

The Webinar will begin promptly at 12:30pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



Elaine Henry

ehenry@healthmanagement.com



STIGMA, MYTH BUSTERS & ENGAGEMENT STRATEGIES

PRESENTED BY:

Caitlin Thomas-Henkel, MSW, Lori Raney, MD, and Kima Taylor, MD, MPH

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**Wednesday,
February 25, 2021
12:30-1:30 pm EST**

The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

Stigma, Myth Busters & Engagement Strategies



HEALTH MANAGEMENT ASSOCIATES

■ AGENDA

- ❑ Welcome and Program Announcements
- ❑ Overview of Stigma
- ❑ Unraveling Stigma
- ❑ How to Address Stigma
- ❑ Case Study: Whitman-Walker Health
- ❑ Closing Remarks/Question & Answers

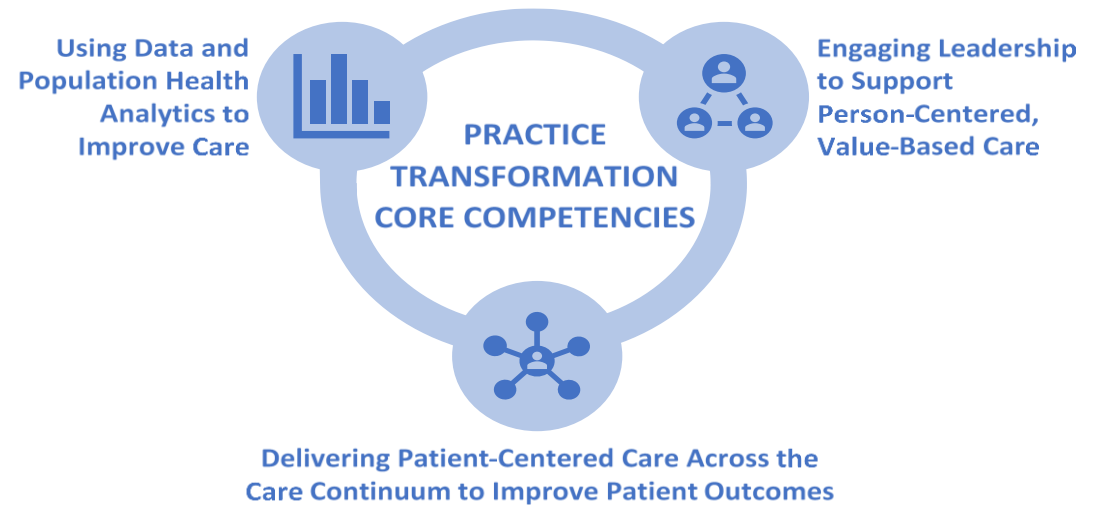
■ WHAT IS THE ICTA PROGRAM?



The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



■ ICTA TECHNICAL ASSISTANCE

The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.

All material is available on the project website Integratedcaredc.com

Educational credit is offered at no cost to attendees for select elements.



■ PRESENTERS



Kima Taylor, MD, MPH
Anka Consulting Firm LLC:
Managing Principal
TA Coach/SME
kimataylor@ankaconsultingllc.com



Lori Raney, MD
HMA: Principal
TA Coach/SME
lraney@healthmanagement.com



Caitlin Thomas-Henkel, MSW
HMA: Principal
TA Coach/SME
cthomashenkel@healthmanagement.com



