

## Overcoming Resistance And Denial for Effective Pain Management

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



Developed By:

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## The Development of APM™

- (1980-2011) My recovery experience – A journey of hope
- (1983-2011) Working with addicted pain patients
- (1986-2011) Applying the CENAPS® Bio-Psycho-Social model to pain management
- (1996-2011) Field testing the system
  - Evaluating protocols that make a difference



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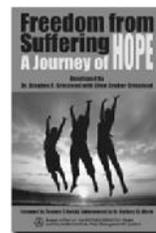
## The Development of APM™

- (1997-2011) Transferring the technology
  - The evolution continues with you and agency's like yours who utilize APM™
- (2006-2011) Addiction-Free Pain Management® Centers of Excellence
- (2011) *Freedom from Suffering: A Journey of Hope*
- (2012) *Freedom from Suffering Live*
- (2014) *FreedomFromSufferingNow.com*



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## Freedom from Suffering It's a Right and A Responsibility

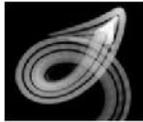


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**Treatment Outcome Indicators**

**High Outcome Patients**

- Become actively involved in understanding their pain disorder and available treatment interventions
- Are open to multiple opinions & options
- Become self-motivated to actively & systematically experiment with both traditional & non-traditional pain management methods
- Positive Family and/or Social Support

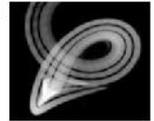


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**Treatment Outcome Indicators**

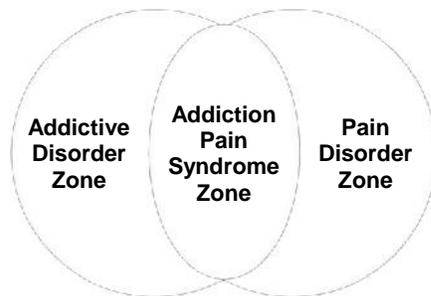
**Low Outcome Patients**

- Become compliant in following recommendations with only the first professional they consult
- Expect to become pain free with minimal personal effort
- Are NOT motivated to experiment with both traditional & non-traditional pain management methods
- Experience significant resistance/denial
- Lack of Positive Family and/or Social Support



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**Addiction-Pain Syndrome™**



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**Commonly Abused Pain Drugs**

- Alcohol, Marijuana, Methamphetamine
- Hydrocodone (Vicodin, Loratab, etc.)
- OxyContin & Oxycodone
- Demerol & Dilaudid
- **Exalgo™ (Hydromorphone HCl) Remember Palladone?**  
**24 Hour Extended-Release Tablets**
- Opana (oxymorphone)  
 12 Hour Extended-Release Tablets
- 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 acetometaphine
  - Beware of ephedra & alcohol



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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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Thank you Dr. Jerry Callaway & Sheila Thares

### 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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Thank you Dr. Jerry Callaway & Sheila Thares

## Patient Goals for APM™ Treatment

- Identify and manage the Inner Saboteur
  - Also know as denial management
- Increase effective medication management
  - Reduce relapse rates
- Increase problem solving ability for better pain management solutions
  - Experiment with new pain management strategies
  - Increase level of functioning
  - Increase hope for recovery
- Reduce pain and suffering
  - Shift from victimized to empowered

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## Treatment Obstacles

- Failure to recognize coexisting disorders
- Family system problems
  - Codependency (or enabling behaviors)
  - Burn out & 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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## Treatment Obstacles

- Patients’ self-defeating reactions
  - Treatment resistance and denial
  - Malicious compliance to keep Rx coming
  - Shift toward hopeless & helpless state of mind
  - Grief/Loss & feeling ashamed/guilty
  - Depression and other co-existing disorders
  - Power struggles with treatment providers
- Opioid-Induced Hyperalgesia

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## Opioid-Induced Hyperalgesia

- **Definition:** A phenomenon associated with the long term use of opioids such as morphine, hydrocodone, Oxycodone, and methadone. Over time, individuals taking opioids can develop an increasing sensitivity to noxious stimuli, even evolving a painful response to previously non-noxious stimuli (allodynia). This study was on pain sensitivity in patients with non-cancer chronic pain, taking either methadone or morphine.

