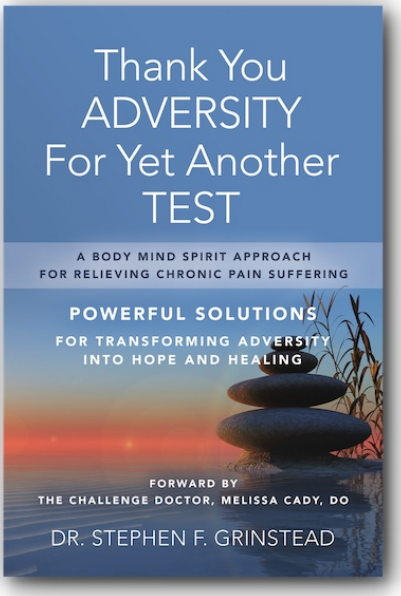


The title of this book arose from the wisdom of one of Dr. Grinstead's most important mentors, Sensei Richard Kim. It explores the journey of suffering that people often experience when living with chronic pain. It offers a roadmap to help people move beyond suffering to thriving, instead of just surviving. It is a journey of hope and healing.

Thank You Adversity For Yet Another Test:

A Body Mind Spirit Approach For Relieving Chronic Pain Suffering

POWERFUL SOLUTIONS

For Transforming Adversity Into Hope & Healing

by Dr. Stephen F. Grinstead

Order the complete book from the publisher [Booklocker.com](https://www.booklocker.com/p/books/10660.html?s=pdf)

https://www.booklocker.com/p/books/10660.html?s=pdf

or from your favorite neighborhood or online bookstore.

Thank You ADVERSITY For Yet Another TEST

A BODY MIND SPIRIT APPROACH
FOR RELIEVING CHRONIC PAIN SUFFERING

POWERFUL SOLUTIONS
FOR TRANSFORMING ADVERSITY
INTO HOPE AND HEALING

FORWARD BY
THE CHALLENGE DOCTOR, MELISSA CADY, DO

DR. STEPHEN F. GRINSTEAD

ISBN: 978-1-64438-035-2

Published by BookLocker.com, Inc., St. Petersburg, Florida.

Printed on acid-free paper.

BookLocker.com, Inc.
2019

First Edition

Praise For Thank You Adversity

Jerry Boriskin, Ph.D.

I highly recommend *Thank You Adversity For Yet Another Test* not only for patients, but clinicians as well. Dr. Grinstead deftly navigates through the lack of coherence evident with the allied health disciplines, that make it perplexing, even overwhelming when treating complex 'triple diagnosis' patients.

About Dr. Boriskin: Licensed Clinical Psychologist working with PTSD since the diagnosis was first introduced in 1980. He has authored books on PTSD and Addiction, as well as lecturing on the need for a multidimensional treatment model.

Kelli Roseta

As a person who has managed a pain-centric chronic illness for most of my life, I instantly connected with Dr. Grinstead's new book. How can we ever be mindful and grow if we are constantly asking, "Why me? Why now? Why this suffering?" Dr. Grinstead clearly and concisely addresses those perceptions in this book and provides the tools to help us succeed in applying them in our daily lives.

About Ms. Roseta: Award-winning blogger, lupus lobbyist, and Creator of the lupus nonprofit organization ***More Than Lupus.***

Harry Nelson

For all the focus on reversing overdoses and expanding treatment options for addiction, there remains a gap and confusion on what to do about chronic pain. Dr. Grinstead has stepped ably into that void. In his new book, Dr. Grinstead brings distinct clarity, concrete tools, and empathy to the conversation from which everyone can benefit.

About Mr. Nelson: Author of *The United States of Opioids: A Prescription for Liberating a Nation in Pain* (ForbesBooks 2019) and *From ObamaCare to TrumpCare: Why You Should Care* (2017), which both grew out of his advocacy work as a healthcare regulatory lawyer.

John Riddle

Dr. Stephen F. Grinstead is a gifted and talented writer who knows how to keep the reader engaged. His extensive knowledge of pain management, his personal experiences and research, makes him the expert you want to rely on when you need information. As a ghostwriter for numerous physicians and scientists, I have never come across such a well written book as *Thank You Adversity For Yet Another Test.*

About Mr. Riddle: Medical Author and Ghostwriter and Founder of *I Love To Write Day*. Mr. Riddle is also the author of 35 books, including 6 business titles, and has worked as a ghostwriter on numerous projects. His byline has appeared in major publications across the U.S., and he has written articles for over 200 Websites.

Ed Thrift, Jr.

I found Dr. Grinstead's new book to be well written and easy to understand. I especially appreciated his inclusion of Spirituality as a key component to help free people from their suffering. I strongly suggest anyone living with chronic pain and/or addiction issues, the people who love them, or those working with them to read this book.

About Mr. Thrift: A life-long learner on his own Spiritual Journey for many decades. He has faced and overcame many of his own personal health adversities and continues to thrive despite those challenges.

Sonia Rahel-Ahmadzai, LMFT

As a clinician, educator, consultant, business owner in private practice and parent, I endorse Dr. Grinstead's latest publication and highly recommend it for people suffering with chronic pain and the clinicians who treat them. His dedication and expertise are clearly demonstrated throughout this book, and invaluable for clinicians and patients alike.

About Ms. Rahel-Ahmadzai: Mental Health Professional with over twenty plus years working with both adults and teens in a variety of settings.

Dr. Jerry Lerner

Many thanks to Dr. Grinstead for another valuable contribution to the pain recovery literature. He truly walks his talk and has helped thousands of individuals with complex pain. His latest book offers a clear and useful roadmap for dealing with the unavoidable adversities of living with chronic pain and its attendant suffering.

About Dr. Lerner: Board certified in both Physical Medicine and Rehabilitation and Addiction Medicine. He is currently the director of the *Professionals and Executives Recovery Program* at Sierra Tucson and the creator of the *Complicated Pain Recovery™ Professional Coach Training Workshop*.

Dr. Mark Pirtle

Dr. Grinstead's newest book focuses on identifying the systemic nature of the chronic pain problem and suggests a synergistic treatment solution. As he shares his personal and professional experience, readers will recover lost hope and find inspiration that will help shift their current relationship with chronic pain.

About Dr. Pirtle: Developer of ***Project Skillfully Aware***; Writer and Producer of the documentary, ***Is Your Story Making You Si*ck?** Faculty for the Arizona Center for Integrative Medicine Fellowship Program.

Maggie S.