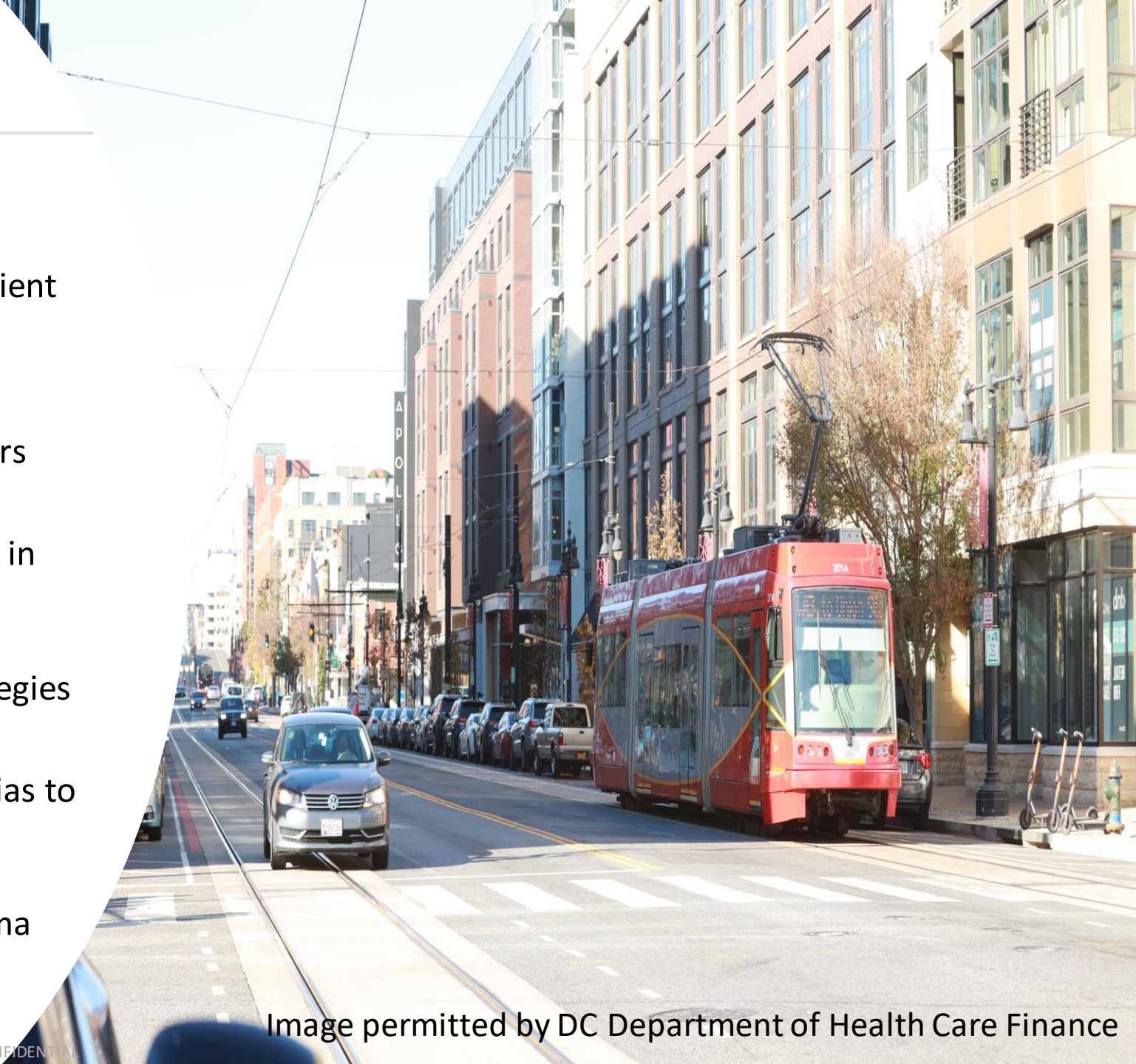
Randy Pumphrey, PhD, LPC
Whitman-Walker Health
Senior Director of Behavioral
Health

■ DISCLOSURES

Faculty	Nature of Commercial Interest
Lori Raney, MD	Dr. Raney discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients. She has no relevant disclosures.
Caitlin Thomas-Henkel, MSW	Ms. Thomas-Henkel discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients. She has no relevant disclosures.
Kima Taylor, MD, MPH	Dr. Taylor discloses that she is an employee of Anka Consulting Firm, LLC. She discloses that she is a subcontractor for the Foundation for Opioid Response Efforts.
Randy Pumphrey, PhD, LPC	Dr. Pumphrey discloses that he is an employee of Whitman-Walker Health. He has no relevant disclosures.
Elizabeth Wolff, MD, MPA	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients. She has no relevant disclosures.

OBJECTIVES

- Define the terms “stigma” and “bias”
- Explain the importance of empathy for SUD client engagement and treatment retention
- Understand how stigma influences treatment options among patients, families, and providers
- Outline methods for reducing stigma and bias in SUD care
- Provide case illustrations of intervention strategies
- Utilize self-assessment tool for unconscious bias to enhance personal and staff insight
- Apply best practices for overcoming SUD stigma and increasing patient engagement



UNRAVELING STIGMA

A close-up photograph of several purple flowers with white centers, likely lavender, serving as the background for the slide.

Chat Box:

What words come
to mind when you
hear the word
stigma?

What is Stigma? A mark of disgrace associated with a particular circumstance, quality, or person.

A visible sign or characteristic of a disease.