*Journal of Pain; March 2009:*

*Hay JL, White JM, Bochner F, Somogyi AA, Semple TJ, Rounsefell B*

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**Expectations!**

- Addiction Counselors
  - Abstinence Is "The Solution"
- Mental Health Providers
  - Psychotherapy Is "The Solution"
- Pain Management Providers
  - Medication Is "The Solution"
- Family Members
  - Please Just Fix My Loved One!

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**Formula For Success**

Move out of the Problem  
 And into the Solution



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**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
- Managing Resistance & Denial

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**Formula For Success**

*A Rational, Directive, Supportive Approach*

**Disaster**

**Success**

~~Pre Judgment~~

Understanding

~~+ Insensitivity~~

+ Compassion

~~+ Confrontation~~

+ Challenge

~~Power Struggle~~

**Collaboration**

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**Patients Must Be Proactive**

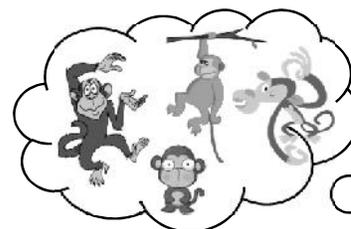
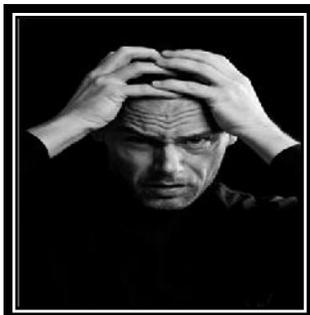
- **Patients Become Knowledgeable Active Participants — Not Passive Recipients**
- The Patient Is **Always** The Captain Of The Team
- Healthcare Professional: Is A Guide Or Coach
- Use A Collaborative Non-Confronting Approach
- Create A Collaborative Treatment Plan
- Develop Recovery & Relapse Prevention Plans

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*What Is The Inner Saboteur?*

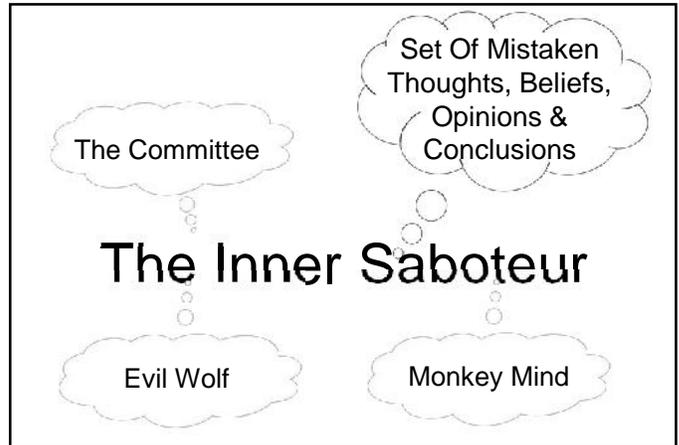


**Internal Conflict**



**The Monkey Mind**





## All About Dreams and Goals

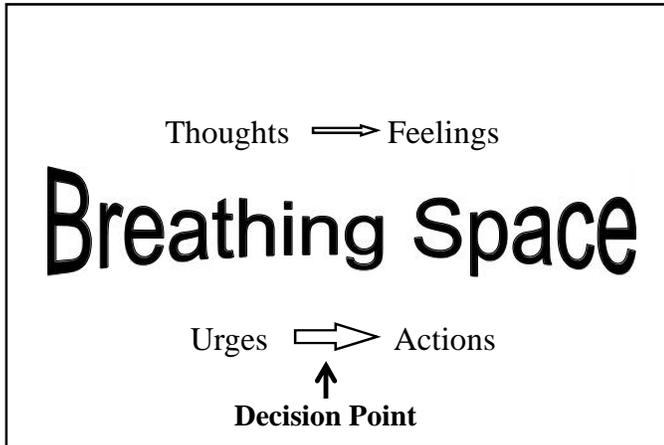
- When we have exciting dreams and goals anything seems possible.
- Sometimes we sabotage ourselves and talk ourselves out of exciting possibilities.
- What are some ways that you got in your own way and stopped a dream from coming true?
- What did you say or do that stopped you?

