Technical Information

SAMHSA
Substance Abuse and Mental Health
Services Administration

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

For training use only.

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

LIVE

This webinar is now live.

It is being recorded.

Please remain muted.

Central East (HHS Region 3)
PTTC

1

Welcome

Central East PTTC Webinar

Managing Stigmatizing Language in Substance Use Prevention

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director

Central East (HHS Region 3)
PTTC

Each **TTC Network** includes 13 centers.

Network Coordinating Office

National American Indian and Alaska Native Center

National Hispanic and Latino Center

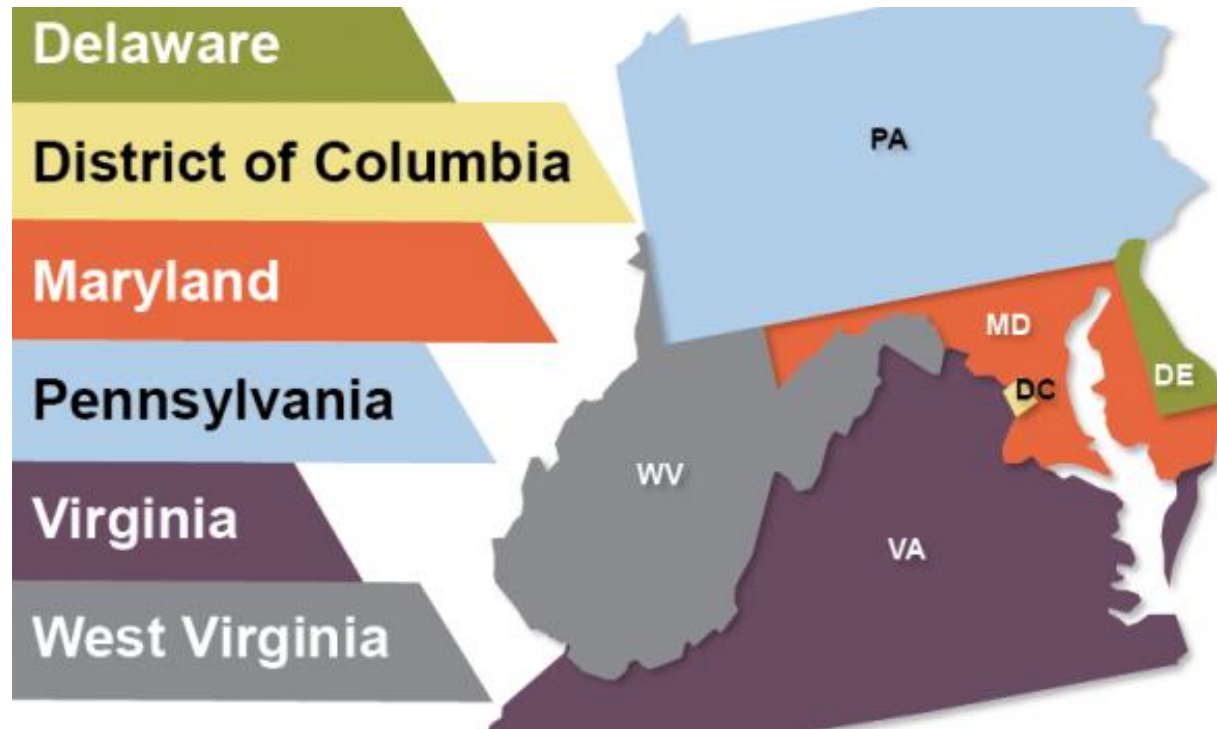10 Regional Centers (aligned with HHS regions)

