



# Addressing Substance Misuse and Use Disorder in a Healthcare Setting

## Community of Practice

**Session 6: Bias and Stigma**  
**August 2, 2022**

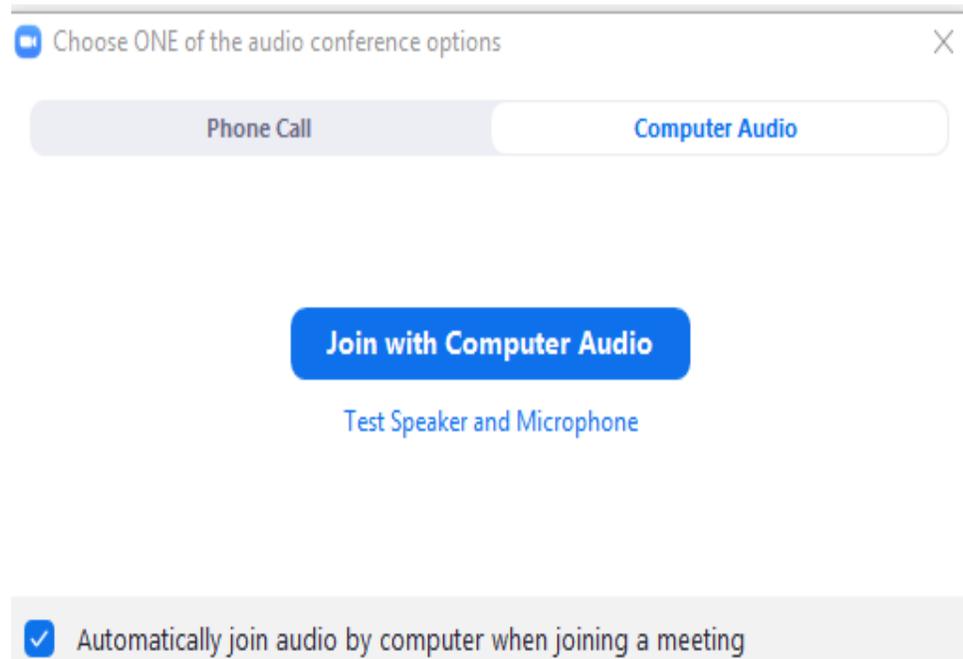
**Vision: Healthy Communities, Healthy People**



# Connecting to Audio

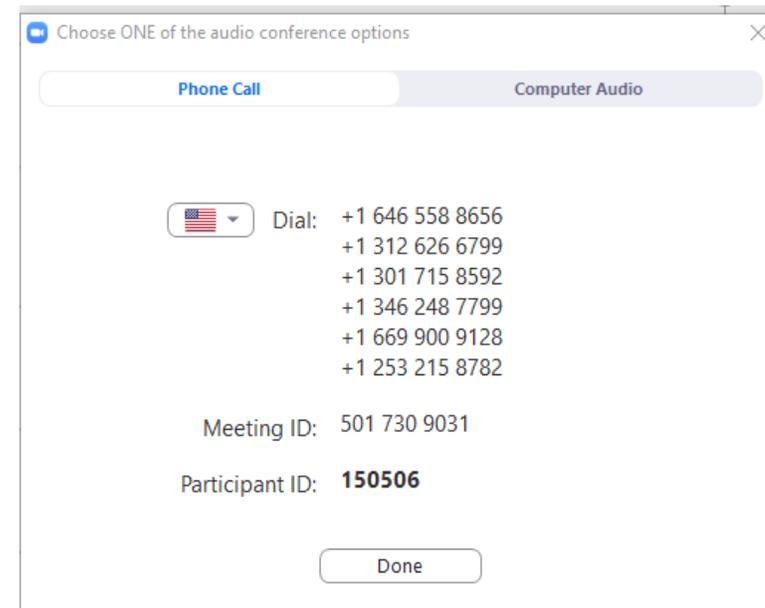
By computer:

- Click **Join with Computer Audio**.



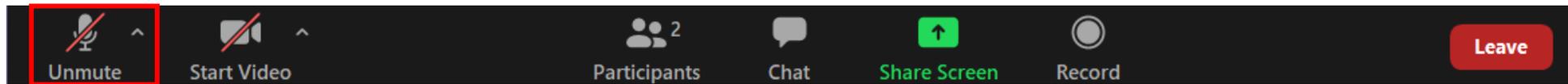
By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.

