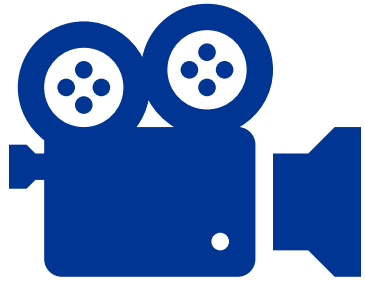
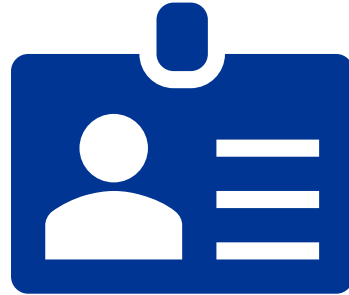


Housekeeping



This session is being recorded to **Tomorrow's Healthcare.**



If you used a forwarded link, we need your **email address.**



Pose questions in the chat to **"Everyone"**.



Please complete the post-session **evaluation.**

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC/University of Pittsburgh Medical Center or affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use their own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses, and any off-label uses.

Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



Title

Learning Objectives

By the end of this training, you will be able to do the following:

- Describe the **causes** and **consequences** of stigma related to substance use disorder (SUD).
- **Recognize** and **challenge** stigmatizing language and attitudes.
- Develop organizational **strategies** to reduce stigma.
- Use **advocacy** to effectively work to minimize stigma in our communities.

Stigma Basics

Stigma

“Stigma is typically a **social process**, experienced or anticipated, characterized by **exclusion, rejection, blame** or **devaluation** that results from experience, perception or reasonable anticipation of an adverse **social judgement** about a person or group.”

Bias

- “An inclination or preference that interferes with **impartial** judgment”
- **Conscious Bias**
- **Unconscious Bias**



Components of Stigma

- **Labeling** – noticing and naming differences
- **Stereotyping** – associating named differences with negative traits
- **Separation** – labeled people are considered separate (i.e., “us” and “them”)
- **Status Loss** – lowered placement in the social hierarchy
- **Discrimination** – unfair treatment due to differences (individual or structural)

Causes of Stigma

- **Complex** and multifaceted
- Moral **judgement**
- Lack of **understanding** or knowledge¹
- **Cultural** beliefs²
- Media³