Central East (HHS Region 3)
PTTC

Central East Region

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia

PA
MD
DC
DE
WV
VA

Central East (HHS Region 3)
PTTC

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

Central East (HHS Region 3)
PTTC

PTTC Mission

1. To Strengthen the Capacity of the Workforce

2. To Deliver Evidence-Based Prevention Strategies

3. Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

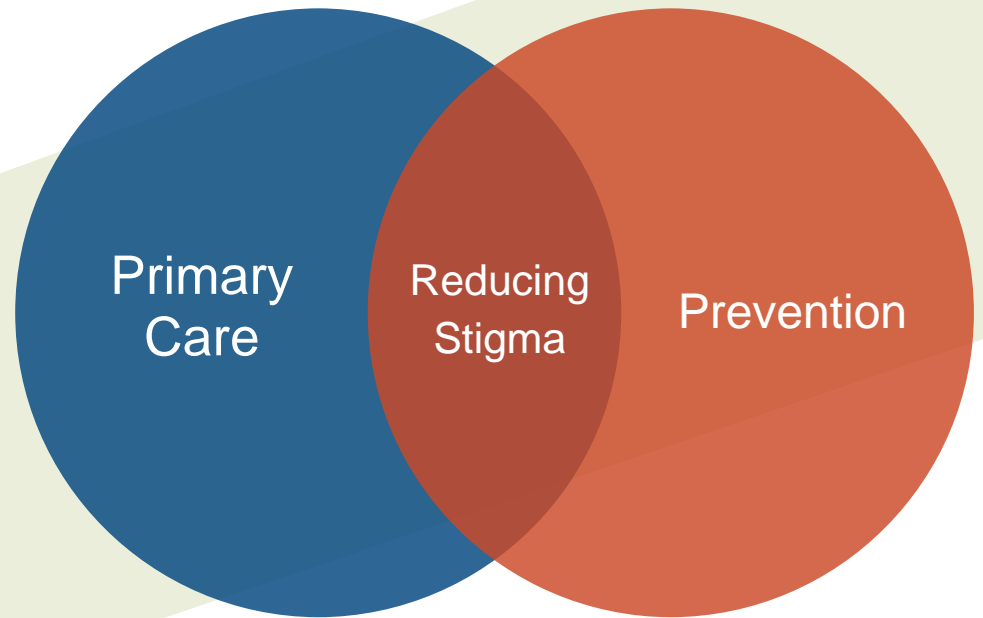Central East (HHS Region 3)
PTTC

Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention

Primary Care

Reducing Stigma

Prevention

Central East (HHS Region 3)
PTTC

Eligibility

Consistent with Regional, State and Local Needs

No Cost

Data Driven

EBPs provided by Subject Matter Experts

Central East (HHS Region 3)