- + Westfall, Miller and Bazemore “...negative thoughts attributed to mental health [or substance use] leading to a negative behavior”
 - + avoiding seeking care because of what people will think
 - + avoid providing care because of judgement or blame

“No Room For Prevention: The Unintended Consequence Of Mental Health Stigma Reduction Efforts”
Stigma Definition
[*\(Health Affairs Blog, June 30, 2016\)*](#)

■ THE IMPACT OF STIGMA

Public Beliefs	Individual Impact
More than three-quarters of respondents in a 2016 national survey reported viewing individuals with OUD as to blame for their substance use, and nearly three-quarters of respondents characterized people with OUD as lacking self-discipline (Kennedy-Hendricks et al., 2017)	Stigma toward individuals with mental health problems associated with reduced life expectancy, decreased employment and educational opportunities, poverty and homelessness (Gronholm 2017)
Individuals who had personal experience with OUD—for example, having a family member or close friend with OUD—reported equally negative or more negative attitudes toward the disorder than the general public (Kennedy-Hendricks et al., 2017)	Individuals with OUD have 6 times suicide risk than the rest of population (Oquendo & Volkow, 2018)



■ ADDICTION AND IMPACT

- + Stigma impacts everyone – directly or indirectly
- + Stigma is borne out of societal beliefs, perceptions, attitudes, actions, etc.
- + Stigmatizing conditions & situations negatively impact solutions & resolution of issues



What are the level(s) of stigma?

- A) Social
- B) Societal
- C) Structural or systemic
- D) All of the above
- E) None of the above



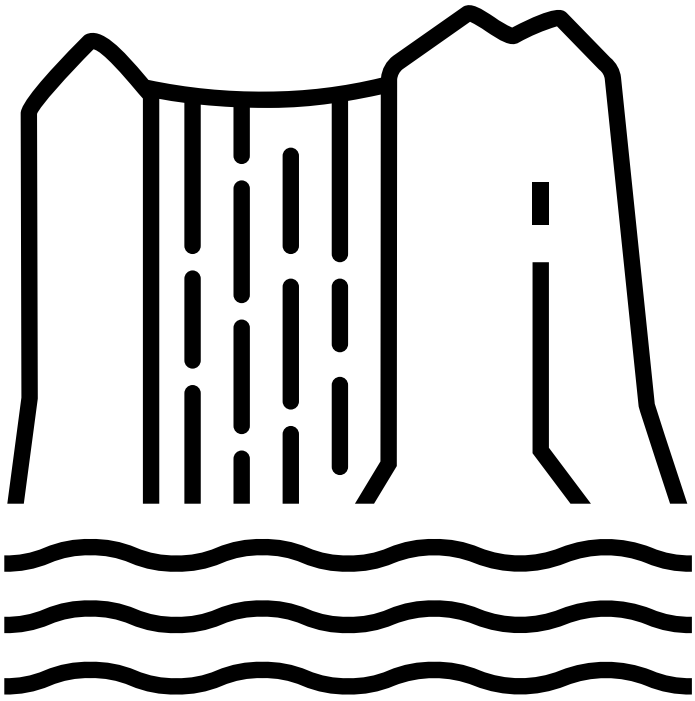
TYPES OF STIGMA

- + Self-stigma - when people internalize these public attitudes and suffer numerous negative consequences as a result.
- + Social stigma - the disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society – culture, gender, race, intelligence, **health**, etc.
- + Structural or systemic stigma - **systems** that treat people with mental illness and addiction as less treatable and less deserving of care. It is further manifested through cycles of blame, shame and mistrust for individuals who seek help for their mental illness or addiction



HEALTHCARE PROFESSIONAL STIGMA INFLUENCES

- + Personal life experiences
- + Burnout
- + Societal factors - conforming to group norms
- + May not provide adequate intervention, early detection, or community referrals for individuals with BH/SUD because of their stigmatizing beliefs



Chat

Describe the reason someone you know experienced stigma (e.g., physical disability, race/ethnicity, economic factors)?



Image permitted by DC Department of Health Care Finance

Chat

Was there anything you did to help that person feel less stigmatized?