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## Self-Defeating Thinking Cycle

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

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**How To Make Better Decisions**

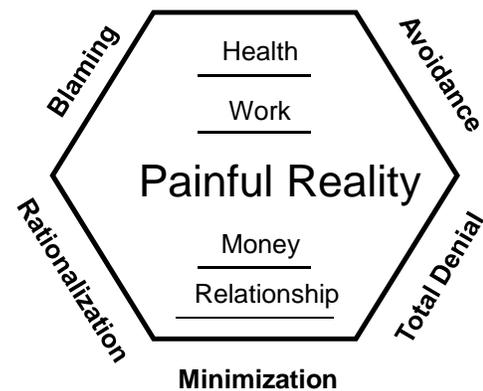
- **Pause** and notice the urge without doing anything about it—Put yourself in Time Out!
- **Relax** by taking a deep breath, slowly exhaling, and consciously imagining the stress draining from your body;
- **Reflect** upon what you are experiencing by asking yourself: “What do I have an urge to do? What has happened when I have done similar things in the past? What is likely to happen if I do that now?”; and then...

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**How To Make Better Decisions**

- **Decide** what you are going to do about the urge. Make a conscious choice instead of acting out in an automatic an unconscious way.
- **Do it** when you make the choice about what you are going to do, but remind yourself that you will be responsible for both the action and its consequences—Easy does it; but DO IT!

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## Defining Denial

Automatic and unconscious reactions that defends us against the pain of recognizing serious problems

**It's a Normal Part of  
the Human Condition**

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## 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 =
- Pain - Thinking & talking about the problem just hurts too much

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## Levels of Defenses/Denial

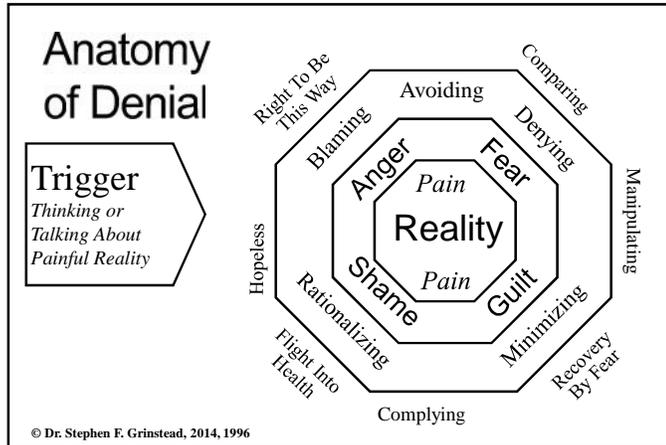
- Lack Of Information
  - Wrong information about the problem or solution
- Conscious Defensiveness
  - The person knows something is wrong but doesn't want to face the pain of knowing

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## Levels of Defenses/Denial

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

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### Denial/Saboteur Patterns

- Primary irrational thoughts that ...
  - Deny seriousness of problems
  - Protect from the pain of facing problems
  - Lead to worsening of problems

**There Are Twelve Common Denial Patterns**

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### #1 — Avoidance

- Definition**
  - Refusing to think about, talk about, or do anything that will focus on my problems
- Mistaken Belief**
  - If I refuse to think or talk about my problems, they will magically go away!

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### Types Of Avoidance

- Saying Nothing**
  - It will go away if I don't talk about it!
- Distraction**
  - It will go away if I focus on other things!
- Uproar**
  - It will go away if I create a crisis!
- Playing Dumb**
  - It will go away if I pretend not to know about it!

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## #2 — Absolute Denial

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- Definition
  - Refusing to admit that a problem exists in spite of convincing evidence that it does
- Mistaken Belief
  - If I can convince myself and others that I don't have a problem—then problem solved!

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## #3 — Minimizing

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- Definition
  - Seeing problem as less serious than it really is
- Mistaken Belief
  - If I can convince myself and others that the problem it isn't really that bad, it will go away

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## #4 — Rationalizing

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- Definition
  - Justifying your problem behavior by creating good reasons for having it
- Mistaken Belief
  - Having a good enough reason for the problem will solve it and save me from negative consequences

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## #5 — Blaming

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- Definition
  - Refusing to accept responsibility for solving the problem by believing that it is someone else's fault
- Mistaken Belief
  - If someone else is responsible for the problem, I don't have to deal with it
- Have you blamed others to avoid taking action to help yourself?

