

Reducing Stigma in Substance Use Treatment: Addressing Challenging Client Situations Cultural Humility

Andrew Kurtz, LMFT

Pacific Southwest Addiction Technology Transfer Center
Integrated Substance Abuse Programs
Department of Psychiatry & Biobehavioral Sciences
David Geffen School of Medicine at UCLA



UCLA



What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

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Addiction Technology Transfer Center Network
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Cultural Humility requires choice and action

- *Choosing to enhance cultural proficiency*
- *Continually add to your knowledge base*
- *Personal and professional introspection*
- *Checking for assumptions and bias*
- *Engaging in consistent practice assessment*
- *Seeking and using supervision & support and exposure/interaction with populations*
- *Choosing to take professional and culturally competent actions to promote health and goal attainment for all individuals*
- *Acknowledgement and investigation of less culturally competent practice*
- *Willingness & fortitude to engage in an on-going process*

What we will cover

- Terms and Definitions
- Specific examples of difficult situations
- Recommendations for Providers

Some Examples.....

- Homelessness/Poverty
- Medical Issues/Disabilities
- MH/Personality Issues
- Recommending treatments for Opioid Use Disorders/EtOH not consistent with your own treatment experience (e.g. MAT).
- LGBTQ considerations for non-LGBTQ providers
- Social and Religious Resistance (e.g. SUD=moral failing)
- Working with patients culturally different from yourself

Imagine...

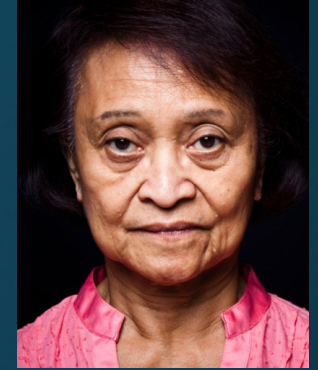
- You are visiting with your sister after a recent visit to the doctor for numbness and tingling in her feet.
- She says that her doctor told her that she has diabetes and that she is stupid for letting her diet get so out of control.
- The doctor's recommendation is that she see a dietician and gain some self control. Once she does that, he will consider treating her diabetes directly with medicine.
- The doctor tells her that treatment with insulin will not do her any good unless she really is ready and he will know that is true when she loses some weight.
- The doctor tells her to come back when she really wants to change. No follow-up appointment is scheduled.



Words and Attitudes Have Power

- Many people place great value on health and religion.
- It is generally accepted that people should not be discriminated against for these issues. Yet, people continue to experience bias in these areas.
- People also experience reactions to race/ethnicity, sexual orientation, gender, class, ability, and many other characteristics.
- We often refer to this experience as stigma.

What is Stigma?



- A mark of shame: Stain
- An identifying mark or characteristic; especially: a specific sign that indicates the presence of a disease



Merriam-Webster

Language and Stigma

- No other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.
- Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.



The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people
“actively using drugs and alcohol.”

One person was referred to as a
“substance abuser”



The other person as
“having a substance use disorder”



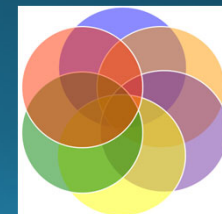
No further information was given about these hypothetical individuals.

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues*, 40(4), 805-818.

KD1

Intersectionality

Intersectionality: “a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level.” (Bowleg, 2012)