Recovery Pathway Bias

Treatment type¹

12-step recovery²

Nontraditional recovery²

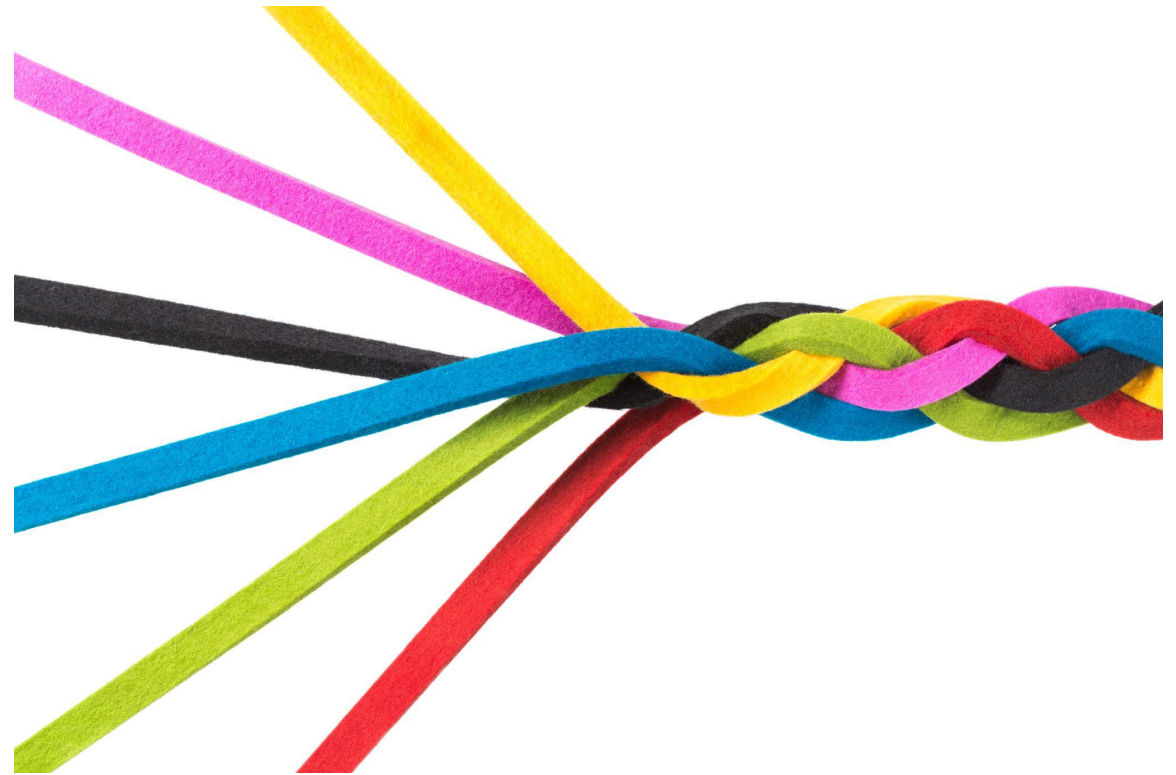


Harm Reduction

- **Materials** or **practices** that reduce the likelihood of **harm** associated with engaging in an activity
- Harm reduction examples include:
 - Bike helmets
 - Seat belts
 - Child safety seats

Harm Reduction Bias

- Needle exchanges
- Safe injection sites
- Naloxone



Paternalistic Values and Stigma

- Deny agency¹
- View individuals as **flawed**
- View abstinence as the only acceptable goal²
- **Assume** those with SUD are **not responsible**
- Minimize systemic factors²

Discussion Questions

- What **paternalistic** behavior have you seen in your professional experience?
- How have you **addressed** these behaviors?



Effects of Stigma

- Discriminatory practices¹
- Treatment outcomes²
- Therapeutic alliance³



Tools for Addressing Stigma

Education



Provides **accurate** and **evidence-based** information



Challenges **stereotypes** and **myths**



Reduces **stigma**



Increases **empathy**

Contact-Based Interventions



Brings individuals with SUD into **contact** with those who do not have SUD



Challenges negative attitudes and beliefs through **personal interaction**

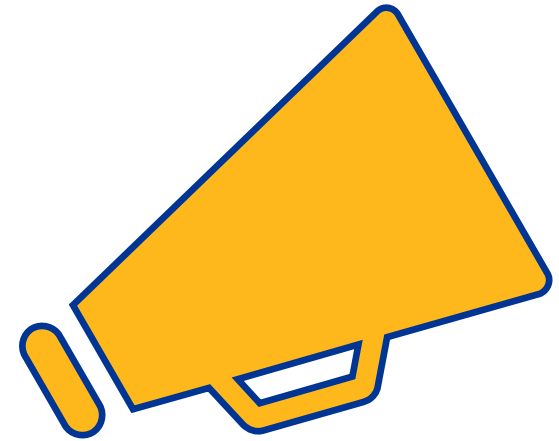
Advocacy

Challenges **discriminatory** practices

Helps **reduce** stigma

Promotes **empathy** and **understanding**

Promotes **evidence-based** approaches



Person First Language



Reduce stigma



Model empathy and respect



Advocate for the person

Examples of Person First Language

| | Mutual Aid Meetings | In Public | With Clients | Medical Settings | Journalists | | Mutual Aid Meetings | In Public | With Clients | Medical Settings | Journalists |
|--------------------------------------|---------------------|-----------|--------------|------------------|-------------|---|---------------------|-----------|--------------|------------------|-------------|
| Addict | ✓ | STOP | STOP | STOP | STOP | Medication Assisted Recovery | ✓ | ✓ | ✓ | ✓ | ✓ |
| Alcoholic | ✓ | STOP | STOP | STOP | STOP | Person w/ a Substance Use Disorder | ✓ | ✓ | ✓ | ✓ | ✓ |
| Substance Abuser | STOP | STOP | STOP | STOP | STOP | Person w/ an Alcohol Use Disorder | ✓ | ✓ | ✓ | ✓ | ✓ |
| Opioid Addict | ✓ | STOP | STOP | STOP | STOP | Person w/ an Opioid Use Disorder | ✓ | ✓ | ✓ | ✓ | ✓ |
| Relapse | ✓ | STOP | STOP | STOP | STOP | Long-term Recovery | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medication Assisted Treatment | STOP | STOP | STOP | STOP | STOP | Pharmacotherapy | ✓ | ✓ | ✓ | ✓ | ✓ |



Mr. Smith, can we review your medical record together so I can learn what your treatment goals are?

