

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Reducing Stigma in the Workplace: Addressing Personal and Professional Bias

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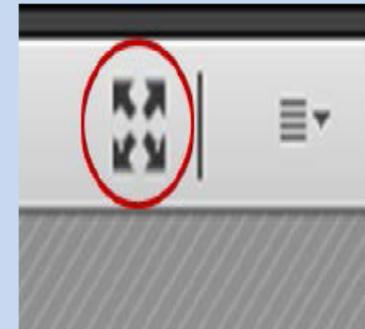
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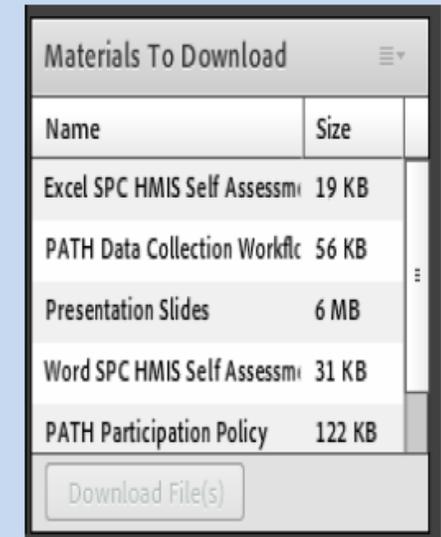
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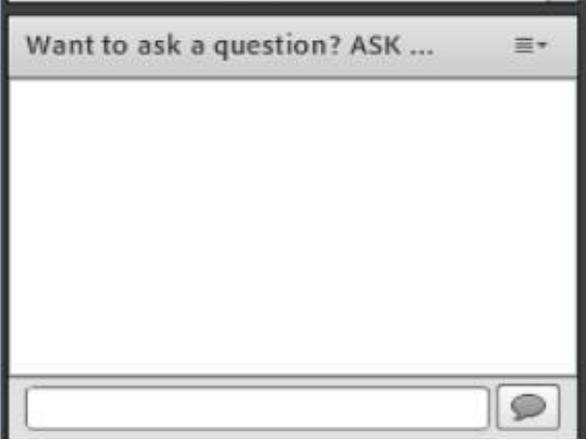
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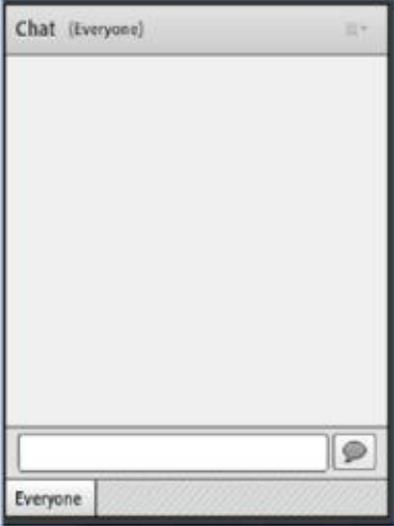
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Chat with us!

If you have general comments, please post them in the participant chat box.



Reducing Stigma in the Workplace: Addressing Personal and Professional Bias



Roberta C. Churchill LMHC

Advocates for Human Potential, Inc.

Learning Objectives

After completing this webinar, participants will be able to:

- Identify at least three negative consequences of stigma related to substance use disorders, medication for opioid use disorders and people who were and are currently incarcerated / detained.
- Describe why language matters in reducing stigma towards people who are incarcerated / detained and have substance use disorders
- Identify one change you are willing to make to reduce your own bias in your professional workplace

Stigma

A process consisting of labeling, stereotyping, cognitive separation, emotional reactions, status loss and discrimination – often institutional.

Link, Bruce & Phelan, J.C.. (2001). Conceptualizing Stigma. *Annual Review of Sociology*. 27. 363-385.

A mark or characteristic that designates a person as flawed, compromised, and somehow less than fully human.

John F. Dovidio et al., Stigma: Introduction and Overview, in *The Social Psychology of Stigma* 1, 1 (Todd F. Heatherton et al eds, 2000).

Poll 1: First Date – What Would You Do?

