chronic diseases, addiction often involves cycles of relapse and remission (ASAM 2011).
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Source: McLellan, A.T. et al., JAMA, Vol 284 (13), Oct. 4, 2000.



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## Three Paths From Remission To Relapse

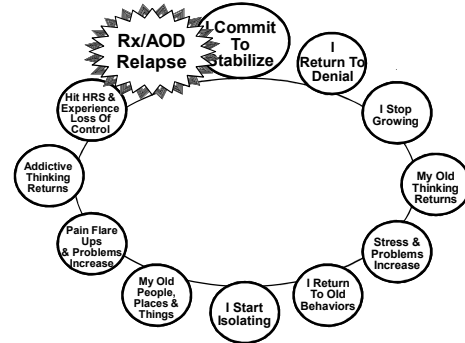
- Relapse triggered by exposure to addictive/rewarding drugs
  - Relapse triggered by exposure to conditioned cues from the environment
  - Relapse triggered by exposure to stressful experiences involves brain stress circuits
- The anatomy and the physiology in these three modes of relapse have been delineated through extensive neuroscience research.*

Source: American Society of Addiction Medicine, 2011 — <http://www.asam.org>

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## The Relapse Cycle

Moving from being stable in recovery to becoming dysfunctional and relapsing



## Relapse With Rx Medication

- **Elective** Dental Procedures
- **Elective** Surgical Procedures
- Painful Injuries
- Painful Medical Conditions
- Mismatched Chronic Pain
- What Are Examples Of What You've Seen?

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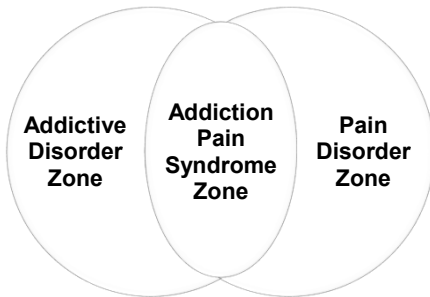
## Comparing Treatment Models

- Pain clinics focus on the pain and struggle with co-existing addictive disorders
- Addiction programs focus on the addiction struggle with co-existing pain disorders
- APM™ focuses on the pain and addictive disorders
- APM™ works concurrently with both conditions in a strategically and effectively manner

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# Addressing Chronic Pain And Co-Existing Disorders

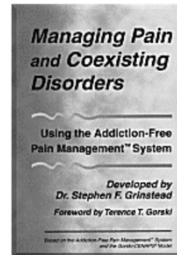
## Synergistic Problem: Addiction-Pain Syndrome™



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## Addiction-Free Pain Management®

### • A Synergistic Treatment System



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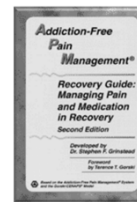
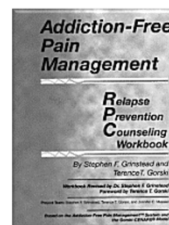
## The APM™ System

- Core Clinical Processes
  - Using cognitive-behavioral-affective therapy
- Medication Management Components
  - Using effective medical interventions
- Non-Pharmacological Approaches
  - Using a proactive pain management approach

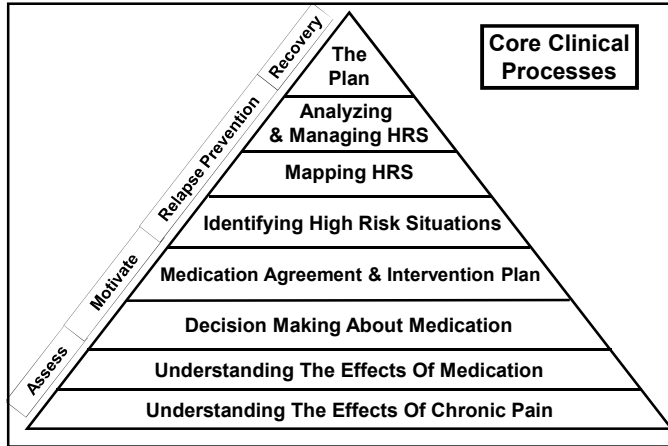
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## Dean & Jean

### Two Clinical Examples



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## Traditional Medication Management

- Opiate analgesics
- Opiate & non-opiate combinations
- Transdermal patches
- Benzodiazapines & muscle relaxants
- Non-Steroidal anti-inflammatory medications
- Antidepressant medications (Cymbalta)
- Anti-Seizure medication (Neurontin & Lyrica)