A powerful read! Dr. Grinstead's new book was immensely valuable in helping me to understand more deeply my physical challenges, chronic pain management and personal recovery. He took the complex experience of chronic pain suffering and illuminated a path through it by providing both guidance and much-needed hope for those of us who live with chronic pain conditions and addictive behaviors.

About Maggie S: A wife, mother, pastoral care minister and Court Appointed Special Advocate (CASA). She copes with anxiety, depression, PTSD due to childhood trauma, Fibromyalgia, Hashimotos disease, and other chronic conditions.

Dedications

Sensei Richard Kim

The title of this book *Thank You Adversity For Yet Another Test: A Body Mind Spirit Approach for Relieving Chronic Pain Suffering* arose from the wisdom of one of my most important mentors, Sensei Richard Kim.

During my training with Sensei Richard Kim (1917 – 2001), which encompassed the philosophy of Shōrinji-ryū Karate and Zen Buddhism, he would often remind us to be grateful, especially when we hit adversity or a crisis. He suggested there were two paths we could choose from; danger and suffering or opportunity and hope.

Sensei Kim said that in the face of adversity we must always find something to be grateful for. He believed, and taught us, that it was impossible to be in gratitude and suffering at the same time. After my injury and contemplating how to end my life, Sensei Kim's words reminded me that this too could be an opportunity. ***Thank you, Sensei Kim for your words of wisdom!***

Terence T. Gorski

I also want to thank Terence T. Gorski, Founder and President of the Gorski-CENAPS® Corporation, who taught me to conceptualize, analyze, and develop strategic writing plans that enabled me to write and educate others in down-to-earth language. Terry was an important professional mentor who encouraged me to pursue my Doctorate in Addictive Disorders and evolve my Dissertation into a book – ***Managing Pain and Coexisting Disorders: Using the Addiction-Free Pain Management® System.***

Terry also taught me how to train healthcare professionals using a dynamic and clear presentation style. He coached and encouraged me to develop my professional mission statement – I ***Teach People How to Help People!*** I am honored to have presented with Terry over the years and to learn from the very best. ***Thank you, Terry!***

DISCLAIMER

This book details the author's personal experiences with and opinions about managing chronic pain and coexisting psychological disorders including addition. Although the author is a licensed healthcare provider in California, he is not operating in that capacity in this book.

The author and publisher are providing this book and its contents on an "as is" basis and make no representations or warranties of any kind with respect to this book or its contents. The author and publisher disclaim all such representations and warranties, including for example warranties of merchantability and healthcare for a particular purpose. In addition, the author and publisher do not represent or warrant that the information accessible via this book is accurate, complete or current.

The statements made about products and services have not been evaluated by the U.S. Food and Drug Administration. They are not intended to diagnose, treat, cure, or prevent any condition or disease. Please consult with your own physician or licensed healthcare specialist regarding the suggestions and recommendations made in this book.

Except as specifically stated in this book, neither the author or publisher, nor any authors, contributors, or other representatives will be liable for damages arising out of or in connection with the use of this book. This is a comprehensive limitation of liability that applies to all damages of any kind, including (without limitation) compensatory; direct, indirect or consequential damages; loss of data, income or profit; loss of or damage to property and claims of third parties.

You understand that this book is not intended as a substitute for seeing a healthcare practitioner. Before you begin any healthcare program, or change your lifestyle in any way, it is imperative that you consult your physician, a licensed mental health provider, or other licensed healthcare practitioner to ensure that you are in good health and that the examples contained in this book will not harm you.

The profiled patients, including patient names, cited in this book are a composite of many patients who were treated for chronic pain. This is necessary to protect patients' confidentiality while at the same time providing accurate examples throughout the book.

This book provides content related to topics physical and/or mental health issues. As such, use of this book implies your acceptance of this disclaimer.

Table of Contents

Prologue

Before we begin, I would like to put into context what I mean by suffering. My hope is to help you better understand a major purpose of this book. I do not believe a patients' physical pain leads to problems with a mismanaged chronic pain condition – it's their *Suffering*!

The Story Of The Poisoned Arrow

I found this story on the website *ExploringYourMind.com*

> *There is a series of texts collected in the Pali Canon that are attributed to Buddha and are known as the Majjhima Nikaya. It contains many stories including one about the poisoned arrow.*
>
> *Apparently, Buddha told it to one of his most impatient students; a young man was anxious to get answers to his questions about life after death. Buddha told him how there was once a man that'd been wounded by a poisoned arrow. And when his family wanted to find a doctor to help him, the man said no.*
>
> *The mortally wounded man said that before any doctor tried to help him, he wanted to know who had attacked him. What was his caste and where was he from? He wanted to know the man's height, strength, skin tone, the kind of bow he used, and whether its string was made of hemp, silk, or bamboo.*
>
> *As he wondered if the arrow's feathers came from a vulture, peacock, or falcon, and whether the bow was common, curved, or made of oleander, the man died before getting an answer to any of his questions.*
>
> *With this story Buddha tried to show his student how we need intelligence to separate the important from what we can do without. At an any given moment, it could make the difference between overcoming a difficulty or being overcome by it.*

It's Not About The Why – Remove The Poisoned Arrow!

As I meditated on this story, I thought of the poisoned arrow as my suffering and remembered all that I learned from Sensei Kim. I've been hyper focused on the "*why"* for many issues over the years that always led to more suffering, especially when I experienced severe pain flare ups. Before I could heal, I needed to look beyond answering the question of why. Many of my poisoned arrows were mistaken beliefs and/or distorted perceptions that led to my negative thinking.

The first step required that I take the arrow out before it killed me (or killed my spirit). Once the arrow is removed the next step is to heal the wound caused by the arrow. The last step is to find out as much as I could out about the arrows impacting my life, so I don't have to suffer with them again – I call this relapse prevention planning using a cognitive behavioral restructuring approach.

Leonardo da Vinci once said that *"simplicity is the ultimate satisfaction*." Buddha's parable of the poisoned arrow is centered around this "keep it simple" theme. Two magnificent minds gave us this simple but powerful understanding. Nothing more to add, is there?

This book covers the many ways someone can *remove the poisoned arrow* of suffering and how to avoid adding new ones. Please keep this story in mind as you read the remainder of this book.