PTTC

PTTC Focus Areas

Opioid/ Harm Reduction Strategies

Trauma

Youth Vaping/Tobacco

Youth Alcohol and Suicide

Health equity and the elimination of disparities

Suicide prevention and substance use overdoses

Workforce Development
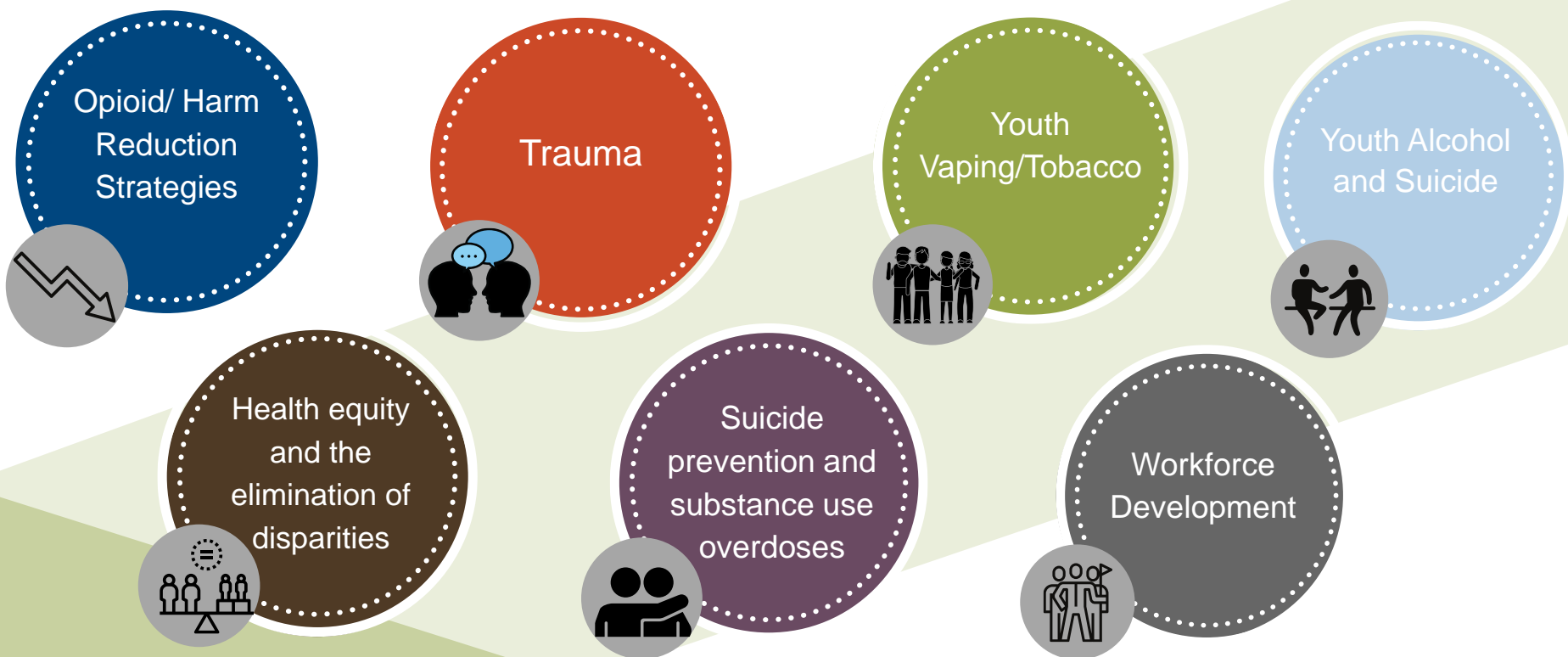
Central East (HHS Region 3)
PTTC

Services Available

Online Courses

Technical Assistance

Skill Based Training

Webinar

Toolkits

Facilitate Prevention Partnership & Alliances

Research Learning Collaborative

Newsletter

Technology Driven Models

Literature Searches

Virtual Meeting

Research Publication

Central East (HHS Region 3)
PTTC

Other Resources in Region 3

Central East (HHS Region 3)

ATTC — Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

MHTTC — Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

PTTC

Managing Stigmatizing Language in Substance Use Prevention

Laura Hinds MSW, LCSW
Principal Partner of Hindsight Consulting Group, LLC

May 18, 2022

Learning Objectives

- To highlight the specific incidences of stigma and trauma affecting our clients as it relates to language choice and non-verbal communication from providers of Substance Use intervention

- To offer Trauma informed considerations to address this reality

- To provide alternative language and considerations to change outcomes and impact of stigmatizing language

Central East (HHS Region 3)
PTTC

Stigma

Stigma:

1 a archaic: A scar left by a hot iron: Brand

b: a mark of shame or discredit

c: an identifying mark or characteristic: a specific diagnostic sign of a disease

- Merriam Webster
  - https://www.merriam-webster.com/dictionary/stigma

Central East (HHS Region 3)
PTTC

History of the term

What is Stigma?

Stigma is a Greek word that in its origins referred to a type of marking or tattoo that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons. These individuals were to be avoided or shunned, particularly in public places.

http://en.wikipedia.org/wiki/Social_stigma#cite_note-6

POSITIVELY UK

How Stigma Manifests

Stigma is insidious, it dictates our society's categorization and treatment of marginalized populations

Vulnerable populations are more victimized by it

It can control resources, engagement, and sense of "worth"

