Overcoming Stigma: Language Matters

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Financial Disclosures

The following session leader has no relevant Financial relationships with ineligible companies to disclose:

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Learning Objectives

- Define stigma
- Discuss stigma and its implications
- Understand how language functions to engender stigma and negatively impact healthcare delivery and outcomes

What is Stigma

- Dates back to Ancient Greece
- Mark used to identify criminals, slaves, and traitors
- Used to identify them as immoral
- Considered blemished people
  - Ritually polluted, to be avoided

Stigma

- A mark of disgrace connected to a situation or quality of a person

Stigma

- Functions to make us see people as other
- We begin to make generalization and stereotypes
- Ultimately leading to prejudice and discrimination

Stereotypes

- Overgeneralized social beliefs
- Untrustworthy, weak, unwilling

Prejudice

- Deals with the emotion responses we have toward stereotyped individuals
- Fear, Anger, Irritation, Pity

Discrimination

- Behavior resulting from stereotypes and prejudices

- Denying housing, employment, healthcare, opportunity

Stigma Can Take Different Forms

- Public
- Courtesy
- Structural
- Self
- Multiple

Public Stigma

- Collective public's prejudice and discrimination toward a specific group of individuals

- Substance use more highly stigmatized in the publics collective consciousness
  - Perceived responsibility
  - Inverse relationship with perceived responsibility

Public Stigma

- Persists despite understanding neurobiology substance use

- Create obstacles for individuals when the public prevent access
  Food, Education, Employment

Courtesy Stigma

- Stigma individuals how are associated with a person with a SUD
- Involves treatment professionals , family and friends
- May further isolate the individual
- Presents a barrier in terms of talking openly and honestly about issues.
  - Overdose deaths

Structural Stigma

- Laws, policies, institutional actions
- Healthcare System
- Criminal Justice System
- How do these systems deal with individuals with SUD
  - Criminalization, Infringement, Marginalization

Self Stigma

- Negative feeling a person with SUD has about themselves
- Self esteem
- Empowerment
- Willingness to accept the diagnosis
- Perceived devaluation

Multiple Stigma

- How the intersection of being a member of multiple stigmatized groups has to compounded effect of further isolating individuals and preventing access to care

Implications

- Fewer Individuals seek treatment
- Fewer engage in MOUD
- Desire to use less medication in MOUD
- Desire to discontinue MOUD when successful
- Fewer people less willing to have the conversation
- Uninformed policy with regard to SUD

Role of Language

- "Language is a combination of words and phrases that set cognitive scripts in motion and create humans' schema, which then create human actions"
- Language influences our thoughts
- Language is the paint brush, thought is the picture

Language Matters

- Importance of using more evolved language
- Person first language
- Person with substance use disorder
- Addict, junkie, drug abuser
- Using words that decrease stigma
- Clean vs Dirty

Language

- Clean urine = Consistent with meds prescribed
- Dirty urine = Your urine indicates that you are still using. Your urine is consistent with continued use
- Clean time = time since you last used

Language

- Drug Abuse= Substance use disorder
- Diabetes = Sugar abuser
- HTN = Salt abuser

Language (policy)

- Evidence
  - Substance abuser vs substance use disorder

- Referring to a person as a substance abuser lead to more punitive judgment and the persons actions being viewed as willful misconduct
  - Stigma predicts more punitive policies and less public health or treatment oriented policies

Language (healthcare)

- MAT vs MOUD
- We hold negative opinions but have insufficient training

- Leads to diminished feelings of empowerment for patients and poor healthcare treatment

- Manipulation, violence, poor motivation.
  - Tools and resources to treat appropriately

How do we move forward

- Increase view and visibility of recovering individuals
- Speak up
- Use patient centered, evolved language
- Highlight success stories
- SUD work is truly gratifying work
- Educate
- Continue the conversation

References

- Zwick, J., Appleseth, H. & Arndt, S. Stigma: how it affects the substance use disorder patient. *Subst Abuse Treat Prev Policy* **15,** 50 (2020). https://doi.org/10.1186/s13011-020-00288-0
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- Wogen J, Restrepo MT. Human Rights, Stigma, and Substance Use. *Health Hum Rights*. 2020;22(1):51-60.

Thank you!
Questions & Discussion

SUD MAT CQI –
Behavioral Changes / PDSA Refresher Communication Plan

Presenter
Mohammad Addar, MBB

April 8, 2022

Learning Objectives

- Behavioral Changes - The Transtheoretical Model Overview
- Refresher - Model for Improvement - PDSA Cycle
- Communication Plans

The Transtheoretical Model (TTM)

The 6 Stages of Change

1 – Pre-contemplation - Need to Build Awareness of the need for change

2 – Contemplation – Starting to think about changing behaviors. Visualize the change , Start to weigh the pros and cons

3 – Preparation- Starting to action preparing for change

4 – Action- Actively implementing changes. Greater support systems needed.