Stoic Philosophy For Chronic Pain Management

Did you know that Roman emperor Marcus Aurelius lived in constant persistent pain until he was almost 60 years old? His approach of S*toic Philosophy* is "the inspiration for modern cognitive-behavioral therapy (CBT)." I found this very interesting article that demonstrated that living with Chronic Pain (without medicating) is not unique to 2019. Here are the primary core techniques it spoke of:

- Learn to distinguish between what is directly under your control and what is not.
- Compare the consequences of struggling versus acceptance
- Remember, it is not events that upset us but our judgments about them
- Practice letting go of the inner struggle and actively accept painful sensations
- Contemplate how others cope well with pain and illness and model their attitude and behavior

I especially enjoyed this example

The Stoics compared life to a dog tied to a moving cart. If the dog tries to struggle and resist it will be pulled along roughly by the cart anyway. However, if it chooses to run behind at the same speed as the cart, things will go smoothly. If we struggle against unpleasant experiences such as pain and try to resist them or become frustrated or resentful toward them, we often just make our lives worse.

For me the moral of this example is the importance of acceptance. In 12-Step Recovery Programs, the wisdom of the Serenity Prayer is so crucial: *God grant me the Serenity to **Accept** the things I cannot change, the **Courage** to change the things I can and the **Wisdom** to know the difference.*

So, ending with the beginning in mind – wake up to the poisoned arrows in your life and step away from them; have the ***Courage*** to change the things you can. This book, ***Thank You Adversity For Yet Another Test: A Body Mind Spirit Approach for Relieving Chronic Pain Suffering*** was written to offer hope and to help people learn the tools for managing chronic pain more effectively so they can free themselves from the tyranny of suffering.

Foreword By Melissa Cady, D.O.

There is no better time than now to address the body, mind, and spirit of those who are suffering with chronic pain. Our society's level of anxiety, stress, and pain continue to escalate despite an overreliance on passive, biomedical treatments that are either not helping or making matters worse for many.

The overdoses, suicides, and violence are merely a reflection of deeper issues, including inappropriate treatment of pain. There is a dire need to address the less tangible, yet more powerful aspects of our lives—psychological/emotional, spiritual, and social/family.

When we look at modern science and recognize that pain is constructed within the nervous system from various inputs (thoughts, emotions, and sensations), it becomes clear that pain is about *protection*.

It is not just about the sensation or information from the body parts that are fixated upon by the biomedical approach in traditional medicine. What we believe, how we perceive the world, our thoughts, and our feelings can have a significant impact on the level of stress, anxiety, or other forms of pain that we endure.

It is true that many people want a specific diagnosis for their pain, which certainly can be helpful for certain types of pain to enact an ideal strategy. However, when answers are nebulous, being Diagnocentric (a term I use for overly fixating on a diagnosis) can be counterproductive. In fact, in line with the "poisoned arrow," constantly seeking a diagnosis for the medical system to "fix" can hinder the active and healing approaches for improving one's pain.

In addition, we know that diagnoses may or may not be accurate or helpful and lead to overutilization of unnecessary and riskier interventions while never addressing the root cause, which are frequently tied to the intangibles.

Dr. Stephen Grinstead's personal and professional experience with those intangibles amid a complex understanding of addiction, pain, and recovery, gives him a unique voice of wisdom from which we can all benefit. Education about pain, addiction, and relapse have been sorely

under-delivered to clinicians, and by extension to patients as well. Whether you have pain or not, this book can help people find ways to enhance their quality of life, their pain, and their relationships with others.

Dr. Grinstead and I have had the pleasure of sharing our voices to empower those who have been suffering with pain. We both have personally endured various types of pain, and wholeheartedly believe that pain is our guide or teacher in life—if we are *willing* to be the student.

If you are ready to be the student, this book guides you through an active process to truly change your life or those you are guiding.

About Melissa Cady, DO, *"The Challenge Doctor"*

Dr. Cady's mission (or so-called prescription) as the Challenge Doctor is to I.C.E.: Inspire, Challenge, and Educate on the wildfire of the PAINDEMIC™ along with the importance of challenging your mind and body for more optimal health and wellness which can be considered the AntiPAIN Lifestyle.

Expertise:

- Anesthesiology, Board-Certified by American Board of Anesthesiology (ABA)
- Pain Medicine, Fellowship-Trained & Board Certified by ABA
- Author, PAINDEMIC

Acknowledgements

Writing a book takes the commitment and cooperation of many people. Although I would like to thank everyone who made this book possible here, it would be logistically impossible. However, there are many people who deserve special acknowledgement for their contribution.

First and foremost is my Spiritual partner in life and business, Ellen Gruber-Grinstead. Her steadfast love and support since our marriage in 1988 have been vital to my growth and development both personally and professionally. Her editorial contributions and insight have been invaluable in preparing *Thank You Adversity* for publication.

Our joint commitment to healing the suffering of chronic pain patients led us to Southern California to help develop a Triple Diagnosis Chronic Pain Management Treatment Program. The program used an integrated multidisciplinary treatment team whose sole purpose was to meet patients where they were at and collaborate with them to create their individualized treatment plans. From this collaboration we developed the outcome testing described in the following chapters.

Of course, I must thank all the partners and teammates that played a critical role in this endeavor which led to the writing of this book. I hope I don't leave anyone out:

John Stenzel, CEO; Joseph Cabaret, MD Chief Medical Officer; Dale Ryder, LCSW, Director of Specialty Programs; Ed Jesalva, MD Program Psychiatrist; Debra Ruiz, LMFT, Program Therapist; Frank Clemens, Chief Operating Officer; Scott McCutchan, Marketing and Clinical Outreach; Megan Snider, RN, House Manager; Sarah Sanderson, LVN Program Nurse; Steve Serafino, Admissions & Outpatient Program Development; Corey Cardenas, Equine Therapist; Stephen Mardell, LMFT, Neurofeedback Therapist; Shannon Savage-Howie, Spiritual Director, Marina Herrera, Residential Technician; Leisha Knight, Residential Technician; Mag Barragan, Residential Technician; Katie Goodman, Counselor and Biofeedback Technician;

Hannah Reed, Residential and Dietary Technician; Dr. Christina Pabers, Acupuncturist; Dr. Joseph Lennon, Chiropractor; and Paul Feurborn, Physical Therapist.

Special thanks to John Riddle for his help as I prepared this book for publication. I also want to thank all the staff at BookLocker for their valuable input and help making this book a reality.

It is very important for me to acknowledge all the patients we served; whose treatment experience demonstrated such positive treatment outcomes. The profiled patients, including patient names, cited in this book are a composite of many people who were treated. This is necessary to protect patients' confidentiality while at the same time providing accurate examples throughout the book. I believe doing this will give you a more personal experience and understanding of what it takes for chronic pain patients to heal.