You've met your date a couple months ago at a conference, texted and talked on the phone. Now, on your first date, everything is going well. You've finished your appetizers and waiting for your meal. You've felt that spark of attraction and already decided you want to see your date again. The conversation moves to a popular TV show whose main character unexpectedly has a heart attack.

Select your response:

- 1) I feel I'm able to be open about my heart attack 18 months ago that required heart surgery, tell my date about my recovery that includes medication, lifestyle changes and a regular support group that reinforces those changes with others that have gone through similar experiences.
- 2) I don't say anything about it.

Strong

Self-Care

Endures

Brave

Fighter

Courageous

Survivor

Healthy

Honest

Types of Stigma



Societal / Public Stigma

The public at large
Recovering communities
Relatives and friends



Structural Stigma

Treatment guidelines, correctional policies
Funding decisions
Healthcare, behavioral health providers, correctional workers



Self-stigma

People with substance use disorders
People on medications for OUD
People formerly or currently involved in the justice system

High levels of stigma toward people with opiate use disorder among general public

Social stigma toward individuals with prescription opioid use disorder (OUD) in a representative sample of U.S. adults with and without personal experience of prescription OUD (N=1,071)

Individuals with prescription OUD are to blame for the problem	78.1%
Some people lack the self-discipline to use prescription opioids without becoming addicted	71.8%
Unwilling to have a person with prescription OUD marry into the family	67.5%
Unwilling to work closely with a person with prescription OUD	57.7%
People with prescription OUD are more dangerous than the general population	56.2%
Employers should be allowed to deny employment	55.3%

Kennedy-Hendricks A, Barry CL, Gollust SE, Ensminger ME, Chisolm MS, McGinty EE. Social stigma toward persons with prescription opioid use disorder: Associations with public support for punitive and public health-oriented policies. *Psychiatric Services*. 2017;68(5):462–469.

High levels of stigma toward people with opiate use disorder among professionals that commonly interact with individuals with OUD

Expressed attitudes included:

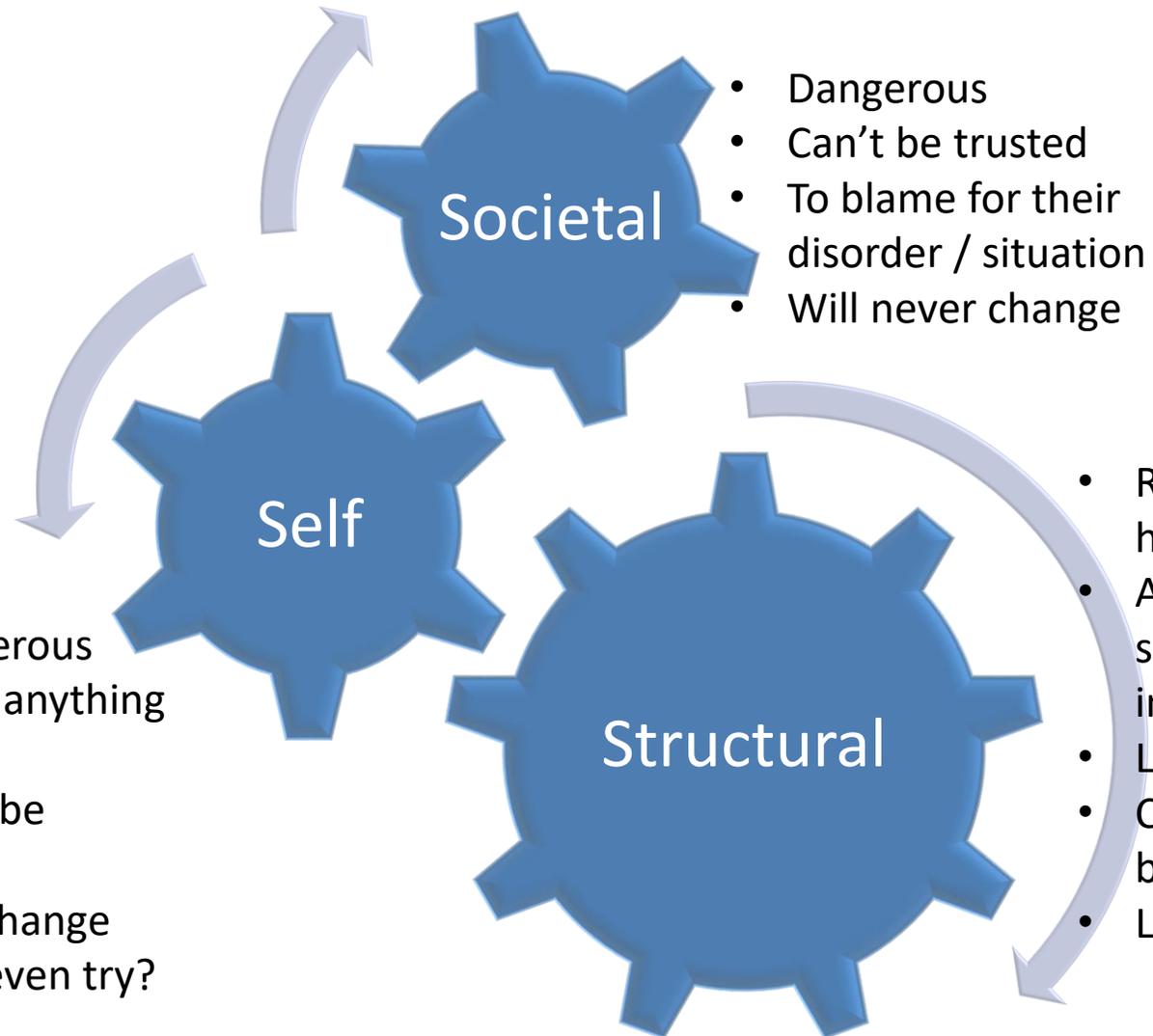
- Emotionally challenging
- Potentially unsafe
- Violent, manipulative, irresponsible
- Aggressive, rude
- Poorly motivated
- Complex and stressful
- Patients more responsible for their condition compared with patients with psychosis, HIV or depression
- Risky
- Professionals felt unprepared, unsuccessful, less caring, less satisfied, and less motivated
- Professionals had shorter sessions with patients with OUD and lowered expectations of treatment success