Slide 11

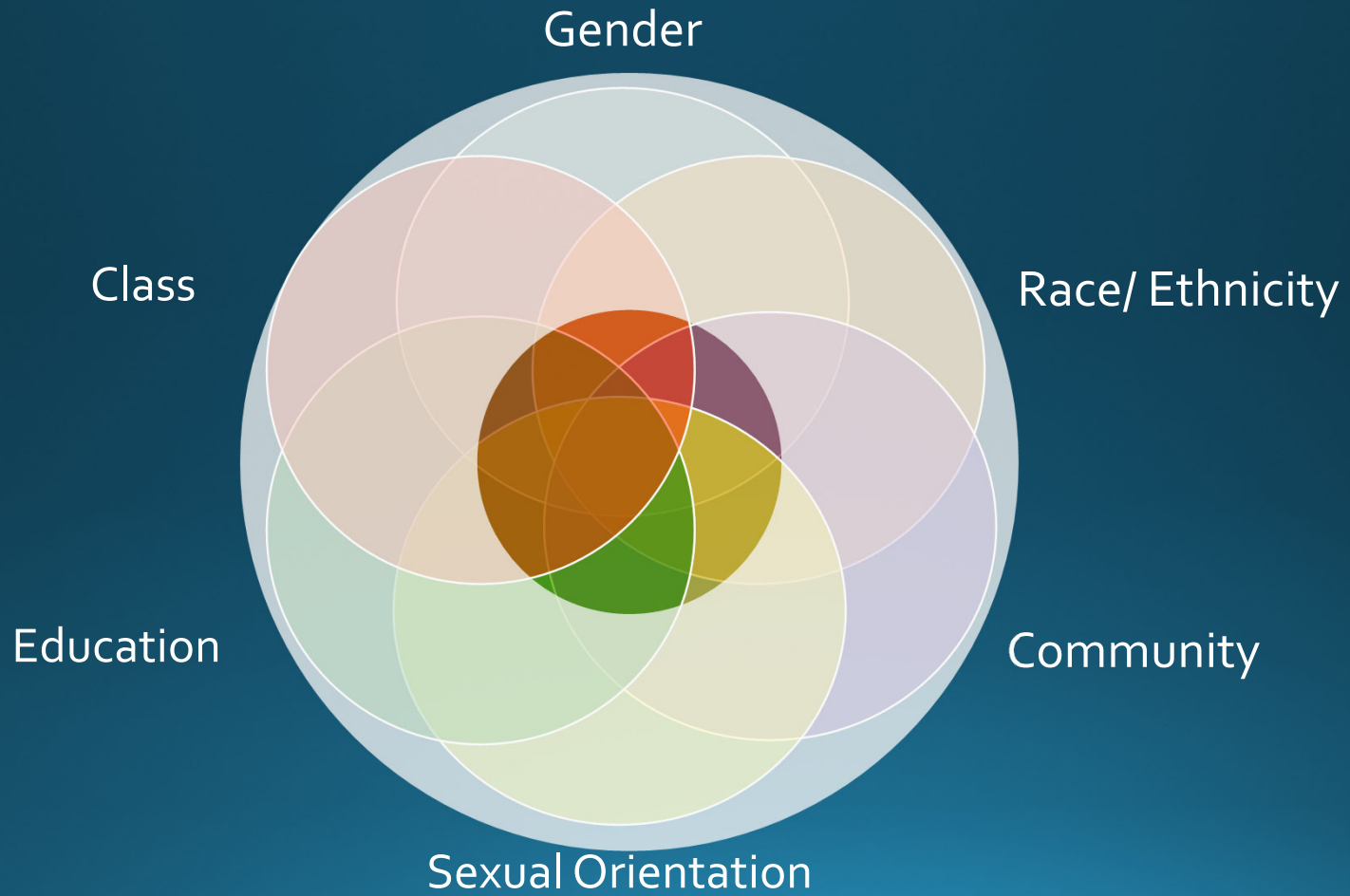
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We should definitely be citing Kimberle Crenshaw, who coined the term intersectionality.

Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.

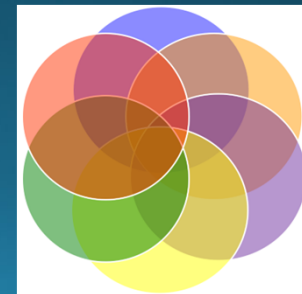
Kendall Darfler, 8/17/2020

Intersectionality



Intersectionality

- Internalized substance use stigma is associated with poor outcomes including worse mental health and less engagement in substance use treatment services (Luoma et al., 2007)
- Internalized substance use stigma and internalized HIV stigma combined have a greater association with depression symptoms than either type of stigma alone (Earnshaw et al., 2015)



Categories of Identities

- Gender
- Sexual Orientation
- Age
- Race/ethnicity
- Class/SES
- Weight
- Educational level
- Substance use
- Mental health
- Legal status/issues
- Trauma
- Others

How many of you have had
Cultural Competency Training?



