FREEDOM FROM SUFFERING NOW SURVIVING TO THRIVING

Dilemmas Surrounding Medication Use In Recovery

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Presented By

Dr. Stephen F. Grinstead, LMFT, ACRPS

Director of Training For The Gorski-CENAPS® Corporation

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The Development of APM™

- (1962) My first exposure to pain medication
- (1963) Rx & Alcohol don't mix—but I wanted them to
- (1980-2011) My recovery experience
  - A journey of hope
- (1983-2011) Working with addicted pain patients
- (1986-2011) Applying the CENAPS® biopsychosocial model to pain management
- (1996 – Present) Field testing the APM™ system
  - Evaluating protocols that make a difference

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The Development of APM™

- (1997 – Present) Transferring the technology
  - The evolution continues with you and agency's like yours who utilize APM™
- (2006 – Present) Addiction-Free Pain Management® Centers of Excellence
- (2011) Freedom from Suffering: A Journey of Hope
- (2012) Freedom from Suffering Live
- (2014) Freedom from Suffering NOW
  - http://www.freedomfromsufferingnow.com
- (2015) The Spiritual Warrior Journey

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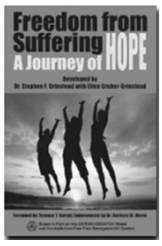
Freedom from Suffering

It's a Right and A Responsibility



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Dilemmas Surrounding Medication Use In Recovery

Crucial Question One

- Are We Managing Our Pain?
  - But Fueling Our Addiction?

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Crucial Question Two

- Are We Treating Our Addiction?
  - But Sabotaging Our Pain Management?

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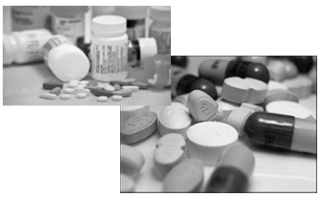
Crucial Question Three

- Why Do People In Recovery Use Medication?



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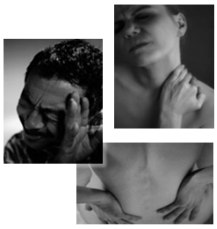
Recovery And Medication

Why people in recovery use medication

- Medical conditions
- Chronic pain conditions
- Injuries
- Relapse - Getting High
  - Cope with painful reality
  - Escape from painful reality



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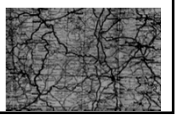
Understanding Addictive Disorders, Recovery And Relapse

Knowledge is Power

Effective/Safe Use of Pain Medication

- Our Road Map
  - Stages of addictive disorders
  - Developmental model of recovery
  - Progressive nature of relapse
  - Defining misunderstood terms
  - Advantages and disadvantages of medication
  - Effective pain and medication management
  - Identifying and managing high risk situations
  - Developing effective recovery 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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Developmental Model of Recovery

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The Developmental Model of Recovery

- Stage 0 – Active Use/Abuse Of Substance
- Stage 1 – The Transition Stage
- Stage 2 – The Stabilization Stage
- Stage 3 – The Early Recovery Stage
- Stage 4 – The Middle Recovery Stage
- Stage 5 – The Late Recovery Stage
- Stage 6 – The Maintenance Recovery Stage

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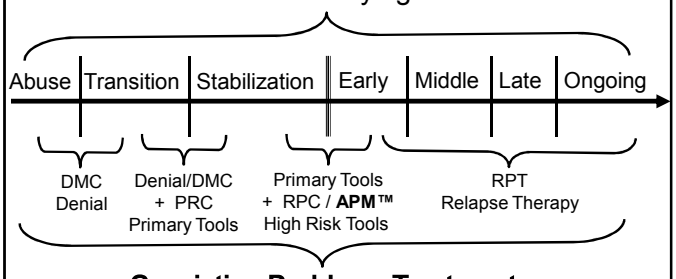
Gorski-CENAPS® Developmental Model Of Recovery



Misunderstood Terms

- Tolerance
- Physical Dependence
- Addiction
- Pseudo Addiction
- Opioid-Induced Hyperalgesia

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 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, 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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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 noncancer 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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Opioid-Induced Hyperalgesia

Earth Language

- The medication you've been using to help you manage your pain is actually causing your pain to get worse.