van Boekel LC, Brouwers EPM, van Weeghel J, Garretsen HFL. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*. 2013;131:23–35.

Stigma towards people prescribed FDA-approved medication to treat opioid use disorder (methadone, buprenorphine, naltrexone)

Health Care Providers	<ul style="list-style-type: none"> • People prescribed methadone for OUD experienced prejudice, stereotypes and discrimination • Treated rudely and coldly after providers learned of their OUD history
Treatment Counselors	<ul style="list-style-type: none"> • Stigma directed at methadone due to concerns of diversion and “drug substitution” • 20% of counselors were unaware of the effectiveness of OUD medication
Pharmacy and dispensary staff	<ul style="list-style-type: none"> • Some patients had to use a separate space / entrance to receive methadone treatment • Some were ignored, required to wait unnecessarily or were served last
Drug Courts	<ul style="list-style-type: none"> • Most drug courts do NOT permit agonist treatment for OUD participants • Those courts who do permit OUD medication will only approve injectable naltrexone.
Family, Friends, Co-workers, Employers	<ul style="list-style-type: none"> • People on OUD medications reported experiencing prejudice, stereotyped as untrustworthy, likely to steal from family members, rejected by friends and family • Disparaged by co-workers and employees, discriminated against in the workplace
Jail / Prison System	<ul style="list-style-type: none"> • Limited knowledge of benefits of OUD medication, security concerns, regulations prohibiting use of OUD medication • Preference for abstinence and/or antagonist medication (naltrexone)

Stigma toward people formerly or currently in detention / jail / prison



- Dangerous
- Can't be trusted
- To blame for their disorder / situation
- Will never change

- Restrictions in housing, financing for higher education
- A positive drug screen while on supervision can result in imprisonment vs increased treatment
- Lack of support from family, friends
- Criminal record / incarceration = barrier to employment
- Lost right to vote (in some states)

- I am dangerous
- I never do anything right
- I'm not to be trusted
- I'll never change
- Why do I even try?