It is founded in both Implicit and Explicit Bias

Stigma is often learned and communicated across generations both consciously and unconsciously
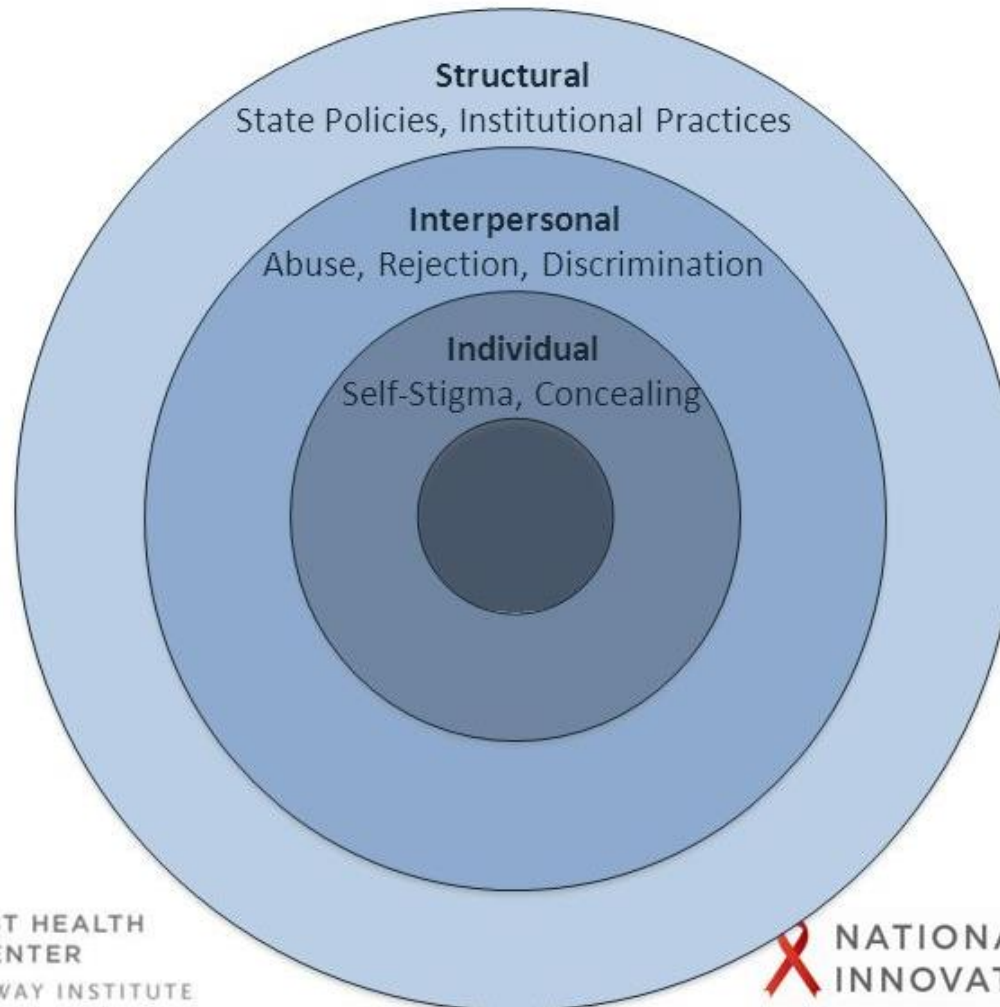
Central East (HHS Region 3)
PTTC

Layers of Stigma

Stigma: A Multi-Level Construct

"Societal-level conditions, cultural norms, and institutional policies and practices that constrain the opportunities, resources, and wellbeing of the stigmatized" (Hatzenbuehler & Link, 2014, p. 1).

Structural
State Policies, Institutional Practices

Interpersonal
Abuse, Rejection, Discrimination

Individual
Self-Stigma, Concealing

"The under-representation of [structural stigma] is a dramatic shortcoming in the literature on stigma, as the processes involved are likely major contributors to unequal outcomes" (Link et al., 2004, p. 515).

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

NATIONAL CENTER FOR INNOVATION IN HIV CARE

PTTC

Types of Stigma

- Direct Stigma (Or Social Stigma)

- Indirect Stigma (Or Structural Stigma)

- Internalized Stigma (or Self-Stigma)

The Types of Stigma

Social Stigma

The judgement and attitude of those around you.
Using negative labels in conversation.
Ignoring people with substance use disorder.
Discrimination and prejudice based on labels.

Structural Stigma

Social stigma perpetuated by public and private services. Different treatment from first responders, healthcare professionals, customer service workers, human resources and countless others.

Self-Stigma

Internalized stigma that diminishes your self-esteem, self-worth and your sense of belonging.