I Want to Thank My Own Chronic Pain

Most of all I am grateful to my own chronic pain. It has become my best friend and teacher, but only when I'm willing to listen. I offer my experience, strength and hope, as well as my optimism to those who feel lost and alone as a result of suffering with their chronic pain.

Onward & Upward with Hope,
Stephen F. Grinstead
Camarillo, CA 2019

1: Preface And Introduction

About This Book

We are in what many people in healthcare are calling an *Opioid Epidemic*. Thousands of people a year are dying from prescription opioid overdose – the numbers continue to rise even as I write these words. But I believe the problem is much worse. I consider it a ***Syndemic*** rather than an epidemic; a perfect storm of over prescribing opioids, mismanaging chronic pain through over dependence on traditional bio-medical approaches, and untreated, and stigmatized, mental health disorders – especially unresolved trauma or PTSD.

The approach described in this book was designed to help people with complex chronic pain problems, many of whom do not benefit from the traditional bio-medical model. The challenges facing these patients is a synergistic treatment problem. The foundation for a potential solution is woven within the pages of this book and focuses on identifying the synergistic nature of the problem and how to implement a synergistic treatment solution that helps heal the whole person – Biologically, Psychologically, Socially (Family) and Spiritually – A true *Body-Mind-Spirit Approach*.

Knowledge is Power! Only when people suffering with chronic pain explore all the facets of their condition and become willing to see it differently, will they truly gain freedom from that suffering. Using a manualized multidisciplinary approach, I demonstrate how four complex chronic pain patients progressed through treatment. I share my personal and professional experience, as well as my optimism and encouragement for those who might be feeling hopeless, helpless and lost because of their current relationship with chronic pain.

The Importance Of Utilizing A Manualized Treatment Approach

A *Manualized Treatment Approach* was critical to the achievement of positive treatment outcomes for the chronic pain patients profiled in

this book. It ensured uniformity across the treatment team, minimized variability, and included a series of prescribed goals and techniques that were used during each session and phase of treatment. When combined with the strategic outcome measures mentioned below, significant levels of improvement were documented across these important quality of life domains – *Body, Mind and Spirit*.

Outcome measures tracked improvement during the treatment process and were used for number of reasons. Before treatment was implemented, data was collected upon intake to help develop the Strategic Master Treatment Plan, as well as to establish baseline values. At week three, outcome measures were again collected to: a) assess progress and adjust the Strategic Master Treatment Plan; and b) to allow patients to evaluate and appreciate their progress, as well as reset expectations for the final three weeks of treatment.

Post-treatment data was collected to demonstrate to patients, referral partners, and continuing care providers the levels of improvement over the course of treatment and what action plans patients should implement in order to continue making progress. Data for the final outcome measures became an integral component of the Discharge Planning and Continuing Care Recommendations.

In the last section of this introductory chapter you will read about the four profiled chronic pain patients, their intake diagnoses and initial outcome measures results. In the final chapter, ***Tying It All Together***, I detail the progress each of these complex patients achieved during their treatment journey.

Understanding The Complex Coexisting Chronic Pain Syndrome™

When people live with chronic pain for a long time coexisting mental health problems, emotional management issues and substance use disorders can complicate positive treatment outcomes. These patients often become so overwhelmed that their levels of functioning, relationships with family and friends, as well as their quality of life have significantly deteriorated.

When coexisting conditions are present, family problems also increase synergistically. Effective treatment can be challenging and confusing for therapists and other healthcare providers who may be inexperienced with chronic pain disorders or addiction, but especially problematic for the patients and their families. That is another reason why a concurrent, integrated treatment approach is so important.

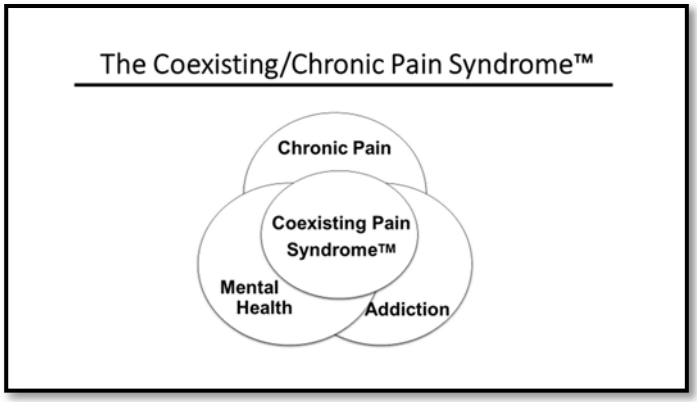
Historically chronic pain, psychological and addictive problems have been treated sequentially as separate issues, usually in separate places. Some pain clinics had success in treating chronic pain conditions. Addiction treatment programs had some success in treating addiction. If the addiction program also identified and treated coexisting mental health problems, their success rate with the coexisting psychological conditions increased as well.

However, the effectiveness of pain clinics or addiction treatment programs often failed when the person was suffering with both chronic pain and other coexisting conditions, medication abuse, misuse or even an addiction to their pain medication.

Within addiction and/or mental health treatment centers, specific issues need to be addressed to facilitate positive treatment outcomes for those problems. The same holds true for pain clinics when striving for effective pain management. But for people who are dealing with coexisting problems, finding appropriate treatment can be difficult, as well as frustrating for them and their healthcare providers—unless their unique treatment needs are adequately addressed.

It's A Synergistic Treatment Problem

In my experience, The Coexisting Chronic Pain Syndrome™ is a synergistic problem. It needs a synergistic, concurrent and collaborative treatment solution discussed later in the section about *Defining the Addiction-Free Pain Management® System*. The diagram below illustrates the overlap of coexisting problems that lead to this synergistic syndrome – 1 + 1+ 1 = 4 or more.



Chronic Pain Conditions

Acute and chronic pain are two very different medical conditions. While acute pain is usually easy to identify and treat, it also has a time-limited treatment plan. Chronic pain on the other hand is often much more complex and causes impairment and reduced levels of functioning in all four quadrants: Biological; Psychological/ Emotional; Social/Family and Spiritual.

When people live with chronic pain for six months or more it becomes more of a *syndrome.* Research has demonstrated that living with pain can remodel the pain system and certain brain functions. Often people do not start experiencing cognitive and emotional impairment for months or even years after the original pain trigger, injury or medical condition.

Mental Health (Psychological/Emotional) Disorders

Some common mental health conditions include but are not limited to: Depression; Anxiety Disorders, Posttraumatic Stress Disorders; Sleep Disorders; Medication Use Disorders; Eating Disorders; and Cognitive Impairment from living with high levels of pain. Patients with several of the coexisting problems noted above, experience a synergistic reduction in levels of functioning and quality of life. The problems caused by mental health conditions are explained in the following sections.