5 – Maintenance- New behaviors adopted. Less support may be needed

6 – *Termination - Behaviors successfully changed. Very little support required

*An alternative to termination is relapse which can happen at any stage.

10 Change Processes

Cognitive and Affective Experiential Processes

1.Consciousness Raising — *Increase awareness*
2.Dramatic Relief - *Pay attention to emotions and feelings*
3.Self-Reevaluation — *Create a new positive self-image* related to behavior
4.Environmental Reevaluation — *Notice behavior impact on others*
5.Social Liberation — *Notice public support and gain alternatives*

Behavioral Processes

6. Self-Liberation — *Commitment to change*
7. Counterconditioning — *Learn alternatives*
8. Stimulus Control — *Pay attention and manage environment*
9. Helping Relationships — *Utilize Support*
10. Contingency Management — *Positives*

*Model For Improvement – PDSA Cycle
Refresher - Implementing the OBAT MATRx Model for SUD
February 11th, 2022

Part 1: Three Fundamental Questions

- What are we trying to accomplish?
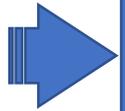
AIM
- Where?
- Who?
- How Good?
- By When?

- How will we know that a change is an improvement?
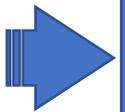
Measurement of Success
- Process Measures
- Outcome Measures
- Balancing Measures

- What change can we make that will result in improvement?
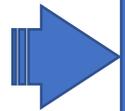
Changes
- What Improvement will be put in place?

Part 2: Test Changes

Make a plans for your next step.
- **Adapt** (make modifications and run another test)
- **Adopt** (test the change on a larger scale), or
- **Discard** (don't test on this change idea again).
- Prepare a plan for the next PDSA.

Plan the Test
- Team Formation
- AIM Statement
- Data Collection Plan

Act
Plan
Study
Do

Analyze the results
- Analysis of the data
- Compare the data to your expectation
- Summarize what your findings

Run the test on a small scale
- Document problems and unexpected observations.
- Collect and begin to analyze the data

Part 3: Implement & Spread

Implementation:
Permanent change to the way work is done
- Standard Work
- Policy Creation
- Competency Creation
- Staffing Plans
- Process Control Plans

Spread:
Taking a successful implementation from initial area and replicating that change or package of changes in other parts of the same organization or other organizations.

The Model for Improvement,* developed by Associates in Process Improvement

RUTGERS
Robert Wood Johnson Medical School

Rowan Medicine

DHS Department of Human Services

Cooper University Health Care

RUTGERS
New Jersey Medical School

Communication Plan

A communication plan documents the fundamental elements of a well-structured communication strategy for key stakeholders. The plan should comprise the communications that are to be shared prior to, during, and after an initiative or event.

The communication plan can be presented in a matrix that allows the project team to detail what needs to be communicated, the audiences that it will provided to, how the message will be presented, who will provide the communication and it's timing.

Communication Plan				
1 Audience	**2 Message**	**3 By Whom**	**4 Media/Format**	**5 When**
Office Staff / Providers /Administration	Starting an initiative to change the language we use well caring and referring to patients with a substance Use disorder	Lead Provider / Administrator	Email / Town Hall / Intranet	April 8th 2022
Office Staff / Providers	The language we use matters. Alternatives for commonly used phrases/words	Direct Supervisor	Training	April 15th , 16th , 17th 7:00AM – 9:00Am
Office Staff / Providers	Language Matters – Real life Examples	Direct Supervisors	Team Huddles / Admin Meeting	Week of April 18th
Office Staff / Providers	Language Matters - Tip Sheet	Lead Provider	Email / Intranet/Hand outs	Week of April 25th
Lead Provider / Administrator	Initiative Status – Current State , Potential Barriers, Next Steps	Project Lead	Meeting	April 28th

1. **Audience** – Who is receiving the communication

2. **Message** – What message is being shared

3. **By Whom** – Who is providing the communication

4. **Media / Format** – How is the message being shared(Email, Meeting, Training Session)

5. **When** – Date, time and/or Frequency of communication

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2. *IHI - Institute for Healthcare, How to Improve. Improvementhttp://www.ihi.org/resources/Pages/HowtoImprove/default.aspx*

3. Prochaska JO, Velicer WF. The Transtheoretical Model of Health Behavior Change. American Journal of Health Promotion. 1997;12(1):38-48. doi:10.4278/0890-1171-12.1.38

Thank you!
Questions & Discussion