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Call To Action Exercise

- Break up into work groups as directed
- Each group to discuss:
  - How can this new insight improve your approach with patients on prescription mediations?
  - What did people learn from going through this information that can prevent your clients from experiencing a relapse?
  - What can people do different as a result of what they learned in this section?
  - Are they willing to commit to these changes?
- Group Leader reports summary of the exercise

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Call To Action Exercise

- Break up into work groups as directed
- Each group develop a list:
  - Why your clients have used medications?
  - Positive or important reasons for medication
  - Negative consequences of using medication
  - Recovery-friendly medication options
  - Nonpharmacological options
- What did you learn from doing this exercise?
- What can you do different as a result?
- Group Leader reports summary of the exercise

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To Medicate or Not to Medicate

- That is a good question!

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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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Dilemmas Surrounding Medication Use In Recovery

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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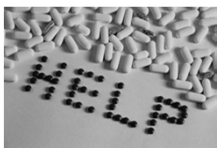
Medication Management Agreement

- Abstain from inappropriate Rx
- For the next number of days, weeks, months, etc.
- Consequences if unable to comply
- Random drug level screening
- Using an addiction medicine specialist
- Signature and witnessing



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Effective Medication Management

Making a Commitment

- List problems forcing you into recovery
- Clarify relationship to substance use
- Clarify consequences of continued abuse
  - Best Worst Most Likely
- Clarify payoffs for stopping abuse
  - Best Worst Most Likely

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Effective Medication Management

Making The Commitment

- Make a commitment to abstain from inappropriate medication use.
- Identify high risk situations (HRS) that could cause inappropriate medication use.
- Make the promise that you will manage your high risk situations.

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Medication Management Agreement

- You agree to …
  - Abstain from inappropriate medications
  - Report high risk situations
  - Report desire to stop treatment
  - Report relapse (episodes of inappropriate use)
- Accountability Issues…
  - Consequences of getting caught using
  - Alcohol & drug level testing procedures
  - Other prescribed meds & OTC guidelines
- Now it's time for you to make that commitment

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Another Important Question

- What is effective pain management?

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The Answer: It's Complex – But Doable

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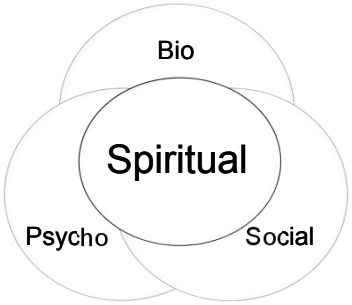
Developing A Multi-Faceted Plan



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Multidisciplinary Pain Management

- Physical therapy
- Massage therapy
- Safe and effective medication management
- Counseling or therapy
- Biofeedback

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Multidisciplinary Pain Management

- Occupational therapy
- Exercise physiology
- Anesthesiologist or pharmacologist
- Movement therapy such as Tai Chi
- Classes on spiritual wellness
- Yoga or meditation

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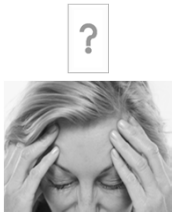
Another Important Question

- What are some other interventions?



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Developing a Team for the Journey

- Although you have to do this yourself but you should never try to do it alone.
- Finding professional teammates and training them how to better help you.
- Finding personal teammates and training them on ways to better help you.

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Call To Action

- Break up into work groups as directed
- Each group to discuss:
  - How can this new insight improve your approach with patients living with chronic pain?
  - What did people learn from going through this information that can prevent your clients from experiencing a relapse?
  - What can people do different?
- Group Leader reports summary of the exercise

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Web Site Resources

- www.FreedomFromSufferingNow.com
- www.facebook.com/drstevegrinstead
- www.youtube.com/drstevegrinstead
- www.terrygorski.com
- www.cenaps.com
- www.relapse.org

Dr. Grinstead's Contact Information
Email: sgrinstead@cenaps.com
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Another Important Question

- What if someone is experiencing not only chronic pain but other problems as well?

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Common Psychological Problems

- **Rx Abuse Or Addiction Problems**
- **Severe Sleep Problems**
- **Cognitive Impairment**
- **Anxiety Problems**
- **Trauma Problems(PTSD)**
- **Depression Problems**
- **Eating Problems**

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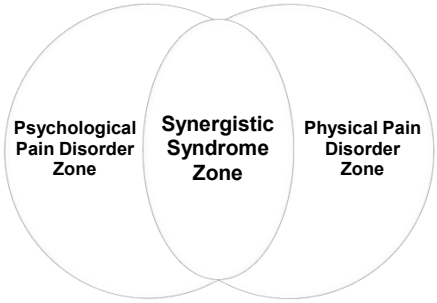
The Synergistic Problem



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High Risk Situations AKA Relapse Justifications

High Risk Situations Are

- Any experience that can activate the urge to use medication, including alcohol or other drugs, inappropriately in spite of the commitment to adhere to a medication management agreement.