Effects of Stigma

- Decreases confidence that substance use disorders are valid and treatable medical conditions
- Deters the public for wanting to pay for treatment, reducing access to resources and opportunities for treatment and services
- Stops people for seeking help
- Prevents people from obtaining safe housing and stable employment
- Creates barriers to building pro-social circles of support

Do I Stigmatize Others?

What are your personal beliefs about why some people have substance use disorders and are involved in the justice system?



Do you accept certain types of substance use disorders more than others?



Do you believe some people are beyond help?



Do you believe some substance use disorder treatments are better than others?



Do you believe that “recovery” must look a certain way?



Do you believe that people who engage in particular criminal activities don't deserve treatment?

How can I reduce stigma?

- Starts with recognizing your own personal beliefs and biases
- How do your beliefs affect your thinking and actions in your professional practice?
- It's a process – not an event



Chat Exercise: Ask the Experts – All of You!

What are some ways that
you can, or have,
reduced stigma in your workplace?

(Write in your answers in the space provided)



WATCH YOUR LANGUAGE!

Check Yourself

- ✓ Are you using “person first language?”
 - Person with an opioid use disorder
 - Person with complex-partial seizures
 - Person who was incarcerated

- ✓ Are you using language that promotes the medical nature of substance use disorders?
 - Substance use disorder
 - Alcohol use disorder
 - Recurrence of use

- ✓ Are you using language that promotes recovery?
 - “Opted not to”
 - “Not in agreement with”
 - “Chose to”

- ✓ Are you using language that avoids slang?
 - Positive / negative toxicology screens
 - Transferred to administrative disciplinary unit
 - Correctional officer

Adapted from Landry M. Anti-stigma toolkit: A guide to reducing addiction-related stigma. Available from <http://attcnetwork.org/regcenters/productDocs/2/ Anti-Stigma%20Toolkit.pdf> Accessed April 6, 2020. 2012.

Get Rid of “Substance Abuse”

- Derived from the word meaning “wicked act or practice, a shameful thing, a violation of decency”
- Associated with behaviors such as domestic violence, sexual and physical assault
- Treatment providers more likely to view patient as deserving of punishment if described as a “substance abuser”

Wakeman SE. Am J Public Health. 2013 April; 103(4): e1–e2.

Kelly JF, Westerhoff CM. Int J Drug Policy. 2010;21(3):202---207

Language Matters

Negative Association	Positive Association / Less Negative Association
Addict	Person with a substance use disorder
Alcoholic	Person with an alcohol use disorder
Substance Abuser	Person with a substance use disorder
Opioid Addict	Person with an opioid use disorder
Relapse	Recurrence of use
Medication-assisted treatment	Pharmacotherapy Medication Assisted Recovery Medication

Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: the impact of word choice on explicit and implicit bias. Drug and alcohol dependence. 2018.

Language Matters



Former Addict

- Person in long-term recovery
- Person in recovery
- Person who discontinued use



Clean

- Not actively using



Dirty

- Actively using



Drug-seeking

- Relief-seeking
- Focus on the person and not the behavior



Nodding out

- Sedation caused by too many opioids or combining opioids with other sedating drugs

Language Matters



- Person / child under 18 who is incarcerated, held pre-trial, detained
- Person who has been sentenced for distribution of Class B / Assault & Battery
- Person with a mental health disorder / co-occurring disorder
- Woman / man who is incarcerated
- Person who was formerly incarcerated (after serving a sentence of 12 years)

Language Matters

This is a Lot!

What are we – the Political Correctness Police now?

Why are we supposed to be doing this again?



Stigma and Bias cause negative outcomes

There is a stigma towards people with substance use disorder, specifically opioid use disorder and the use of medication to treat OUD among:

- The general public
- Healthcare providers including mental health and addiction specialists
- People with SUD, specifically OUD and people who use medication to treat OUD

There is a great deal of stigma attached to people who are currently involved with the justice system and who were formerly incarcerated.