Addressing Stigma Starts with Me

Self-Reflection

Reflect

Reflect on your own attitudes and beliefs

Challenge

Challenge any negative assumptions

Recognize

Recognize that recovery is not one size fits all

Educate

Educate yourself on all recovery pathways

Using Contact-Based Interventions



Engage with people who have **diverse** experiences



Seek out perspectives on **different** recovery **pathways**

Using Supervision

Promotes **diversity** and inclusion

Provides a **safe space** for discussion and exploration

Provides **education** and training on best practices



Addressing Stigma in the Recovery Community

Engage with the Recovery Community

Providing
education
decreases stigma

Collaborating
leads to
**comprehensive
treatment**

Communicating
improves client
outcomes

Recovery Meetings

- Not all meetings are **alike**
- Clients are **not obligated** to explain their treatment
- Some **types** of meetings to consider:
 - Medication-Assisted Recovery Anonymous (MARA)
 - Self-Management and Recovery Training (SMART) Recovery
 - All Recovery

Use Recovery Principles to Support Pathway Choice

- “**Live and let live**”¹
- “What do **you want** to do about your problem and how can **I help**?”²
- “The only **requirement** for membership is a **desire...**”^{1,2}
- “...**no opinion** on outside issues”^{1,2}
- “There is **no model** of the recovering...”²
- “...a universal and total program that has room within it for all manifestations of the recovering person.”²

Discussion Questions

- What are some ways your organizations currently **partner** with the **recovery community**?
- What do clients **report** about their **experiences**?



Addressing Stigma Through Advocacy

Advocacy

“Advocacy entails the pursuit of **influencing outcomes**—including public **policy** and **resource allocation** decisions within political, economic, and social systems and institutions—that directly affect people’s lives.

It consists of a set of **organized efforts** and **actions** that **effect change** in a **decision maker’s perception** and **understanding** of a problem, issue, or reality with the **purpose of bringing clear improvements** in one’s life.”

Using Advocacy to Address Stigma

- Start or join a **coalition**¹
- Develop **messaging**¹
- Mobilize **grassroots** support³
- Identify problematic **policies**⁴

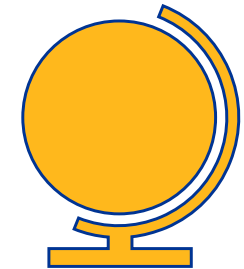
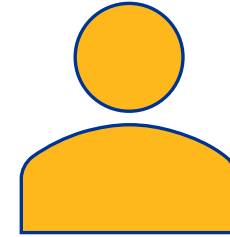


Advocacy in Care Management

- Advocacy in **care management** can support:
 - Improved client experience
 - Improved population health
 - Reduced healthcare costs
- **Collaboration** between **providers** and **across care settings** is important for improving healthcare outcomes
- Advocacy is important to the case management role as case managers help clients move through the **continuum of care**

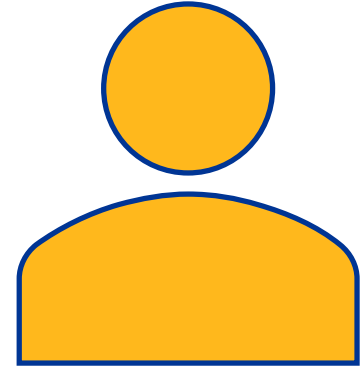
Types of Advocacy in Case Management

- Client (Individual)
- Organization (Service)
- Community (Population)
- Global (State, National)



Advocacy: Client (Individual)

- **Respect** for and **protection** of client's autonomy, independence, self-determination, and right to choice
- Seeking client **involvement** in care planning and decision making
- **Speaking on behalf** of the client and about what is in the client's best interest



Advocacy: Organization (Service)

- Performance improvement activities
- Enhancing access to healthcare services and community support resources
- Provision of care that is evidence-based



Advocacy: Community (Population)

- Outreach programs
- Participation in local public advocacy groups
- Ensuring the availability of effective community resources



Advocacy: Global (State, National)

- Lobbying for healthcare-related law change or pro-client regulation
- Participation in national public advocacy groups



Group Discussion

- What are ways that COEs could address stigma using **each type of advocacy**?



Questions



Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session:**

The screenshot shows the 'TOMORROW'S HEALTHCARE' website. At the top left is the PRHI logo. The main header features a blue banner for 'COE Learning Network' with the Pennsylvania Department of Human Services logo. To the right is a 'Navigation' menu with 'HOME - COE'. Below the banner are three icons: 'LEARNING SESSIONS' (book icon), 'MEMBERS' (network icon), and 'RESOURCES' (book icon). The top right corner has 'HOME' and 'LOGOUT' links.