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Identifying High Risk Situations

- Ask about high risk situations?
  - What situations could cause you to use inappropriately in spite of your commitment not to do so?
- Review the high risk situation list.
  - Review the list of common high risk situations that have caused others to use medication, including alcohol or other drugs, inappropriately.

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Identifying High Risk Situations

- Personalize the high risk situation.
  - Write a personal title and description
  - Start description with:
    I know I'm in a HRS when …
    I do something that causes pain & problems and I want to deal with it by using meds inappropriately.

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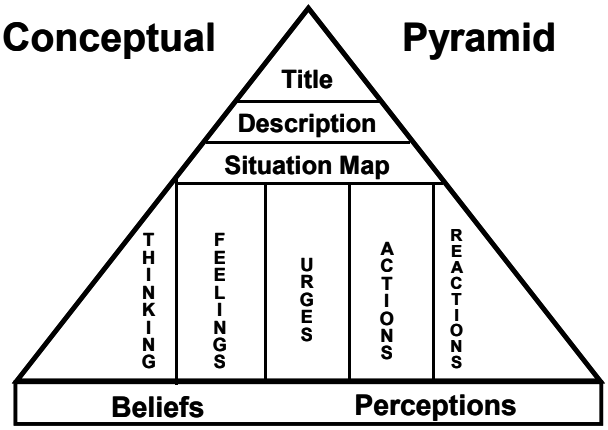
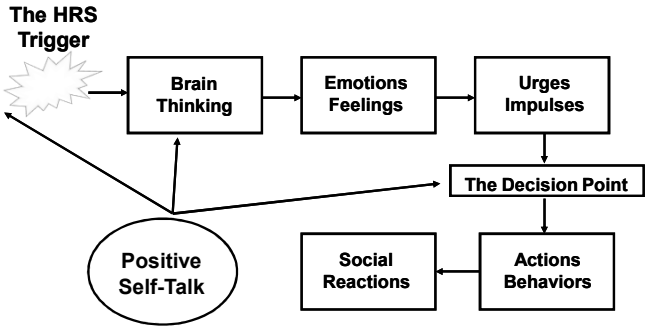
Conceptual Pyramid





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Testing The High Risk Situation

- It occurs at a specific time.
- It has a beginning, middle & end.
- It is time limited (usually 24 hours or less)
- It involves specific people, places, or things.
- It activates craving or inappropriate use.

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Selecting A Title

- Finding the trigger phrase.
- Generating a hot response.
- Is recognizable and emotionally loaded.

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Developing A Description

- The Programming Sentence
  - Uncovers automatic and habitual commands.
- Describes
  - Something people do that causes pain.
  - What they do to manage the pain.
  - What happens as a result.
  - What leads to urges for inappropriate Rx use.

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Mapping High Risk Situations

- What situations should be mapped?
  - Immediate future high risk situation
  - Past high risk situations that are similar to the identified HRS
  - One that ended in inappropriate use.
  - One that was managed without any inappropriate use.
  - One that could happen in the near future.

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How To Create A Situation Map

- Describe the exact sequence of events & behaviors.
  - Visualize it – See it in your mind
- Clarify all aspects of the situation.
  - Who? What? When? Where? Why? How?
- What did you want to accomplish?
  - Getting into bad situations for good reasons
- Did you get what you wanted?
  - What did it cost you?

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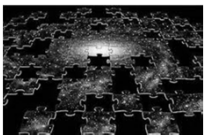
Clarifying The Big Picture

- What did you want to accomplish by managing the situation the way you did?
- Did you get what you wanted?
  - Yes or No. To what degree? (0 – 10)
- What was the price you paid?
- What could you do differently to get those needs met in a healthy way?



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Defining A High Risk Situation

- It occurs at a specific time.
- It has a beginning, middle & end.
- It is time limited (usually 24 hours or less).
- It involves specific people, places or things.
- It activates craving or use.