Stigma and Bias cause negative outcomes

Prevents people from seeking and continuing with treatment

Effects the quality of healthcare / behavioral healthcare services

Increases the likelihood that they will return to illegal behaviors and recidivate

Table 2: Factors Impacting Patient Engagement in Medication-Assisted Treatment and other Substance Use Disorder Treatments

Factor	Mean Rating (3=large impact, 2=minimal impact, 1=no impact)
Social stigma (characterized by prejudicial attitudes and discriminating behavior directed toward individuals treated for SUD as a result of the psychiatric label they have been given)	2.9
Individualized stigma (negative thoughts and feelings—such as shame, negative self-evaluative thoughts, and fear—that emerge from identification with a stigmatized group and their resulting behavioral impact—for example, avoidance of SUD treatment)	2.8
Transportation barriers/distance to services	2.7
Cultural norms (e.g., family involvement is an important focus in working with Hispanic and Native American communities; patient may not engage in treatment if a program does not have staff that included members of the same ethnic group)	2.4
Patient's inability to take time off work and/or secure adequate childcare	2.3
Patient's previous bad experiences with the treatment system	2.3
Patients do not think they need help	2.3
Too few opioid treatment programs in the state	2.3
Legislation (e.g., Ryan Haight Act)	2.2
Treatment cost (patients cannot afford treatment and/or do not have health insurance)	2.2
Wait lists for services	2.2
Patient's fear that treatment will not work	2.0
Other*	1.3

University of Michigan Behavioral Health Workforce Research Center and the National Council for Behavioral Health. Factors that Influence Access to Medication-Assisted Treatment. Ann Arbor, MI: UMSPH; 2019.

Language Matters

Language can perpetrate or reduce stigma

Language is **modifiable**; it can influence stigma associated with SUD, OUD, medication for SUD, and people involved with the justice system

Modifying language is an opportunity for correctional workers to influence change to help reduce stigma

Do I Stigmatize Others? Language reflects your beliefs.

What are your personal beliefs about why some people have substance use disorders and are involved in the justice system?



Do you accept certain types of substance use disorders more than others?



Do you believe some people are beyond help?



Do you believe some substance use disorder treatments are better than others?



Do you believe that “recovery” must look a certain way?



Do you believe that people who engage in particular criminal activities don't deserve treatment?

Poll 2: What can I do?

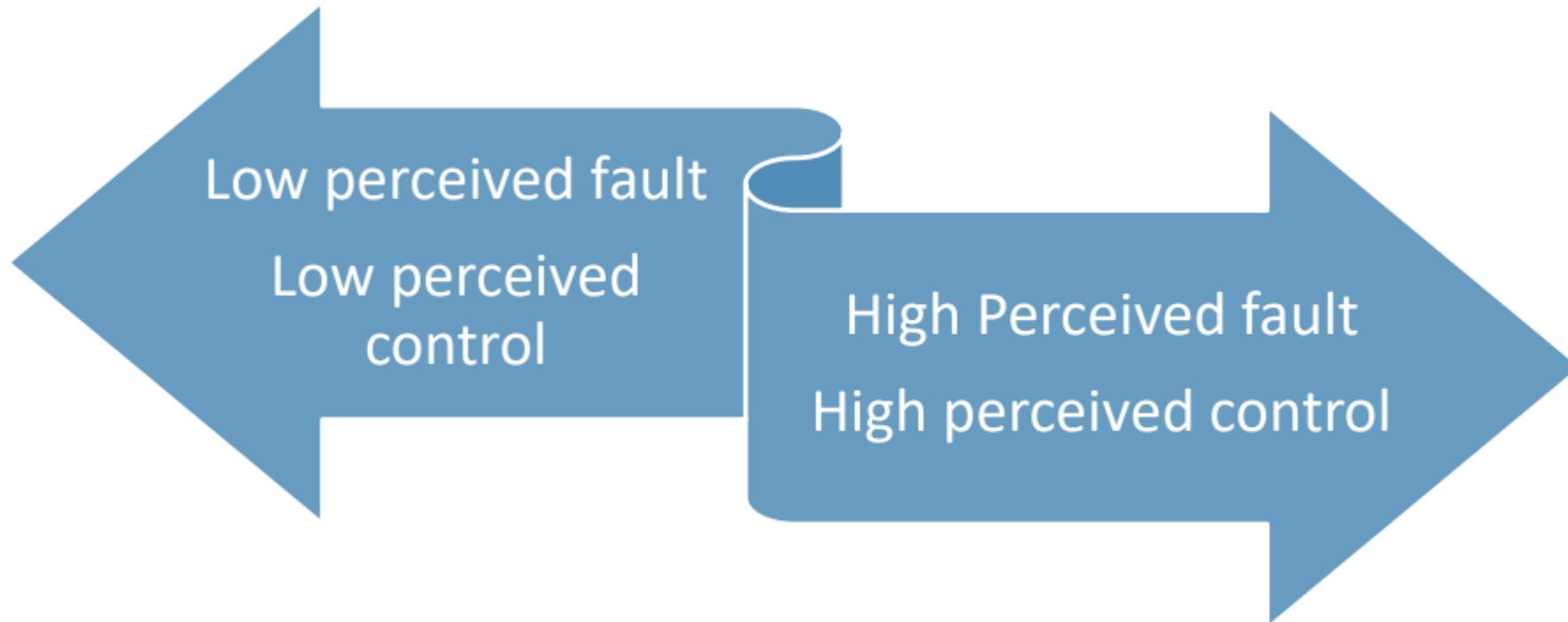
You've received a quick review of how to modify language regarding substance use and opioid use disorders, medications for OUD and people currently incarcerated and held in prison and jail as well as those formerly incarcerated. What do you feel comfortable doing to reduce stigma in the workplace?