Addictive Disorders Versus Substance Use Disorders

I believe it is critical that we de-pathologize how *Addiction* is perceived and to accurately define it as a medical condition. There is a tremendous amount of stigma that patients are labeled with and several misunderstood terms that need to be clarified.

Defining Misunderstood Terms

Differentiating between appropriate use of pain medication and the beginning of abuse can create confusion and uncertainty for patients and their healthcare providers. There are progressive stages of problematic use including medication dependency, medication abuse, pseudo-addiction, and finally addiction – or a ***medication use disorder***.

This confusion and mislabeling of patients on long-term use of pain medication lead to them being inaccurately identified as "addicts." I often use the following information to educate patients, as well as their families and uninformed healthcare providers.

To help clarify this issue of misunderstood terms, a consensus document was developed by the American Academy of Pain Medicine (AAPM), the American Pain Society (APS), and the American Society of Addiction Medicine (ASAM). In a section of that document they agreed upon the following definitions for, tolerance, physical dependence, pseudo addiction and addiction:

Tolerance

Tolerance is 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. To put it simply, tolerance means that it takes more medication to get the same level of pain relief.

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.

Pseudoaddiction

The term pseudoaddiction has developed over the past several years to better explain and understand how some chronic pain patients exhibit a number of symptoms, or red flags, that look like addiction but may be something else. Pseudoaddiction is a term which has been used to describe patient behaviors that may occur when pain is under treated. Patients with unrelieved pain may become focused on acquiring medications, may clock watch, and may otherwise seem inappropriately drug seeking. Even such behaviors as illicit drug use and deception can occur in the patient's efforts to experience relief. Pseudoaddiction can be distinguished from true addiction in that the behaviors resolve when pain is effectively treated.

Addiction

Addiction is 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, and craving.

Recently, ASAM included this in their definition of addiction: *Addiction is characterized by the inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.*

Defining The Addiction-Free Pain Management® Treatment System

Now that I've discussed the complex treatment problem and defined some often-misunderstood terms, it is time to discuss a synergistic treatment solution – *The Addiction Free Pain Management® (APM™) System*. I developed the APM™ System in my quest to find relief for my own chronic pain condition without reliance on opioid medication. After years of research, The APM™ System now serves as the foundation for a comprehensive *Manualized* curriculum that addresses all of the four quadrants of suffering: biological (physical), psychological/emotional, social/family, and spiritual. These four areas will be covered in greater detail in an upcoming chapter.

Beware of the Quick Fix Trap

People living with chronic pain often get very frustrated when they cannot get the pain relief they want and deserve – relief they have been taught to expect through pharmaceutical advertising or TV commercials – they want relief and they want it now. I know because I've lived with chronic pain for many years and when I have a pain flare up, I want the pain to stop – NOW! But the reality is that it takes time and a strategic whole person approach to heal. It really requires a team, a plan, time and effort to make peace with chronic pain on all levels and to experience true freedom from suffering.

Addressing Biological/Physical Consequences of Chronic Pain

If you have never experienced a chronic pain condition, it can be challenging to connect with those who are suffering with it. Imagine the most intense physical pain that you have experienced in your life. This could be breaking a bone, dislocating shoulder, crushing your pelvis in a car accident, or even the pain of childbirth. Focus on that memory and try to remember that pain. Now imagine living with this pain nearly every moment of every day for months and months. This is what life is like for people living with a chronic pain condition.

These are patients who have hit a therapeutic ceiling with interventions for their chronic pain condition. Traditional or "western focused Bio-Medical" treatments like shots, pills, pain interventional procedures and surgeries do not offer lasting relief. Furthermore, opioid medications may work great at first, but soon come with a host of problematic side effects – including in many cases increasing pain sensitivity.

There are times when we must look outside the box of Western Medicine. We need to address this segment of the chronic pain population and look for other ways to offer adequate pain relief that result in an improved quality of life. Some modalities used to address the physical suffering of pain might include dietary changes, acupuncture, chiropractic, massage, and restorative yoga. Sometimes we just need to get rid of that old box.

Addressing Psychological/Emotional Consequences of Chronic Pain

In order to effectively manage chronic pain, we need to address how someone experiences or perceives their pain as their suffering is shaped by their perception. Terms like agonizing, dreadful, and debilitating are some words patients use to describe psychological suffering associated with pain. Also, co-occurring psychological disorders contribute to this perception of pain. This includes depression, anxiety, trauma, and PTSD. These psychological disorders are commonly associated with chronic pain conditions, and if left untreated, can amplify or cause additional pain.

Several holistic and technological modalities can be used to address the psychological symptoms of pain. Mindfulness and meditative practices should be intertwined into every component of chronic pain treatment. Whether it is morning meditation or mindful meals, it's important to create an environment of mindfulness that will help shape a patient's perception of what they are experiencing.

Other modalities such as neurofeedback, biofeedback and equine therapy, are some treatment methods that are critical to helping chronic pain patients address their co-occurring depression, anxiety, trauma, and PTSD symptoms.

Addressing Family/Social Consequences of Chronic Pain

Over the years I've seen many marriages and partnerships come to a tragic end due to one partner living with an undertreated or mistreated chronic pain condition. Sometimes family members and significant others develop their own healthcare problems while trying to help someone they love cope with chronic pain. Family and significant others often burn out or become frustrated and resentful towards their loved one. A support person can become just as hopeless and helpless as their family member who is suffering and may even develop their own depression, anxiety or sleep problems.

When it comes to this area of healing it is important to realize that many patients living with chronic pain have been isolated for a long time – sometimes decades. A component of improving levels of functioning would include helping patients connect with family and friends in healthier ways.

Another important area to develop is appropriate Relapse Prevention Teammates and Accountability Partners. Patients are supported to develop relapse prevention and continuing care plans that help reduce isolation tendencies and connection with others.