■ OVERCOMING STIGMA – WHAT WORKS

- + Substance use disorder is a brain disease with dopamine depletion
- + Substance use is a chronic condition that is treatable
- + Portraying disease as treatable
 - + [Abadia & Castro Social Science and Medicine 2006](#)
- + Education in general + focus on medical students, residents, front desk staff & counselors
- + Interventions can maximize their effectiveness by targeting implicit-automatic processes underlying stigma (e.g. **subconscious biases**)
 - + [Stier et al Aust Psychol 2007](#) & [Rüsch et al J Nerv Ment Dis 2010](#)

SCENARIOS AND STRATEGIES

■ How to Assist in CHANGE



- Take Interest
- Concern
- Values
- ASK WHY



- LISTEN
- W.A.I.T.-Listen= Inform
- Empathy



- Explore
- Use Excitement
- What are fears?
- Be Creative

■ ENGAGEMENT STRATEGIES

Trusting and mutually respectful working relationship- patients feel listened to and accepted – non judgmental stance, active listening skills



Patient and provider have collaboration on mutually agreed upon tasks to reach these goals

■ CASE STUDY #1



- + Barbara, a 40-year-old mother of an 8-year-old, has been a patient at your behavioral health center for 7 years. She is afraid her child will be taken away from her by Child Protective Services if she seeks OUD treatment again
- + She has dropped out of OUD treatment several times previously
- + She is being treated for major depression with SSRIs by her PCP
- + You are the behavioral health counselor who is seeing Barbara for initial intake and counseling.

How would you engage her?



4 Qualities of Empathy (Teresa Wiseman)

- Perspective Taking
- Staying out of Judgment
- Recognizing Emotion in Other People
- Communicating that Recognition
- Bridge to Motivational Interviewing

■ ADDRESSING STIGMA

- + Identify substance use disorder stereotypes.
- + Identify “gut” reactions as potential indicators of implicit bias([link is external](#))
- + Take a “walk in your shoes” approach
- + Avoid assuming that you understand what’s going on
- + Increase your general knowledge about the experiences of people with substance use disorders
- + Ask yourself: **what diagnoses would I have considered** if I were unaware of the patient’s substance use diagnosis?

■ CASE STUDY #2

SANDRA

- + 20-year-old female from close, church-going family
- + Dependent on Percocet and Vicodin
- + Ashamed about her drug use and lost custody of her children
- + Missed two appointments, overdosed and was given Naloxone at the ED
- + Calls your primary care office to make an appointment

How can you help Sandra deal with the shame she is experiencing as a result of her opioid use disorder?



■ LANGUAGE MATTERS

Instead of...	Use...	Because...
Addict User Substance or drug abuser Junkie Alcoholic Drunk Substance dependence Former addict Reformed addict	<ul style="list-style-type: none">• Person with opioid use disorder (OUD)/SUD or person with opioid addiction• Patient• Person in recovery or long-term recovery For heavy alcohol use: <ul style="list-style-type: none">• Unhealthy, harmful, or hazardous alcohol use• Person with alcohol use disorder	<ul style="list-style-type: none">• Person-first language.• The change shows that a person “has” a problem, rather than “is” the problem.⁷• The terms to avoid elicit negative associations, punitive attitudes, and individual blame.⁷

■ EXERCISE: USING NONJUDGMENTAL LANGUAGE

Instead of:

Mr. Jones is a substance abuser who abuses heroin and is attending a treatment program in court. As part of the program, Mr. Jones is required to stay clean from alcohol and other drugs. However, last month he tested dirty in his urine for opioids. He reports that he was under family stress and relapsed, but he wants to stop abusing drugs. He has been a substance abuser for the past 5 years. He now awaits his appointment with the judge to determine his status.

What words do you think could be seen as judgmental?

■ EXERCISE: USING NONJUDGMENTAL LANGUAGE CONTINUED

Reframe:

Mr. Jones has an **opioid use disorder** with heroin **use** and is attending a treatment program in court. As part of the program, Mr. Jones is required to **remain abstinent** from alcohol and other drugs. However, last month he **tested positive** on his urine toxicology for opioids. He reports that he was under family stress and **resumed** heroin use, but he wants to stop **misusing** drugs. He has had a **substance use disorder** for the past 5 years. He now awaits his appointment with the judge to determine his status