Select your response:

- 1) I already use non-stigmatizing language in the workplace!
- 2) I already use non-stigmatizing language in the workplace and feel comfortable letting other staff know the importance of changing their language as well.
- 3) I thought I was using non-stigmatizing language, but there are some terms I am going to change.
- 4) I think ... I need to think about this for a while.
- 5) I don't really see the need for changing my language.

Stigma and Bias cause negative outcomes

Non-stigmatized conditions



Stigmatized Conditions

Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug and alcohol dependence*, 131(1), 23-35.

Opioid Use Disorders & Other Chronic Illnesses

- Heritability
- An onset and course influenced by environmental conditions and behaviors
- Ability to respond with appropriate treatment
 - Long-term lifestyle modifications
 - Medication
 - Personal responsibility and behavioral change are major components of treatment
- Some patients choose behaviors that have undesirable effects
 - Some people are not consistent with medication
 - Some people do not follow treatment recommendations

Opioid Use Disorders & Other Chronic Illnesses

 Rates of Non-Adherence by Medical Condition

Condition	Rates of Non-Adherence
Asthma	25–75%
Major Depression	51–69%
Diabetes — Oral Meds	7–64%
Schizophrenia	30–60%
Anxiety Disorders	57%
Coronary Heart Disease	40–50%
Bipolar	21–50%
ADHD	26–48%
Diabetes — Insulin	37%
Alcohol Abuse/Dependence	35%
Hypertension	16–22%
HIV	13%

The National Council for Behavioral Health.
Medication Matters: Causes and Solutions to
Medication Non-Adherence. September 2018.

Opioid Use Disorders & Other Chronic Illnesses

Percentage of Patients Who Relapse

TYPE I DIABETES



SUBSTANCE USE DISORDERS



HYPERTENSION



ASTHMA



Adapted from NIDA. (2018, January 17). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition> on 2020, April 25

Ask the Experts – All of You!

How do you think the current covid-19 pandemic affects the information we reviewed today? Does it affect it at all?

First Date - A Different Scenario

You've met your date a couple months ago at a conference, texted and talked on the phone. Now, on your first date, everything is going well. You've finished your appetizers and waiting for your meal. You've felt that spark of attraction and already decided you want to see your date again. The conversation moves to the opioid epidemic and a popular Netflix show that highlights a person's journey with an opioid use disorder through recovery.

First Date: - A Different Scenario (2)

Your date tells you they have an opioid use disorder and have been doing well for the past 18 months using medication, making lifestyle changes and attending a regular support groups that reinforces those changes with others that have gone through similar changes.

Poll 3: First Date – How Would You Feel?

You've met your date a couple months ago at a conference, texted and talked on the phone. Now, on your first date, everything is going well. You've finished your appetizers and waiting for your meal. You've felt that spark of attraction and already decided you want to see your date again. The conversation moves to the opioid epidemic and a popular Netflix show that highlights a person's journey with an opioid use disorder through recovery.