Addressing Spiritual Consequences of Chronic Pain

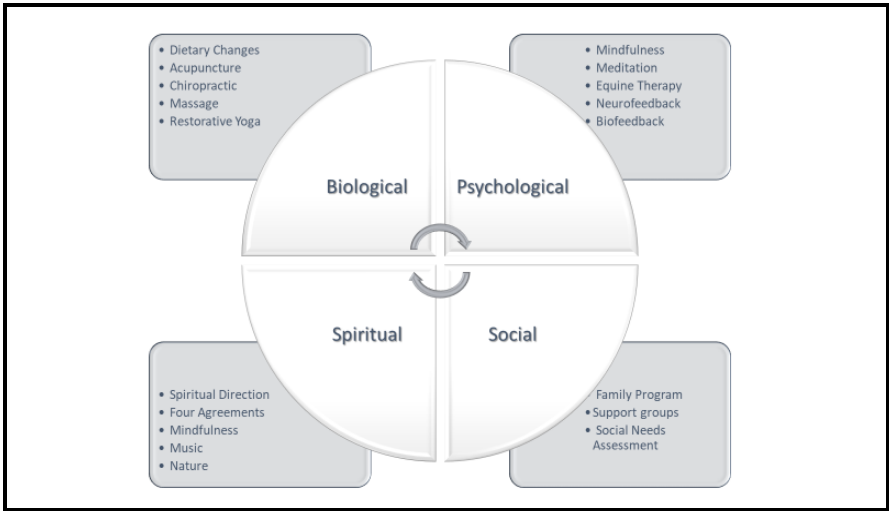
When someone is living with a chronic condition for years, it has the potential to disconnect them from their spirituality or higher power. Even if someone grew up with a strong church affiliation or organized religion, the persistence of pain and suffering can make them feel as if their higher power has abandoned them.

An important treatment objective for some patients may be to develop a plan to reconnect with their former identified religion. When patients discover that spirituality is a component of treatment, they're afraid it means they will have to reject their religion of choice which is not true.

I believe that a stronger connection with a higher power, whatever that may be to the patient, is critical to healing and finding freedom from suffering.

Some patients who connect to their higher power find an experience of spirituality through art, music, or nature. These mediums can also be used for patients with an identified religion. Regardless of where patients are at in their spiritual journey, it is important to help them strengthen their relationship with a higher power.

Healing The Whole Person Is A Synergistic Treatment Solution



Healing The Whole Person

In a following chapter you will go deeper into the Bio-Psycho-Social-Spiritual Healing process. You will see how patients developed their individualized treatment plans that led to increased levels of functioning and improved quality of life.

Introducing Four Complex Chronic Pain Patients

The Importance of a Concurrent Integrated Treatment Approach

Due to the need to protect patients' anonymity, the four patients profiled in this book are a composite of a number of people who were treated in the intensive chronic pain program. This was necessary to protect their confidentiality while at the same time providing accurate examples throughout the book.

The four profiled chronic pain patients described below are an excellent representation of some of the most complex patients we served. This information was constructed to give you a better understanding of what at least 20-30 percent of all chronic pain patients face and why the traditional bio-medical model treatment approaches do not work very well – *if at all* – for this population.

Patient One – Christy Jones

At first contact, Ms. Christy Jones reported with a history of suicidal ideation that included significant means, plan, and intent to use her prescription medications. Ms. Jones was a relatively good historian during the initial interviews and recalled a history of trauma, chronic pain, and multiple medical issues. She shared that she was in desperate need of assistance.

Ms. Jones reported a motor vehicle accident that fractured her spine. She also experienced several other accidents, as well as reinjuring her back which became her primary source of pain.

Ms. Jones admitted to having suicidal ideation numerous times in the past 15 years sometimes with, and other times without a plan. Her usual plan was to take prescription medications with alcohol or to cause a crash that was severe enough to cause her death. Ms. Jones verbally contracted with the clinical team not to harm herself and if she felt suicidal, she agreed to call a clinical team member, the police or get to an Emergency Room.

Ms. Jones experienced significant trauma from several accidents, the loss of gainful employment, losing her home, as well the death of her emotional support animal of 10 years.

Ms. Jones received only bio-medical interventions from her physicians who did not identify and/or treat any of her coexisting disorders, nor did she receive any integrated pain management services. She disliked taking the prescribed opioids because they really didn't help with managing her pain and she only took them to placate her doctors and sometimes to prevent severe withdrawal.

During Ms. Jones' first clinical re-assessment she reported being very upset that she had only received bio-medical interventions since her spinal cord injury. She had developed tolerance and dependence on high-dose opioid regimen, was severely isolated, hopeless, and suffering with moderate depression, as well as experiencing suicidal ideation and moderate PTSD symptoms.

Ms. Jones reported a history of attempts to hide her emotions, isolate, live independently, and rarely ask for help until she became ready and willing to enter treatment. She also endorsed significant grief and loss over prior levels of functioning with multiple physical and medical traumas, as well as isolation tendencies, although at time of her intake she presented with strong motivation for treatment.

Ms. Jones's ICD-10 Admission Diagnoses

- S34.114 - Spinal Cord Injury with Partial Paralysis
- R53.82 - Chronic Fatigue Syndrome
- F45.42 - Pain disorder, related psychological factors, Moderate-Severe
- F33.2 - Major depressive disorder, Recurrent episode, Moderate-Severe
- F43.12 – Post Traumatic Stress Disorder, Moderate
- F54 - Psychological factors affecting other medical conditions moderate
- F11.20 - Opioid use disorder, mild to moderate

Initial Outcome Measures For Ms. Jones

Pain Outcome Profile (POP) *	Initial
Pain-Related Mobility	100/100%
Pain-Related ADL's	62.5/100%
Vitality (energy)	93.3/100%
Negative Affect	60/100%
Fear & Avoidance	75/100%
Physical Index	54.4/100%
Affective Index	67.5/100%

* High percentages are problematic with 100% being a severe problem

Bio-Psycho-Social-Spiritual Assessment	Initial
DASS (Depression Anxiety Stress) *	34/63
PCL-5 (PTSD)*	62/80
BPSS (Levels of Functioning) **	46/100
QOLW (Quality of Life Severity) *	41/100
SIWB (Spiritual Index of Wellbeing) *	48/60
Zung Anxiety Assessment *	44/80
Zung Depression Assessment *	0.74/1.0

* A High score on most BPSS is problematic

** A High score on the BPSS (Levels of Functioning) is good

Neurofeedback Data *	Initial
Difficulty Falling Asleep	10/10
Difficulty Maintaining Sleep	6/10
Difficulty Shifting Attention	6/10
Difficulty Thinking Clearly	6/10
Distractibility	7/10
Poor Concentration	7/10
Poor Short-Term Memory	7/10
Unmotivated	9/10

Depression	8/10
Impatience	8/10
Lack of Pleasure	10/10
Fatigue	10/10
Abdominal Pain	9/10
Chronic Nerve Pain	9/10
Nausea	5/10

* 10 is the highest problematic score on this instrument

Patient Two – James Lawler

Mr. James Lawler presented with significant functional deficits related to chronic pain conditions that he had lived with for many years from a Traumatic Brain Injury (TBI). His memory was spotty at best and he was not a good historian. He also had significant pain in his thoracic and lumbar regions, as well as migraine headaches.