United Way
Centraide
Simcoe Muskoka
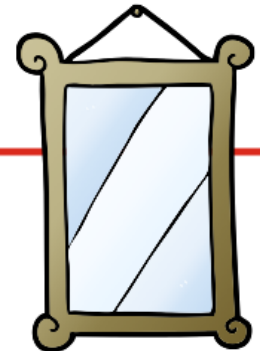
Examples of Direct Stigma

Explicit Bias

Threat of treatment divestment by tx team (Yang, Wang, Grivel & Hasin, 2017; Hagiwara, Slatcher, Eggly, Penner, 2017)

Disrespect/Discrimination (Yang, Wang, Grivel & Hasin, 2017; Goddou et al., 2018)

Discrediting of efforts toward sobriety (Goddou et al., 2018)

Relegation to certain treatment options (Rosenthal, Short, Abatemarco, Hand, 2021)

Potential lost resources/supports- Personal & Professional (Yang, Wang, Grivel & Hasin, 2017)

Decreased respect of basic human rights (Adams & Volkow, 2020)

Decreased hope for recovery by treatment team (Yang, Wang, Grivel & Hasin, 2017)

Higher involvement of certain populations in the Child Welfare System:

Child Welfare and Alcohol and Drug Use Statistics | National Center on Substance Abuse and Child Welfare (NCSACW) (hhs.gov) & Child Welfare Practice to Address Racial Disproportionality and Disparity (2 sources) (Lynch, Sherman, Snyder & Mattson, 2018)

Examples of Indirect of Stigma

- Use of coded language
- [Use of derogatory terms](#)
- Historic use of medical notes**
- Unconscious Stigma
  - Implicit Bias (Hagiwara, Slatcher, Eggly & Penner, 2017)
  - Differing judgment re: ingestion method (Paquette, Syvertsen & Pollini, 2018).
- Failing to see client in the context of societal or fiscal inequities (Peters, 2018)
- Failing to recognize Substance Misuse as a coping mechanism for profound life stressors
- Different perceptions, treatment, and respect for "Certain" users vs others

Central East (HHS Region 3)
PTTC

Internalized Stigma

- Self-devaluation and shame that is borne of external opinions, historic perspectives conveyed during childhood, and societal norms and mores

- "Internalized Stigma as a Risk Factor for Substance Use Problems Among Primary Care Patients" (Kulesza, et al., 2017)

- Although it can deter non-users, stigma re: substance use it can promote continued use in someone struggling with their rate of use (Crapanzano, Hammarlund, Ahmad, Hunsinger, & Kullar, 2019).

- Can result in self-sabotage and lessened motivation

- Contributes to a "what's the point" attitude.

Central East (HHS Region 3)
PTTC

22

In Substance Misuse Prevention

N.B.- Research tells us that Stigma is not uniformly applied to people and groups

- Our historic terms and the meta-messaging contained within
  - Dirty urine vs Clean
  - Addict vs Person using drugs

- Lack of understanding of relapse in journey to sobriety

- Judgment re: the user's level of resilience or agency

- Noted disdain for client in medical records

- Assumptions re: the drug

- Bias against the use method

- Unethical Treatment of people who use substances (Adams & Volkow, 2020)

Examples

- Providers assuming some clients not worth the effort of intervention because of their race, drug use method, or type of drug (Personal Communication w/clients)
  - "Injection users are lost hopes", "Pills easier to kick"
- Certain populations being offered certain interventions and not others due to bias, discrimination, and racism (Rosenthal, Short, Abatemarco & Hand, 2021)
  - The inequity re: MAT being offered to White moms vs Black and POC mothers
  - The comfort with providers witnessing withdrawal sxs in Black mothers vs white mothers (
- Lumping all people into a category of actors

Central East (HHS Region 3)
PTTC

Examples in Language Use

- Stigma frequently appears in our language in the following ways:
  - Our choice of adjectives
  - Misgendering a patient/ showing a lack of investment of time and energy to be accurate
  - Our "standard clinical terms"
    - "Alternative lifestyle"
    - "Risky Behaviors" (Re: sex and use method, when all sex is risky and the method is a matter of fact)
    - "Clean" vs "Dirty" (Re: tox screens")
    - "Gay sex"
- Overmedicalizing typical or "WNL" examples of lived experiences