■ HOW TO REDUCE SOCIAL STIGMA

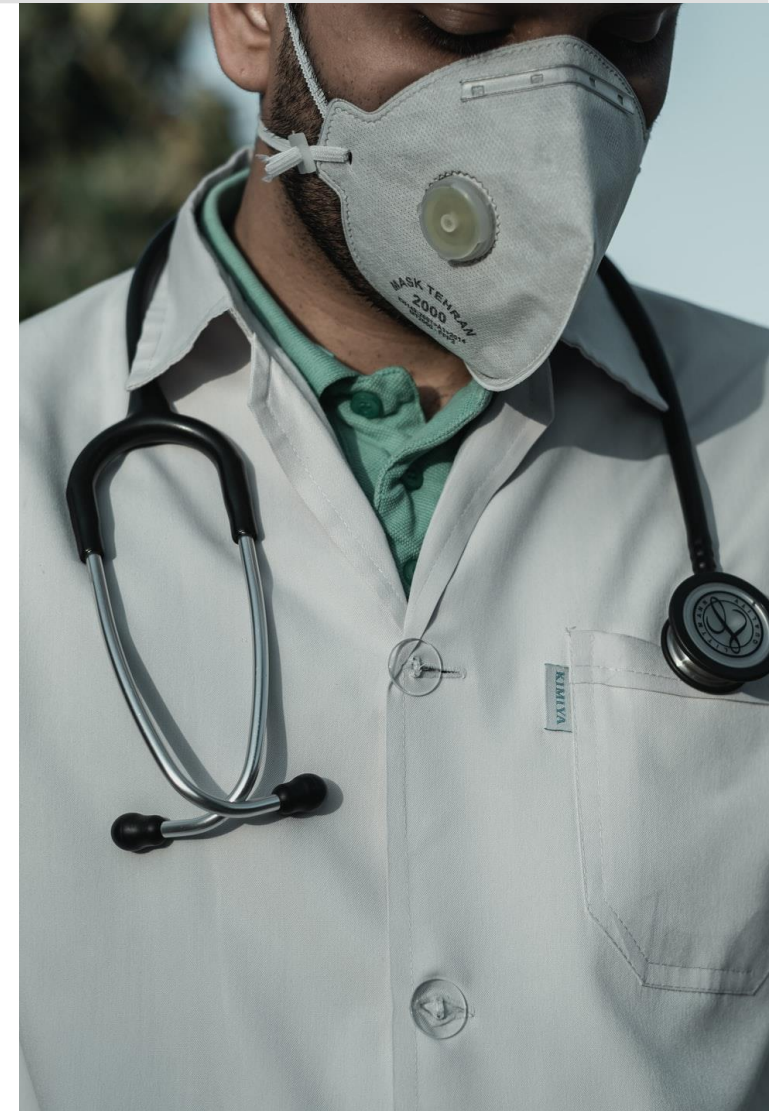
- + Increase self-awareness and bias
- + Empathy Training
- + Sharing positive patient stories and outcomes
- + Adopting alternative terminology
- + Address culture and language



■ CASE STUDY #3

Joe, a nurse care manager, has been working at a Federally Qualified Health Center for ten years. You overhear him refer to patients as “those addicts” with a friend. He frequently speaks up during huddles when providers discuss patients with SUD and states that they are taking valuable time and resources that should be dedicated to other patients

+ *How would you respectfully talk to Joe and what reframing recommendations would you make?*



■ Understanding Drug-Related Stigma Tools for Better Practice and Social Change Survey

ANONYMOUS SURVEY

Consider the following statement. Either in your head or on paper mark the box that most accurately reflects your response to the statements below.

Please do not put your name on this paper.

There are no right or wrong answers and these papers will not be collected.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Although I don't necessarily agree with them, sometimes I have prejudiced feelings (like gut reactions or spontaneous thoughts) toward drug users that I don't feel I can prevent.				
I understand the experience of being stigmatized as a drug user.				
Sometimes I am uncomfortable around people who are very different from me.				
It is not appropriate for me to talk about my drug and alcohol use with clients.				
I trust drug users just as much as I trust non-drug users.				
If a woman is pregnant, she has a responsibility to stop taking drugs.				
Drug users have a difficult time practicing safe sex consistently.				
Drug users have meaningful participation in developing policies and programs at my organization.				
I know how to avoid language that stigmatizes drug users.				
Although it is hard to admit, I sometimes judge people who cannot stop using drugs.				

Put in the chat box what it was like taking this survey.

[Link to survey](#)



“It is critical for clinicians to address drug addiction stigma from a variety of sources within methadone maintenance treatment settings to bolster the mental health and recovery efforts of MMT patients.”