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## Recovery Friendly Medications

- Buprenorphine/Suboxone Methadone??
- Celebrex — Pre-Operation Loading 400mg
- All Other NSAIDS if side-effects tolerated
- Sleep Aids: Olanzapine 2.5mg (Zyprexa) and Ramelteon (Rozerem )
- Muscle Relaxants (Need to use caution with these)
  - Skelaxin® (metaxalone)
  - Zanaflex® (tizanidine hydrochloride)
  - Robaxin® (methocarbamol)
  - Flexeril® (cyclobenzaprine HCl)

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Thank you Dr. Jerry Callaway & Sheila Thares

## Recovery Friendly Medications

- Medications for neuropathic pain
  - Cymbalta® (duloxetine hydrochloride)
  - Lyrica (pregabalin) and Neurontin (gabapentin)
- Medications for migraines
  - Topamax® (topiramate)
  - Triptans (serotonin receptor agonists)
  - IV Toradol (ketorolac) for unresponsive pain
  - Zanaflex® (tizanidine hydrochloride)
  - Celebrex® (celecoxib)

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## Recovery Friendly Medications

- Ecotrin (coated aspirin — acetylsalicylic acid)
- Doxepin (Brand names: Adapin, Sinequan):  
Depression & Sleep
- Anticonvulsants
  - Tegretol® (carbamazepine)
  - Depakote (divalproex sodium)
- Elavil (amitriptyline)
- The recovery friendly patch/ointment delivery meds
  - Capsaicin
  - Lidocaine (Lidoderm)
  - The new nonsteroidal anti-inflammatory e.g., Voltaren

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## Transitional Medical Procedures

- Spinal Cord Stimulation
- Lumbar Sympathetic Blocks
- Peripheral Nerve Injections
- Facet Joint Injections
- Epidural & Trigger Point Injections
- Nerve Blocks
- Radio Frequency (RF) Procedures

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## Non-Pharmacological Approaches

- Meditation And Relaxation
- Emotional Management
- Massage Therapy
- Physical Therapy
- Chiropractic Treatment
- Acupuncture
- Biofeedback
- Hypnosis/Self-Hypnosis

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## Other Non-Pharmacological

- |                    |                  |
|--------------------|------------------|
| ● Yoga/Tai Chi     | ● TENS Units     |
| ● Diet/Nutrition   | ● Reflexology    |
| ● Prayer           | ● Cranial Sacral |
| ● Tribal Healing   | ● Aerobics       |
| ● Sweat Lodges     | ● Rolfing/Hellar |
| ● Talking Circles  | ● Nature         |
| ● Pet Therapy      | ● Hobbies        |
| ● Self-Help Groups | ● EMDR           |

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## Passive Versus Proactive Tools

### Passive

- TENS/RS Stim Units
- DBT and CBT
- Life Coaching
- Hydrotherapy
- Roling/Hellar
- Physical Therapy
- Equine Therapy
- Hypnosis

### Proactive

- Practice Yoga/Tai Chi
- Follow Diet/Nutrition Plan
- Practice Sleep Hygiene
- Participate In Aerobics
- Swimming Regularly
- Frequent Nature Walks
- Walking A Labyrinth
- Learn & Use Self-Hypnosis

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## APM™ Stages & Phases

- Stage I Pain Management
- Stage II Pain Management
- Stage III Pain Management
  
- Phase I CD Treatment
- Phase II CD Treatment
- Phase III CD Treatment

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## Stage I Pain Management

- Multi-Disciplinary assessments
- Detoxification and/or taper as needed
- Physiological versus psychological/emotional
- ID and manage resistance & denial
  - Pain management
  - Secondary gain issues
- Introduce non-pharmacological tools

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## Stage II Pain Management

- Continue non-pharmacological tools
- Develop initial relapse & flare up plans
- ID and manage grief/loss issues
- Assess for trauma history
  - Trauma as precursor for increased sensitivity and ineffective pain management
  - Trauma related to other pre-existing conditions

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## Stage III Pain Management

- Getting a life
- Resolving core psychological issues
- Resolve / manage trauma symptoms
- Develop an activity pacing plan
- Fine tune the relapse/flare up plans
  - To address high risk pain situations
  - To address core psychological issues