A previously undiagnosed Bi-Polar Spectrum Disorder was diagnosed with subtle psychotic features, including hallucinations, that had not been previously identified or treated. Mr. Lawler was titrated onto a mood stabilizer in combination with duloxetine, which improved cognition and affect-regulation by as much as 60-70% over several weeks. This allowed him to experience improved functioning in all areas.

Mr. Lawler worked in a high-risk environment and was injured several more times. For the 10 or so years prior to treatment, he had been disabled, often homeless without adequate care for his chronic pain and coexisting mental health disorders. He spent much of his time in isolation, using alcohol and nicotine to self-medicate his pain and mental health symptoms.

In addition to the TBI Mr. Lawler also experienced sexual trauma. When he sought help in a Cognitive Behavioral Therapy (CBT) Program, he felt unsafe and refused treatment. He subsequently became suicidal with intent and a plan on several occasions. When questioned

about suicide he admitted he was just tired of suffering and not getting the help he needed – he wanted to start living.

Mr. Lawler was an ideal candidate for complex chronic pain treatment as evidenced by his coexisting disorders, combined with significant chronic pain diagnoses.

Mr. Lawler's ICD-10 Admission Diagnoses

- Z87.820 - Traumatic Brain Injury
- R51 – Headache
- M16.12 - Unilateral primary osteoarthritis left hip
- M16.11 - Unilateral primary osteoarthritis right hip
- M79.7 - Fibromyalgia
- G89.4 - Chronic Pain Syndrome
- F43.12 - Posttraumatic Stress Disorder, Moderate-Severe including Sexual Trauma
- F41.1 - Generalized Anxiety Disorder, Moderate-Severe
- F45.42 - Pain disorder with related psychological factors, Moderate-Severe
- F10.20 - Alcohol Use Disorder, Severe
- F17.201 - Tobacco Use Disorder, Moderate
- F31.9 - Unspecified Bi-Polar Spectrum Disorder, Moderate-Severe

Initial Outcome Measures For Mr. Lawler

Pain Outcome Profile (POP)*	**Initial (12/14/17)**
Pain-Related Mobility	45.00/100%
Pain-Related ADL's	37.50/100%
Vitality (energy)	36.60/100%
Negative Affect	60.00/100%
Fear & Avoidance	55.00/100%
Physical Index	39.70/100%
Affective Index	57.50/100%

* High percentages are problematic with 100% being a severe problem

Bio-Psycho-Social-Spiritual Assessments	Initial
DASS (Depression Anxiety Stress) *	63/63
PCL-5 (PTSD) *	67/80
BPSS (Levels of Functioning) **	28/100
QOLW (Quality of Life Severity) *	81/100
SIWB (Spiritual Index of Wellbeing) *	20/60
Zung Anxiety *	66/80
Zung Depression *	0.79/1.0

* A High score on most BPSS is problematic

** A High score on the BPSS (Levels of Functioning) is good

Neurofeedback Data *	Initial 12/14/17
Sleep Apnea	9/10
Difficulty Maintaining Sleep	5/10
Dysregulated Sleep Cycle	10/10
Nightmares Or Vivid Dreams	6/10
Distractibility	10/10
Poor Concentration	9/10
Poor Sustained Attention	5/10
Addictive Behaviors	5/10
Compulsive Behaviors	5/10
Poor Short-term Memory	10/10
Impulsivity	10/10
Inflexibility	4/10
Agitation	7/10
Anger	7/10
Anxiety	4/10
Depression	7/10
Fears	5/10
Flashbacks Of Trauma	6/10
Obsessive Worries	10/10
Panic Attacks	4/10

Suicidal Thoughts	4/10
Chronic Aching Pain/Lower Back	10/10
Fibromyalgia	10/10
Migraines	10/10

* 10 is the highest problematic score on this instrument

Patient Three – Frank Layton

At admission Mr. Frank Layton reported a significant history of chronic pain and multiple surgeries (over 15), and a long history of prescription opioid use. He had been detoxed and attended several other programs which he believed either did not treat or under-treated his chronic pain.

Mr. Layton had a treatment episode for his chronic pain and substance use disorder that was deemed successful and he reported doing well for over a year. He participated in exercise, decreased his isolation and followed a recovery-friendly medication management plan. However, the psychiatric medications he took caused significant side-effects.

When Mr. Layton asked his psychiatrist to discontinue all psychiatric medications, his doctor was concerned that Mr. Layton's medication resistance might be due to a substance use and somatization disorder, as well as significant PTSD symptoms. The psychiatrist recommended a comprehensive inpatient chronic pain management program.

Mr. Layton was detoxed prior to admission but after six-weeks of treatment, he still had significant protracted, or post-acute, withdrawal symptoms. It was determined that he needed an additional six weeks of treatment after which he improved significantly.

Mr. Layton experienced emotional abuse from his father and witnessed physical abuse of his mother by his father. Mr. Layton was also sexually abused on multiple occasions by older male relatives. He reported low self-esteem, unresolved trauma history, and one past suicide attempt. At time of admission Mr. Layton was unemployed and living at home with his spouse. His relationships were greatly impacted by his chronic pain and the coexisting conditions listed below.

Mr. Layton's ICD-10 Admission Diagnoses

- G43 - Migraine Headache
- R10.9 - Abdominal Pain
- R53.82 - Chronic Fatigue Syndrome
- G89.4 - Chronic Pain Syndrome
- F45.42 - Pain disorder with related psychological factors, Moderate-Severe
- F41.1 - Generalized Anxiety Disorder, Moderate
- F43.12 - Posttraumatic Stress Disorder, Moderate
- F45.1 - Somatic symptom disorder; Persistent; Moderate
- F11.20 - Opioid use disorder, Severe

Initial Outcome Measures For Mr. Layton

Pain Outcome Profile (POP)*	**Initial**
Pain-Related Mobility	47.5/100%
Pain-Related ADL's	42.5/100%
Vitality (energy)	60/100%
Negative Affect	72/100%
Fear & Avoidance	45/100%
Physical Index	50/100%
Affective Index	58.5/100%

* High percentages are problematic with 100% being a severe problem

Bio-Psycho-Social-Spiritual Assessments	**Initial**
DASS (Depression Anxiety Stress) *	63/63
PCL-5 (PTSD) *	65/80
BPSS (Levels of Functioning) **	20/100
QOLW (Quality of Life Severity) *	79/100
SIWB (Spiritual Index of Wellbeing) *	33/60
Zung Anxiety Assessment *	69/80
Zung Depression Assessment *	0.93/1.0