Central East (HHS Region 3)
PTTC

Shifting Our Language

SAY THIS / **NOT THAT**

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

Non-verbal Examples

- Stigma can be expressed in the following non-verbal cues:
    - Marked silence or stoniness with patient
    - Shaking head/chuckling over missed pronouns
    - Lack of general eye-contact or interest
    - Impatient pacing/cadence
    - Crossed arms
    - Facing away from client during visit
    - Eye-rolling
    - Huffing, puffing, teeth sucking
    - Disapproving tone during general questioning
    - Keeping unnecessary distance from patient

Central East (HHS Region 3)
PTTC

Examples of Coded Language:

These are terms and sayings that contain meta-messaging, cues, and assumptions that communicate beliefs, standards, and bias that is generally considered unsavory, dangerous and often illegal.

Shared from Tena Okun's Article: White Supremacy Culture for drworks
www.dismantlingracism.org

And

https://classtrouble.club/blogs/resonance-archives/a-guide-to-coded-language-in-education-vol-i

https://www.teenvogue.com/story/coded-language-race-education

- Hostile/Aggressive
- Non-compliant
- Frequent Flyer
- Addict

  c/o Center for Practice Transformation
- Not invested in care
- Urban
- Underserved

Central East (HHS Region 3)
PTTC

Negative Impact

- Impedes clients sharing true symptomology
- Prohibits transparency about risk factors and partners
- Hinders informed care and treatment- especially re: referrals
- Impedes a sense of safety in treatment
- Disrupts the treatment plan (Trzeciak & Mazzarelli, 2020)
- Interrupts clients feeling welcomed/valued by one's healthcare professional**

Intra-Provider Communication:

John's Hopkins study found that the impact of providers using stigmatizing language in their clients charts has a ripple effect of negative impact for years afterwards (Goddu, et al., 2018).

- Our "Back of the House" communication needs to mirror our "Front of the House"- an investment in client experience
- Culture of provider coping via flippancy is dangerous
- Remember, EMR's are now more accessible than ever

Examples of Stigmatizing Language in Charting:

- Doubting credibility of the patient ("alleges", "reportedly")

- Expressing disapproval of patient reasoning or self-care
- Stereotyping by race or social class
- Portraying the patient as difficult
- Emphasizing physician authority over client

  (Park, Saha, Chee et al., 2021)

- Demonstrating preference (eg: "Good Person with a bad disease" vs Neutral Client Language) (Pearl, 2021)

- Hyper use of plural pronouns in cross-race medical interactions w/white providers (eg: "They" vs "the client" (Hagiwara, Slatcher, Eggly, Penner, 2017).

Central East (HHS Region 3)
PTTC

31

What Can We Do?

As practitioners and staff, we can ensure that our settings, language, and actions are inclusive vs rejecting by:

- Improve our Client-Centered Language
- Review and remove derogatory or demeaning historic clinical language
- Taking responsibility for our facial expressions and non-verbal cues
- Writing our notes as if our clients will read them
- Scanning our language for codes, meta-messaging, and "othering" language.

STAMP OUT STIGMA

Central East (HHS Region 3)
PTTC

Offer Trauma Informed Care

Trauma Informed Practice is built on the following actions:

- Changing the paradigm
  - Inherently asks "What happened to you ?" vs "What's wrong with you?"
- Remaining Present
- Validating
- Not Judging
- Offering Transparency
- Offering Consistency
- Offering Choice and Control
- Supporting Problem-solving & decision-making
- Supporting Self-Management

Central East (HHS Region 3)
PTTC

Increase Empathy + Compassion

Empathy   +   Compassion

(Trzeciak & Mazzarelli, 2019)

Central East (HHS Region 3)
PTTC

Empathy

Is realizing that someone else's struggle, pain, or emotional challenge is just as valid, affecting, and profound as your own.

POWER OF EMPATHY:

I'M IN IT WITH YOU.

I'M NOT HERE TO FIX YOU.

I'M NOT HERE TO FEEL IT FOR YOU.

I'M HERE TO FEEL WITH YOU AND LET YOU KNOW YOU'RE NOT ALONE.