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## Phase I CD Treatment

### Transition/Stabilization

- Assess level of addictive disorder
  - Differentiate between abuse, dependency, pseudoaddiction, and addiction
- Identify & start managing denial
- Implement stress & craving management
- Implement biopsychosocial DMR Tx Plan
- Introduce social support concept

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## Phase II CD Treatment

### Early Recovery

- Continue to monitor & manage denial
- Identify & manage high risk situations
- Identify patients relapse justifications
- Assess for trauma history (containment versus treatment)
  - Trauma as precursor for addictive disorder
  - Trauma related to other pre-existing conditions

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## Phase III CD Treatment

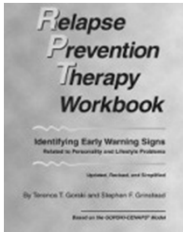
### Middle/Late Recovery

- Move from external to internal motivation
- In-depth psychological work
  - Core-psychological issues
  - Trauma history issues
- Comprehensive relapse prevention
  - High risk addiction situations
  - Core psychological issues

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## Relapse Prevention Therapy Process



Once patients have learned to manage high risk situations and are stable in the *Early Recovery Stage* they may then need the *Relapse Prevention Therapy Workbook* process to stay sober

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## Relapse Prevention Network

- Appropriate
  - Self-Help Sponsor
  - Therapist/Counselor
  - Significant Others
  - Recovering Friends
- Phone numbers: day or night access
  - Practice calling when in a good place.

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## Patients Must Be Proactive

- The patient is the captain of the team.
- Remember the formula for success.
- Collaborative non-confronting approach.
- Healthcare professional: guide or coach.
- Creating a strategic treatment plan.
- Taking action & identifying red flags.
- Developing effective recovery plans.

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## List Of Recovery Activities

- Chronic Pain Support Groups
- Stress Management
- Spiritual Development
- Morning and Evening Inventories
- Addiction Counseling
- Self-Help Programs
- Mental Health Counseling
- Diet, Nutrition & Exercise Programs
- Food Bank
- Treatment Programs
- Internet & Library
- Pain Management Groups
- Parenting Classes
- Sleep Disorder Clinics
- Agencies Needing Volunteers
- Veterans Associations

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## List Of Recovery Activities

- Wellness Clinics
- Sponsors/Mentors
- Leisure Activities
- Weight Watchers
- Community College
- GED Programs
- Keeping A Journal
- Singles Groups
- Divorce Support Groups
- Grief & Loss Groups
- Prayer & Meditation
- Relaxation & Recreation
- Rape Counseling
- Domestic Violence
- Smoking Cessation
- YMCA/YWCA
- Women's Support Groups
- Men's Support Groups

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## Selecting Recovery Activities

- Select the available activities from the list that will help you identify & manage your high risk situations.
- Develop your personal list of at least 3 to 5 of these activities that will help you with high risk situations and effective pain management.

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## Testing Recovery Activities

- Review the immediate high risk situations you are facing.
- Explore how each recovery activity will help you to identify and manage these high risk situations.
- Test each activity using the following questions.

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## Testing Questions

- How will this activity help you to identify and manage your high risk situation?
- How strongly do you believe that you need to complete this activity?  
(0 = Not At All; 10 = Absolutely Necessary)
- What obstacles might prevent you from doing this?
- How can you overcome these obstacles?
- Will you put this activity in your recovery plan?

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## Pain Management Recovery Goals

Biological 25	Psychological 25
Social 25	Spiritual 25

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## APM™ Outcome Treatment Goals

- Decreased perception of pain & freedom from suffering
- Reduction or elimination of relapse episodes
- Increased levels of functioning & quality of life
- Develop effective non-pharmacological proactive pain management skills
- Resolve co-occurring psychological disorders
- Reintegrate with family, community and work
- Proactive relapse prevention plan
- Therapeutic continuing care & transition plans
- Shift from victimized to empowered

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## One Day At A Time

My Favorite Sanskrit Proverb

Today well lived makes every yesterday  
a dream of happiness and  
every tomorrow a vision of hope

## Web Site Resources

- [www.FreedomFromSufferingNow.Com](http://www.FreedomFromSufferingNow.Com)
- [www.youtube.com/drstevegrinstead](http://www.youtube.com/drstevegrinstead)
- [www.chronicpainanonymous.org](http://www.chronicpainanonymous.org)
- [www.terrygorski.com](http://www.terrygorski.com)
- [www.cenaps.com](http://www.cenaps.com)
- [www.relapse.org](http://www.relapse.org)

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