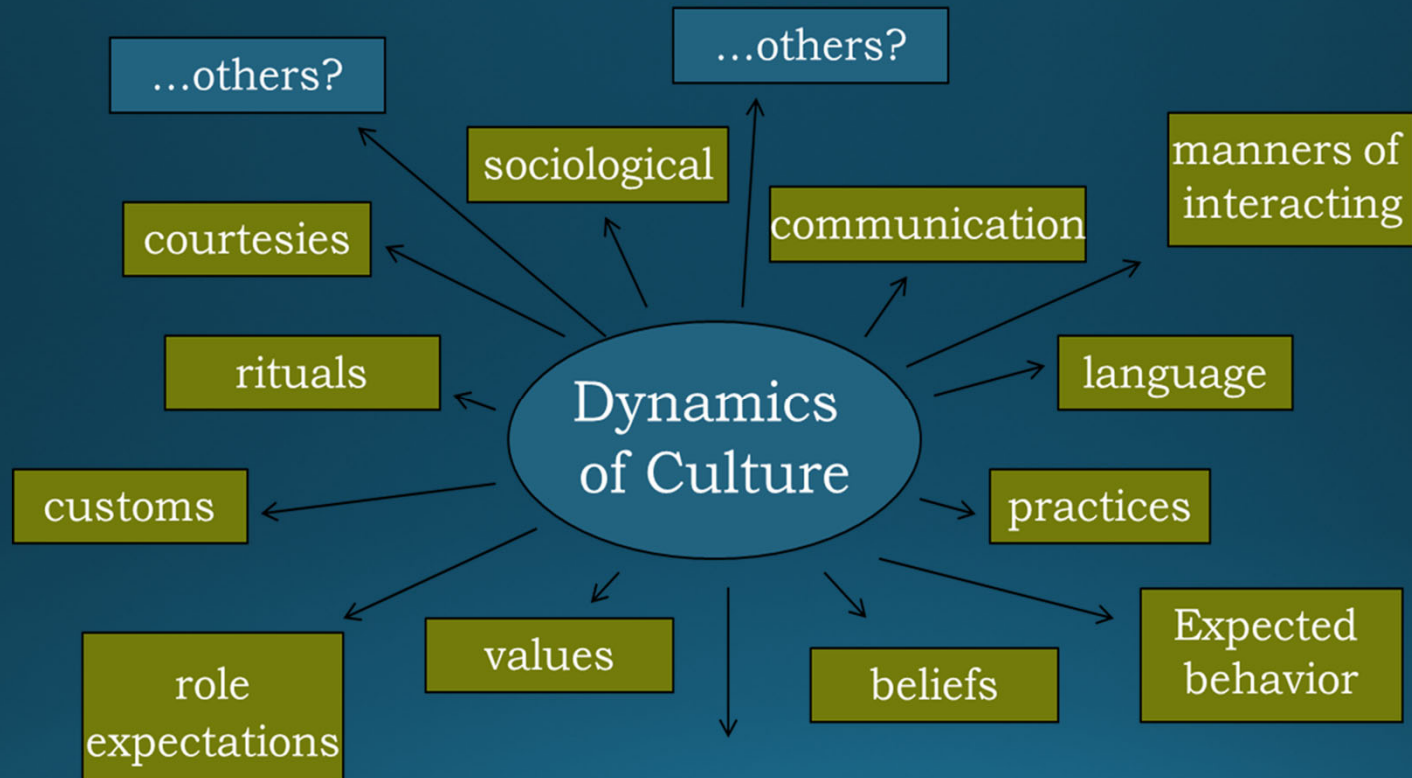
What Is



...an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, roles, relationships, manners of interacting, and expected behaviors of a racial, ethnic, religious or social group.

National Center on Cultural Competence, <http://www.ncccurrricula.info/glossary.html>

Dynamics of Culture:



National Center on Cultural Competence, 2001.

Cultural Humility:

Cultural Humility

- “Lifelong process of learning, self-examination & refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts.”



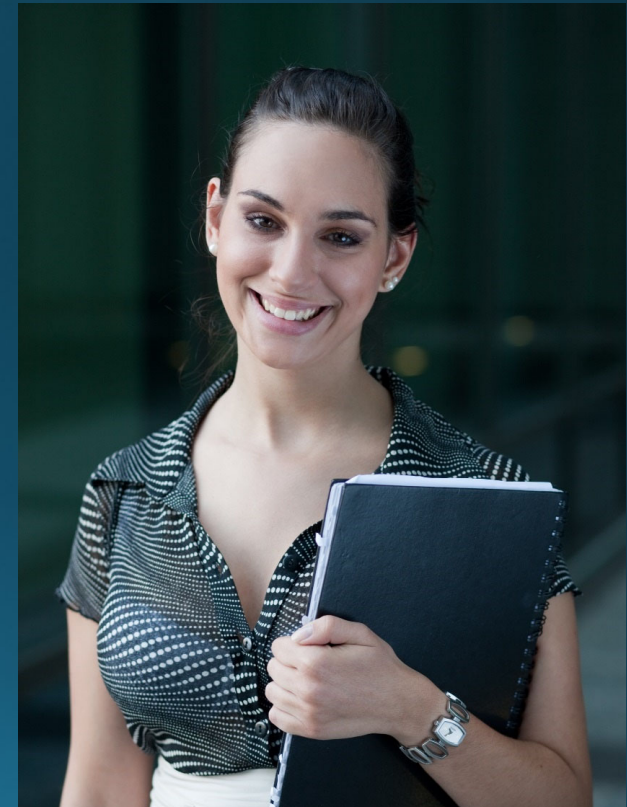
Tervalon, M. & Murray-Garcia, J. (1998, Journal of Health Care for the Poor and Underserved, 9(2), 117