Your date tells you they have an opioid use disorder and have been doing well for the past 18 months using medication, making lifestyle changes and attending a regular support groups that reinforces those changes with others that have gone through similar changes.

- 1) I still feel that spark of attraction and want to see my date again.
- 2) I'd rather not have a second date.

Think about your answer
for a few moments.

Which words came to your mind?

Abuse
Clean
Unreliable
Abuser
Sick
Addicted
Misuse
Relapse
Dirty

Strong
Brave
Endures
Fighter
Survivor
Honest
Self-Care
Courageous
Healthy

Which words do you want in your mind?

Abuse
Clean
Unreliable
Abuser
Sick
Addicted
Misuse
Relapse
Dirty

Strong
Brave
Endures
Fighter
Survivor
Self-Care
Courageous
Healthy
Honest

Words Matter

Be vigilant about any labels that turn people into things.

*"If you want to care for something,
you call it a "flower".
If you want to kill something,
you call it a "weed".*



<http://www.williamwhitepapers.com/blog/2013/07/moral-panics-the-limits-of-science-professional-responsibility.html>

Questions?

Type your questions in the Q&A box on your screen.

Speaker Contact Info:

Roberta C. Churchill

rchurchill@ahpnet.com

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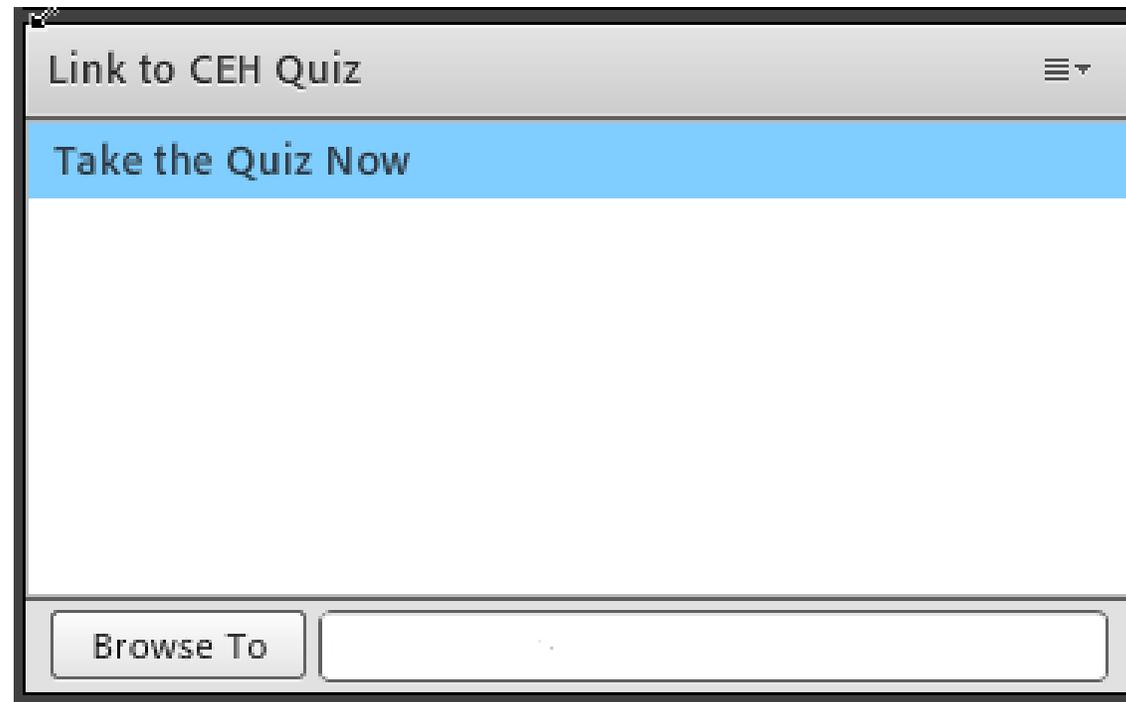
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Stephen Keller
RSAT TTA Coordinator

skeller@ahpnet.com