* A High score on most BPSS is problematic

** A High score on the BPSS (Levels of Functioning) is good

Neurofeedback Data *	**Initial**
Difficulty Falling Asleep	9/10
Difficulty Maintaining Sleep	9/10
Difficulty Waking	7/10
Dysregulated Sleep Cycle	7/10
Difficulty Completing Tasks	8/10
Unmotivated	8/10
Tactile Hypersensitivity	9/10
Addictive Behaviors	9/10
Excessive Talking	7/10
Inflexibility	8/10
Self-Injurious Behaviors	5/10
Anxiety	8/10
Depression	8/10
Difficulty to Soothe	9/10
Emotional Reactivity	9/10
Fears	9/10
Lack of Pleasure	10/10
Panic Attacks	10/10
Abdominal Pain	9/10
Chronic Aching Pain	10/10
Chronic Nerve Pain	10/10
Migraines	10/10

* 10 is the highest problematic score on this instrument

Patient Four – Robin Dalton

At time of intake Ms. Robin Dalton came into treatment directly from a medical alcohol detox hospital. Ms. Dalton had an extensive history of prior treatment episodes with the longest period of quality sobriety being about two years. However, her longest period of abstinence over the last several years in and out of treatment was about three months.

Ms. Dalton's mindset was initially compliant, but eventually developed into an oppositional defiant attitude. Assessments revealed that most of her pain symptoms were psychological/emotional with moderate somatization. She was relieved to know that she could learn how to identify and manage her pain symptoms without taking problematic medications.

During treatment Ms. Dalton started exhibiting significant bi-polar manic symptoms and was evaluated by a Psychiatrist. The clinical team determined that she was very resistant to the diagnosis. A parent, who suffered with the same disorder, was both emotionally and physically abusive toward her.

When the clinical team conducted a strategic Recovery/Relapse History process with Ms. Dalton, it became clear that previous relapse episodes were preceded by either a significant manic episode or an unmanaged chronic pain flare up. As a result, active participation in Relapse Prevention Therapy became a new treatment goal for her.

Ms. Dalton's ICD-10 Admission Diagnoses

- M50.30 - Cervical Disc Degeneration
- M48.02 - Spinal Stenosis, Cervical Region
- G89.4 - Chronic Pain Syndrome
- F41.9 - Unspecified anxiety disorder
- F31.9 - Unspecified Bi-Polar Spectrum Disorder
- F45.1 - Somatic symptom disorder; Persistent; Moderate
- F54 - Psychological factors affecting other medical conditions
- F10.21 - Alcohol use disorder, high risk of relapse
- F17.200 - Tobacco use disorder, Moderate

Initial Outcome Measures For Ms. Dalton

Pain Outcome Profile (POP) *	Initial
Pain-Related Mobility	2.50/100%
Pain-Related ADL's	7.50/100%
Vitality (energy)	46.60/100%
Negative Affect	50.00/100%
Fear & Avoidance	45.00/100%
Physical Index	15.50/100%
Affective Index	48.50/100%

* High percentages are problematic with 100% being a severe problem

Bio-Psycho-Social-Spiritual Assessments	Initial
DASS (Depression Anxiety Stress) *	40/63
PCL-5 (PTSD) *	54/80
BPSS (Levels of Functioning) **	59/100
QOLW (Quality of Life Severity) *	32/100
SIWB (Spiritual Index of Wellbeing) *	41/60
Zung Anxiety *	46/80
Zung Depression *	0.58/1.0

* A High score on most BPSS is problematic

** A High score on the BPSS (Levels of Functioning) is good

Neurofeedback Data *	Initial
Difficulty Falling Asleep	7/10
Poor Concentration	5/10
Unmotivated	5/10
Tinnitus (ringing in ears)	8/10
Addictive Behaviors	9/10
Agitation	6/10
Anxiety	7/10

Depression	4/10
Fears	7/10
Low Self Esteem	8/10
Mood Swings	6/10
Chronic Constipation	4/10
Fatigue	3/10
Irritable Bowel	4/10
Abdominal Pain	4/10
Chronic Aching Pain	8/10
Chronic Nerve Pain	8/10
Fibromyalgia Pain	8/10

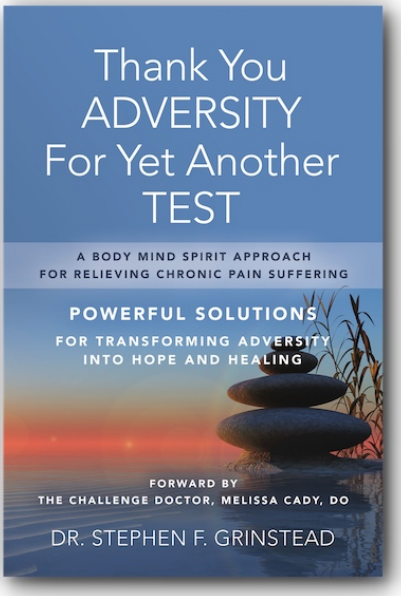
* 10 is the highest problematic score on this instrument

We Will Continue to Follow These Four Patients

As we go through the following chapters you will see different examples of how these four profiled patients, living with complex chronic pain and coexisting disorders, made dramatic changes and improved their levels of functioning and quality of life. In the final chapter you will see an overview of the progress they made by reviewing the same ***Outcome Measures*** and see the significant improvements they accomplished by going through this manualized and strategic treatment process.

Let The Healing Begin!

In the next chapter I explain how to develop the foundation for healing the whole person. This is a true *Body-Mind-Spirit* approach for relieving chronic pain suffering.



The title of this book arose from the wisdom of one of Dr. Grinstead's most important mentors, Sensei Richard Kim. It explores the journey of suffering that people often experience when living with chronic pain. It offers a roadmap to help people move beyond suffering to thriving, instead of just surviving. It is a journey of hope and healing.

Thank You Adversity For Yet Another Test:

A Body Mind Spirit Approach For Relieving Chronic Pain Suffering

POWERFUL SOLUTIONS

For Transforming Adversity Into Hope & Healing

by Dr. Stephen F. Grinstead

Order the complete book from the publisher [Booklocker.com](https://www.booklocker.com/p/books/10660.html?s=pdf)

https://www.booklocker.com/p/books/10660.html?s=pdf

or from your favorite neighborhood or online bookstore.