Practice Cultural Humility:

Cultural humility invites providers to:

- Engage in self-reflection and self-critique.
- Bring into check the power imbalances, by using patient-focused interviewing and care.
- Assess anew the cultural dimensions of the experience of each patient.

*Tervalon & Murray-Garcia 1998; Office of Minority Health. 2000;
Smedley, et al., 2003*



Practice Cultural Humility:

Cultural humility invites providers to cont.:

- Relinquish the role of expert to the patient, becoming the student of the patient.
- See the patient's potential to be a capable and full partner in the therapeutic alliance.
- Redress the imbalance of power inherent in physician-patient relationships.

Tervalon & Murray-Garcia 1998; Office of Minority Health. (2000); Smedley, et al., 2003.

Cultural Humility:

Using cultural humility when engaging clients:

- Recognize we are not better than our clients, and they teach us about their lives and community.
- Develop mutually beneficial, non-paternalistic partnerships with communities on behalf of individuals and defined populations.

Bottom Line Cultural Humility:

Cultural humility requires a respect for difference:

- In practice, cultural humility means bridging perspectives between ourselves and the people with whom we work.



Cultural Humility: Skills

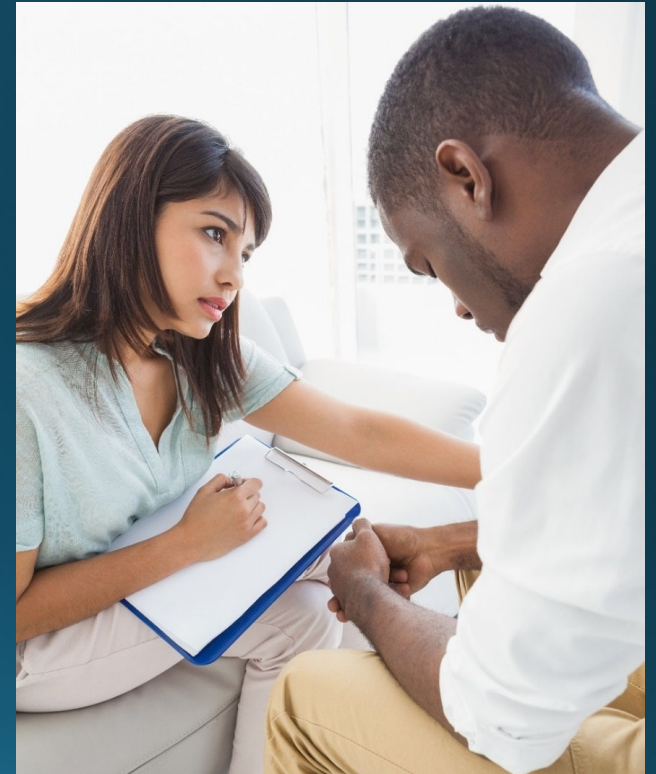
Using cultural humility when engaging clients cont.:

- Challenge ourselves in identifying our own values as not the “norm.”
- Remain open to learning.

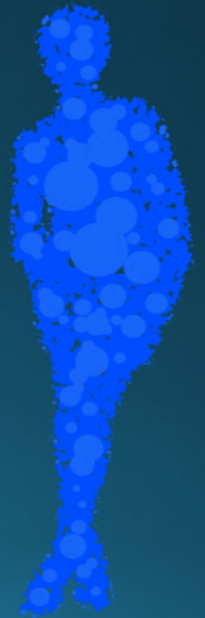


Tervalon & Murray-Garcia, 1998

*“Cultural humility requires
consistent self-reflection;
check in with yourself...
forever”*



*"Be open to someone's individuality.
Just because you've worked with one _____,
doesn't mean the next _____
will be anything like them."*



Diana Padilla, Cultural Expert, Program Manager, NeC-ATTC, NDRI-USA

Counteracting discrimination and stigma

- Discrimination occurs when someone holds a negative opinion or attitude toward others
- Discrimination and stigma is a complicated problem with no easy solutions
- Provide education and getting to know someone who is a member of the marginalized group
- Discrimination and stigma can create additional obstacles and stressors in daily living