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Example #1: The Awards Banquet

Beginning

- *I get invited to a sports awards banquet*
- *I decide to go*
- *I show up alone and in pain*
- *I sit with an enabling old sports buddy*
- *I refuse to use inappropriately*
- *I still hurt and start feeling like a loser*
- *I stay late, continue to grieve & hurt*
- *I finally give in and use*

Ending

Sequence Of Events

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Dilemmas Surrounding Medication Use In Recovery

Example #2: Family Business

Beginning

- *I'm the oldest son in an Italian family*
- *On his death bed Dad told me to run family shipping business*
- *I handle the family business the best I can but I'm always in pain*
- *I don't handle things good enough*
- *My family criticizes me*
- *I feel ashamed & promise to do better*
- *Nothing I do works – problems get worse*
- *I feel guilt & shame because I'm failing the family*
- *I can't stand the pain, stress and shame*
- *I start using pills to handle my responsibilities*

Sequence Of Events

Ending

Example #3: Child In Jail

Beginning

- *My 16 year old son gets arrested for drug use*
- *He's being physically & sexually abused in jail*
- *Lawyer says nothing can be done until hearing in 2 weeks*
- *I can't sleep the night before my son goes to court*
- *At 2 AM the night before court I wake up in bad pain*
- *I Call my sister for help – she agrees to come over*
- *Sister arrives with narcotics & sleeping pills*
- *I get a strong urge to use*
- *I try to fight the urge but it seems hopeless*
- *I take pain pills & sleeping pills to get through*

Sequence Of Events

Ending

Example #4: The Perfect Hostess

Beginning

- *I Plan A Big Dinner Party*
- *I Want To Be The Perfect Hostess*
- *I Really Overdo & Start To Hurt*
- *I Start Stressing When Everyone's Here*
- *I Refuse To Ask For Help*
- *I Get Resentful That No One's Helping*
- *I Start Thinking About My Old Pills*
- *I Finally Give In & Use*

Sequence Of Events

Ending

Example #5: Going To Mexico

Beginning

- *I Get Invited To Go To Mexico With A Friend*
- *I Decide To Go Without Telling Anyone*
- *I Realize My Friend Is Not In Recovery*
- *I'm Shopping & Pass A Pharmacy*
- *I Obsess About How Bad My Pain Is*
- *I See A Vicodin Sign In The Window*
- *I Go In Alone & Purchase It*
- *I Hide From My Friend & Use*

Sequence Of Events

Ending

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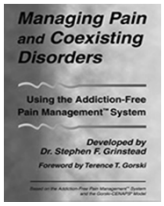
Addiction-Free Pain Management®

A Synergistic Treatment Solution



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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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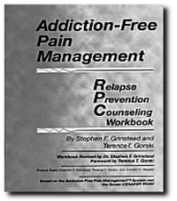
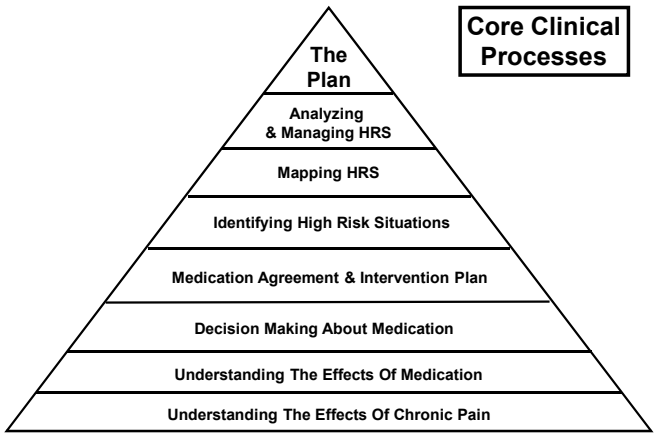
Dean & Jean

Two Real World 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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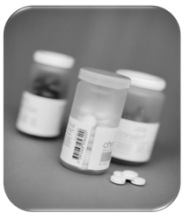
Prescription Drugs of Abuse



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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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FREEDOM FROM SUFFERING NOW SURVIVING TO THRIVING

Dilemmas Surrounding Medication Use In Recovery

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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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: Olanzepine 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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Dilemmas Surrounding Medication Use In Recovery

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 patches
  - Lidocaine (Lidoderm) patches
  - NSAID gels, 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

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Dilemmas Surrounding Medication Use In Recovery