Central East (HHS Region 3)
PTTC

Compassion

Compassion is how we show our caring:

"Compassion is not a virtue -- it is a commitment. It's not something we have or don't have -- it's something we choose to practice."
— Brené Brown

What Else Can We Do?

- Start with the commonalities
- Include, Differentiate, and Manage (O'Byrne & Watts, 2015)
- Reinvest in our commitment to "First, do no harm"
- Get educated (see references)
- Separate out our private feelings from our professional duties
- Respond with Empathy and Compassion
- Address Implicit Bias
- Commit to doing better: Take the Pledge

Central East (HHS Region 3)
PTTC

Resources:

- University of Minnesota's Center for Practice Transformation: Clinical Tools Archive - Center for Practice Transformation (umn.edu)

- Well + Good

- SAMHSA

- National Consortium of Stigma and Empowerment

- This presentation's Reference Section

- Harvard's Implicit Association Test

- Center for Disease Control

Central East (HHS Region 3)
PTTC

38

In Closing:

References

- Adams, V.J.M, Volkow, N.D. (2020). Ethical Imperatives to Overcome Stigma Against People with Substance Use Disorders. AMA Journal of Ethics August:1:22(8):702-8.

- Crapanzano, K. A., Hammarlund, R., Ahmad, B., Hunsinger, N., & Kullar, R. (2019). The association between perceived stigma and substance use disorder treatment outcomes: a review. *Substance abuse and rehabilitation*, *10*, 1.

- Goddu, A. P., O'Conor, K.J., Lanzkron, S., Saheed, M.O., Saha, S., Peek, M.E., Haywood, C., Beach, M.C., (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. *Journal of General Internal Medicine,* 33, 685-691.

- Hagiwara, N., Slatcher, R.B., Eggly, S., Penner, L.A. (2017). Physician Racial Bias and Word Use during Racially Discordant Medical Interactions. *Health Commun*. Apr: 32(4): 401-408. 10.1080/10410236.2016.1138389

- Kulesza, M., Watkins, K. E., Ober, A. J., Osilla, K. C., & Ewing, B. (2017). Internalized stigma as an independent risk factor for substance use problems among primary care patients: Rationale and preliminary support. *Drug and alcohol dependence*, *180*, 52-55.

Central East (HHS Region 3)

PTTC

40

References Cont'd

- Lynch, S., Sherman, L., Snyder, S. M., & Mattson, M. (2018). Trends in infants reported to child welfare with neonatal abstinence syndrome (NAS). *Children and Youth Services Review, 86,* 135-141.

- Park, J., Saha, S., Chee, B., Taylor, J., Beach, M.C. (2021). Physician Use of Stigmatizing Language in Patient Medical Records. JAMA Netw Open. 4(7):e2117052. doi10.1001/jamanetworkopen.202117052

- Paquette, C. E., Syvertsen, J. L., & Pollini, R. A. (2018). Stigma at every turn: Health services experiences among people who inject drugs. *International Journal of Drug Policy, 57,* 104-110.

- Reisner, S. L., Pardo, S. T., Gamarel, K. E., Hughto, J. M. W., Pardee, D. J., & Keo-Meier, C. L. (2015). Substance use to cope with stigma in healthcare among US female-to-male trans masculine adults. *LGBT health, 2*(4), 324-332.

- Rosenthal E, Short V, Abatemarco D, Hand D. (2021). Race and methadone dose at delivery in pregnant patients with opioid use disorder. *Journal of Substance Abuse Treatment*.

- Trzeciak, S. & Mazzarelli, A (2019). Compassionomics: The revolutionary scientific evidence that caring makes a difference. Pensacola, FL, Stuber Group.

- Yang, L., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry, 30*(5), 378.

Central East (HHS Region 3)
PTTC

Laura Hinds MSW, LCSW
Laura.L.Hinds@gmail.com

Contact Us

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East PTTC website:
www.pttcnetwork.org/centraleast

Danya Institute website:
www.danyainstitute.org

Deborah Nixon-Hughes, Director:
dhughes@danyainstitute.org

Danya Institute email and phone:
info@danyainstitute.org
(240) 645-1145

Central East (HHS Region 3)
PTTC