Counteracting stigma

- Become educated
- Share information about a personal experiences of working or living with a member of these groups
- Disclose information to counteract stigma selectively (don't direct undue attention to someone already feeling marginalized)
- Become aware of legal rights and advocacy support

Recommendations:



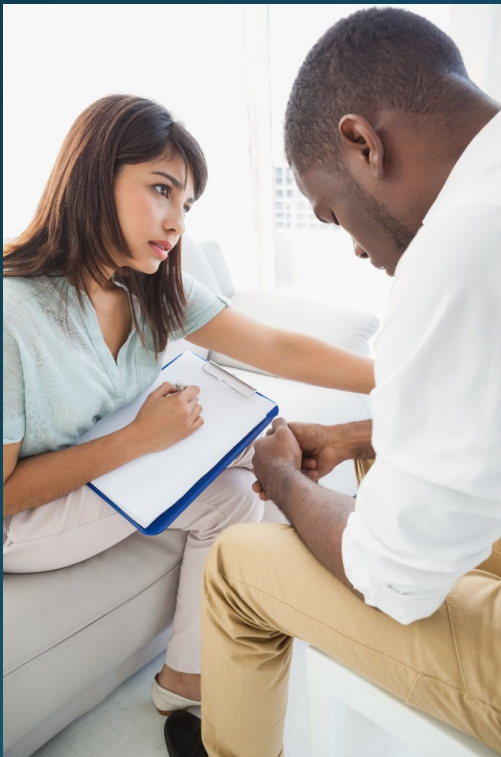
- Avoid labeling your client.
- Receive training to help you become aware of unconscious biases and increase your knowledge and understanding.
- Use person first language (avoid stigmatizing language)
- Create an atmosphere that is supportive with zero tolerance for discrimination.
- Acknowledge clients' significant others and encourage their support and participation in prevention and treatment programs.

Cultural Humility:

Skills for bridging perspective:

- Active listening, by focusing attention on to what the person is saying and use head nods and utterances that indicate you are listening to them.
- Reflecting, by using the client's words to say back to them what it is you heard – “be a mirror”.

Cultural Humility:



Skills for bridging perspective cont.:

- Reserve judgment by remaining open when given information that reflects values that differ from yours.
- Avoid drawing stereotypical conclusions.



Counteracting Stigma Language Matters



ADDICTIONary

A Glossary of Key Terms Concerning
Addiction & Recovery

The Significance of Language

- Language can bind us together OR tear us apart. The words we choose in personal and professional settings powerfully and indefinitely impact impressions.
- **How we talk about addiction matters.**
- Substance use disorders are one of the most misunderstood and mischaracterized health conditions we face as a society. Every year, more people die from alcohol and drug overdoses than in car crashes.
- **Now is the time to unify behind a common language, appropriate terminology, and precise definitions.**

The Negative Power of Stigma

- One can argue that no other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.
- Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.
- The language we all use can play a significant role in stigma reduction – but too often, inappropriate use of language unintentionally strengthens the harmful effects of the disorder.

Stigmatizing Language

- Often we use stigmatizing terms every day, not realizing the extent of their negative impact. In order to collectively work to humanize the issue of substance use disorders, the following terminology must be avoided when either discussing or writing about this issue.
- Think about the negative sentiment attached to each of the following statements:
 - “My friend is a *drug addict*”
 - “She can’t seem to get *clean*”
 - “Our community has a serious *drug abuse* problem”
 - “He can’t seem to avoid *relapse*”



Stigmatizing vs. Affirming

Stigmatizing Language

Abuser, Addict, Alcoholic

”Clean”

“Dirty”

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

Affirming Language

A person suffering from a substance use disorder

A person in recovery

A person not yet in recovery

Substance Use

Recurrence

Substance Use Disorder

Medication OR non-medical psychoactive substances use

Resume OR Experience a recurrence

Medications for addiction treatment

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No. 1 Language Audit

Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.

No. 2 Reflection

Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly.

No. 3 Message Bias

Are you unintentionally editorializing or adding commentary that would bias the message?

No. 4 Opportunity

Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect.

No. 5 Maximize

Am I maximizing connection, worth, and community membership related to substance use?

No. 6 Staff Training

Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

Thank You For Your Time!

Andrew Kurtz, MFT

askurtz@mednet.ucla.edu

uclaisap.org

psattc.org

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