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## Please Rate Your 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

● My Choice is:  
\_\_\_\_\_

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## #6 — Comparing

- Definition
  - Believing that it's not a problem because other people have more severe problems
- Mistaken Belief
  - If someone else is worse off than I am, that proves that I don't have a problem

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## #7 — Manipulating

- Definition
  - Forcing others to act as a rescuer by refusing to solve my own problems
- Mistaken Belief
  - If I can get someone else to fix my problem, then I don't have to do anything to solve it for myself

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## #8 — Change By Fear

- Definition
  - Believing that I won't have any more problems if I get scared enough
- Mistaken Belief
  - Fear alone will prevent me from future trouble

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## #9 — Compliance

- Definition
  - Pretending to solve the problem so I can be left alone.
- Mistaken Belief
  - If I can get people to leave me alone by going through the motions, the problem will go away.

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## #10 — Flight Into Health

- Definition
  - Believing that I'm all better now and can stop doing what helped me in the first place. I convince myself I don't have to do anything else.
- Mistaken Belief
  - Feeling better means I'm cured.

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## #11 — Believing I Can't Be Helped

- Definition
  - Acting hopeless or being hopeless in order to convince people to stop trying to help me
- Mistaken Belief
  - It's hopeless so I convince myself and others not to try
  - I pretend to be hopeless so others will leave me alone

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## #12 — The Right To Be This Way

- Definition
  - Believing I have the right to live my life the way I want despite my problems
- Mistaken Belief
  - Because I have the right to destroy myself even if I hurt others, I should be left alone

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**Please Rate Your 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
  
- My Choice is: \_\_\_\_\_

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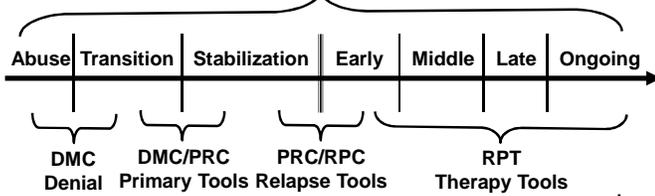
**Please Personalize Your Pattern**

- My Pattern Is: \_\_\_\_\_
- Why I Picked It Is: \_\_\_\_\_
  
- My Personal Title Is: \_\_\_\_\_
- My Personal Description is: \_\_\_\_\_

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**Developmental Model Of Recovery**

**Multidisciplinary Assessment  
And Treatment Planning**

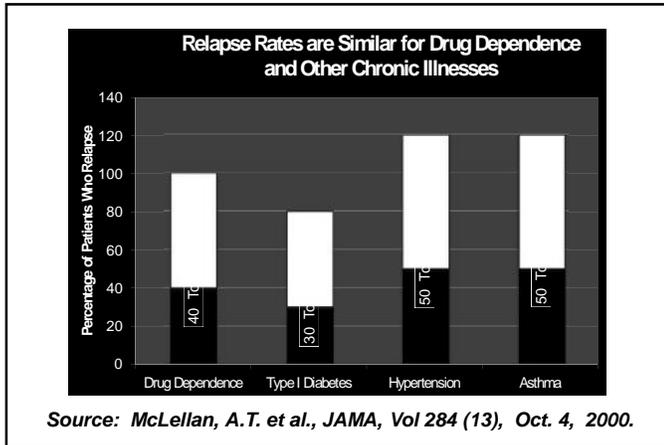


**Co-Occurring Disorders/APM™**

**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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## 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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## Relapse With Rx Medication

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

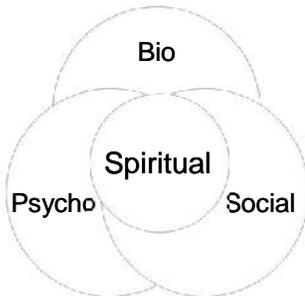
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## Common Relapse Triggers

- 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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**Collaboration – Working With The Whole Person**



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**Pain Management Recovery Goals**

Biological 25	Psychological 25
Social 25	Spiritual 25

**Relapse Prevention Therapy Process**



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

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**APM™ Outcome Treatment Goals**

- Reduction or elimination of resistance and denial
- Decreased perception of pain & freedom from suffering
- 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.addiction-free.com](http://www.addiction-free.com)
- [www.facebook.com/drstevegrinstead](http://www.facebook.com/drstevegrinstead)
- [www.cenaps.com](http://www.cenaps.com)
- [www.terrygorski.com](http://www.terrygorski.com)
- [www.relapse.org](http://www.relapse.org)

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