Other Non-Pharmacological

- Yoga/Tai Chi
- Diet/Nutrition
- Prayer/Meditation
- Tribal Healing
- Sweat Lodges
- Talking Circles
- EMDR
- Self-Help Groups
- TENS Units
- Reflexology
- Deep Tissue Massage
- Aerobics
- Rolfing/Hellar Bodywork
- Peace In Nature
- Fun Hobbies

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Passive And Proactive Tools

Passive

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

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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Stages & Phases Of Treatment

- 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 Chronic Pain Management

- Multi-Disciplinary assessments
- Medication modification as needed
- ID physiological versus psychological/emotional
- ID and manage resistance and denial
  - Road blocks to effective pain management
  - Secondary gain issues
- Start introducing the non-pharmacological tools

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Dilemmas Surrounding Medication Use In Recovery

Stage II Chronic Pain Management

- Continue introducing non-pharmacological tools
- Develop initial pain flare up plan
- 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 — you are not your diagnosis
- Resolving core psychological issues
- Resolve / manage trauma symptoms
- Develop an activity pacing plan
- Fine tune the pain flare up plan
  - 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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Dilemmas Surrounding Medication Use In Recovery

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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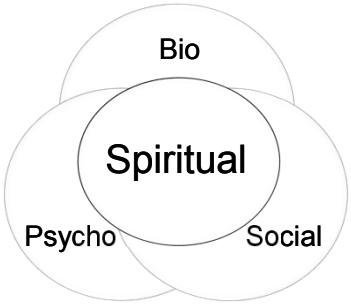
Developing The Recovery Plan



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You Must Be Proactive

- Developing a pain flare up plan
- Patients are the captain of the team
- Healthcare professional: guide or coach
- Creating a strategic treatment plan
- Taking action & identifying red flags
- Developing effective recovery plans for:
  - Addictive disorders
  - Other psychological disorders
  - Chronic pain disorders

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Developing A Pain Flare Up Plan

- Relaxation response training
- Increasing your activity and flexibility
- Diffusing or reducing emotional over-reacting
- External Focusing — Avoidance By Distraction
- Exploring non-pharmacological options
- Build a personalized plan with at least four activities that you will be able to execute when you are experiencing a pain flare up

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FREEDOM FROM SUFFERING NOW SURVIVING TO THRIVING

Dilemmas Surrounding Medication Use In Recovery

Twelve Personal Action Steps

- Avoid elective dental / surgical procedures
- Significant other holds and dispenses medication
- Consult with addiction medicine specialist
- Explore all non-chemical modalities
- Identify and manage stress
- Augment recovery supportive activities

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Twelve Personal Action Steps

- Self-disclose recovery status to providers
- Take time off to heal—don't overwork
- Be aware of cross-addiction concept
- Identify and cope with depression
- Implement nutrition and exercise plan
- Explore past beliefs about pain

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Recovery/Relapse Indicators

- Using medication as prescribed.
- Using medication for pain relief only.
- No obsessions or intrusive thoughts.
- No compulsion to use inappropriately.
- No cravings to use or increase dose.

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Recovery/Relapse Indicators

- No loss of control
- No euphoria / intoxication
- No negative biological consequences
- No secondary psychosocial problems
- No pain rebound effect or abnormal tolerance build up

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Dilemmas Surrounding Medication Use In Recovery

Relapse Prevention Network

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

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The Recovery Plan

- Scheduled Activities
  - A schedule of activities that can help a person to identify and manage high risk situations.
- Behavioral Guidelines
  - A set of instructions that shows what a person needs to say & do during each activity to focus upon identifying & managing high risk situations.

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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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Dilemmas Surrounding Medication Use In Recovery

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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Scheduling Recovery Activities

Place the recovery activities on a weekly planner

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Dilemmas Surrounding Medication Use In Recovery

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

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Final Call To Action

- Get back in your small groups
- Select a final group leader
- Answer these questions:
  - What is the most important thing that you learned in this workshop?
  - What are you the interventions you identified that you are going to do differently as a result of what you learned today?
  - What could stop you from following through and how can you overcome any obstacles?
- Giving feedback and saying goodbye

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Web Site Resources

- www.FreedomFromSufferingNow.com
- www.facebook.com/drstevegrinstead
- www.youtube.com/drstevegrinstead
- www.terrygorski.com
- www.cenaps.com
- www.relapse.org

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