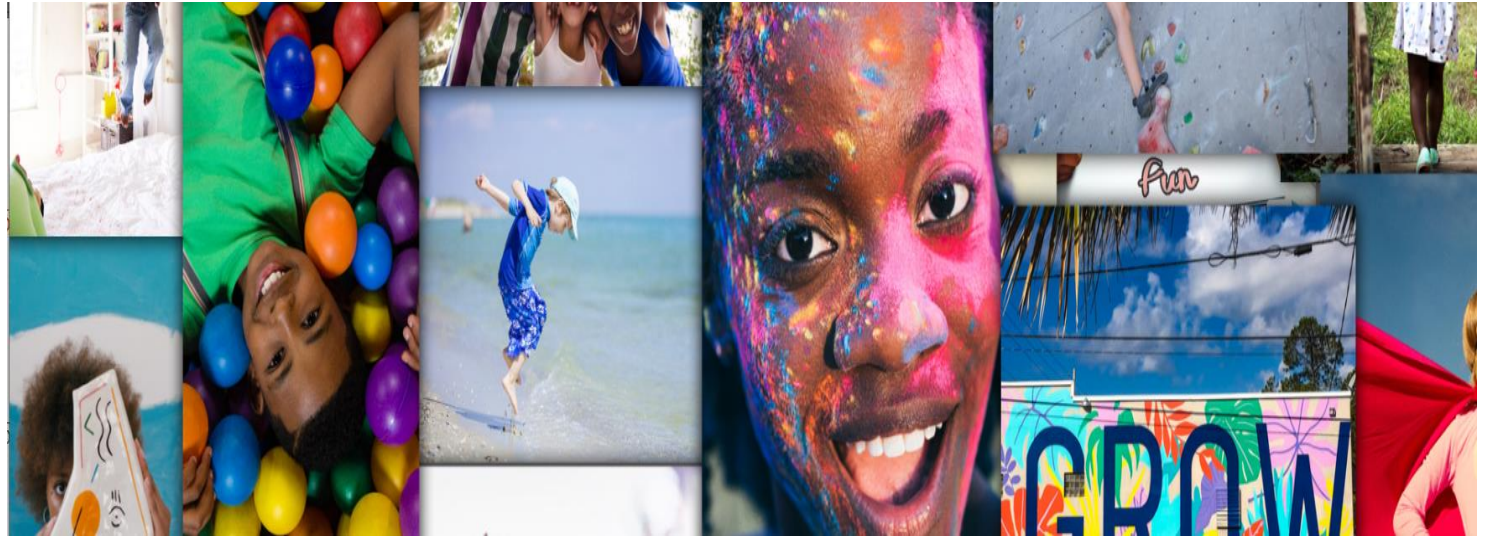
J George Med Page Today,
2018

PROVIDER TESTIMONIAL – WHITMAN -WALKER HEALTH

■ PROVIDER TESTIMONIAL

Dr. Randy Pumphrey, LPC

Whitman-Walker Health: Senior Director of Behavioral Health



WHITMAN-WALKER HEALTH

we see you.

Q&A

- Please complete the online evaluation! If you would like to receive CME or CEU credit, the evaluation will need to be completed. You will receive a follow-up email with the link to the evaluation shortly after this webinar.
- The webinar recording will be available within two days at: <https://www.integratedcaredc.com/learning/>
- TA Office Hour:
 - March 2, 2021, 12:00 - 1:00pm EST with Caitlin Thomas-Henkel, MSW, Principal, Health Management Associates and Kima Taylor, MD, MPH, Managing Principal, Anka Consulting Firm, LLC ***Zoom link to be included in follow-up evaluation email**
- Upcoming Webinars & TA Office Hours:
 - *Screening, Assessment, and Level of Care Determination*, March 10, 2021, 12:00 - 1:00pm EST, TA Office Hour: March 16, 2021, 12:00-1:00pm EST
 - *Treatment of Patients with Opioid Use Disorder (regardless of location): Understanding the Brain Changes of the Disorder*, March 24, 2021, 11:00am -12:00pm EST, TA Office Hour: March 29, 2021, 11:00am -12:00pm EST
- For more information about the DC Integrated Care Technical Assistance Program, please visit <https://www.integratedcaredc.com/>



PARTICIPANT POLLING QUESTION

As a result of this webinar, I understand:

- a. How to identify various types of stigma
- b. Methods to improve my understanding of stigma
- c. Key elements of how to address stigma





Kima Taylor, MD, MPH
Anka Consulting Firm LLC:
Managing Principal
TA Coach/SME
Washington, DC
kimataylor@ankaconsultingllc.com



Caitlin Thomas-Henkel,
MSW
HMA: Principal
Philadelphia, PA
cthomashenkel@healthmanagement.com



Lori Raney, MD
HMA: Principal
Denver, CO
lraney@healthmanagement.com