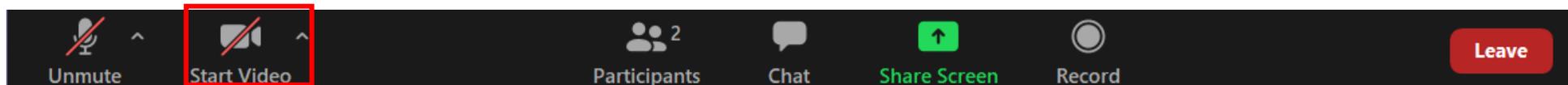


# Zoom Participation

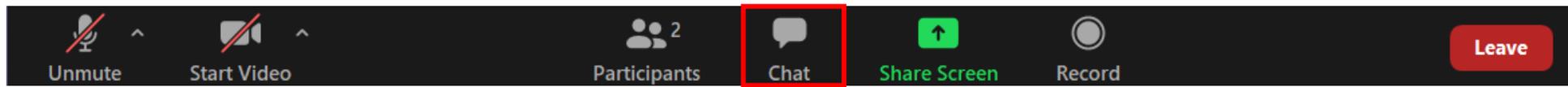
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



# Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

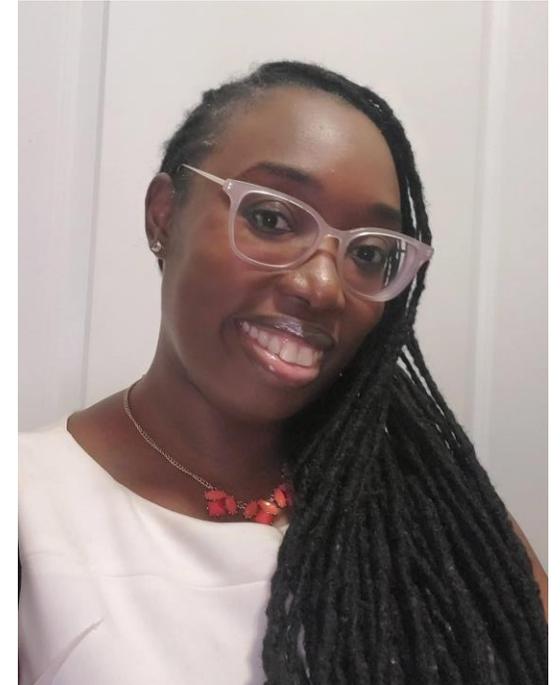
# CoP Presenters and Facilitators



**Presenter:**  
**Maria Torres, Ph.D., M.A.**  
Stony Brook University



**Facilitator:**  
**Joe Hyde, LMHC, CAS**  
JBS International



**Facilitator:**  
**Andrea Coleman, M.S.**  
JBS International

# Agenda for Today

Check-In & Attendance

Presentation: *Bias and Stigma*

Participant Q & A

Session Wrap-Up & Between-Session Activity

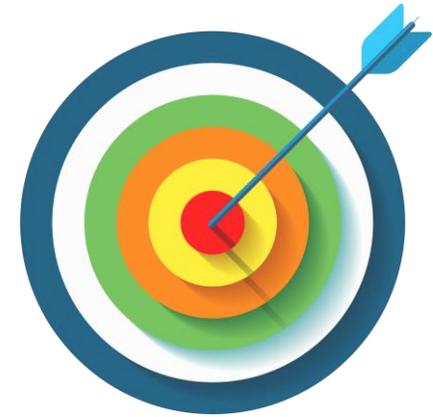


[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# Session Learning Objectives

By the end of this session, participants will have

1. Deepened their understanding of the relationships between:
  - Substance use and trauma
  - Culture and identity
  - The need for culturally relevant practice
  - Stigma
  - The role of bias in systems of care today
2. Expanded their understanding of the role of bias and stigma on client's decision to seek care and treatment experience



Source: iStock

# Plan for This Presentation

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- Revisiting our contextual understanding of substance use diagram
- Discussing bias and the way it works for and against us as individuals, as clients within systems and as practitioners working within systems
- Discuss stigma and the way it impacts individual choices and client experiences of care
- Reflect on the content covered in this series of session
  - Substance use and trauma
  - History, culture, and identity
  - Bias and the ways it can harm

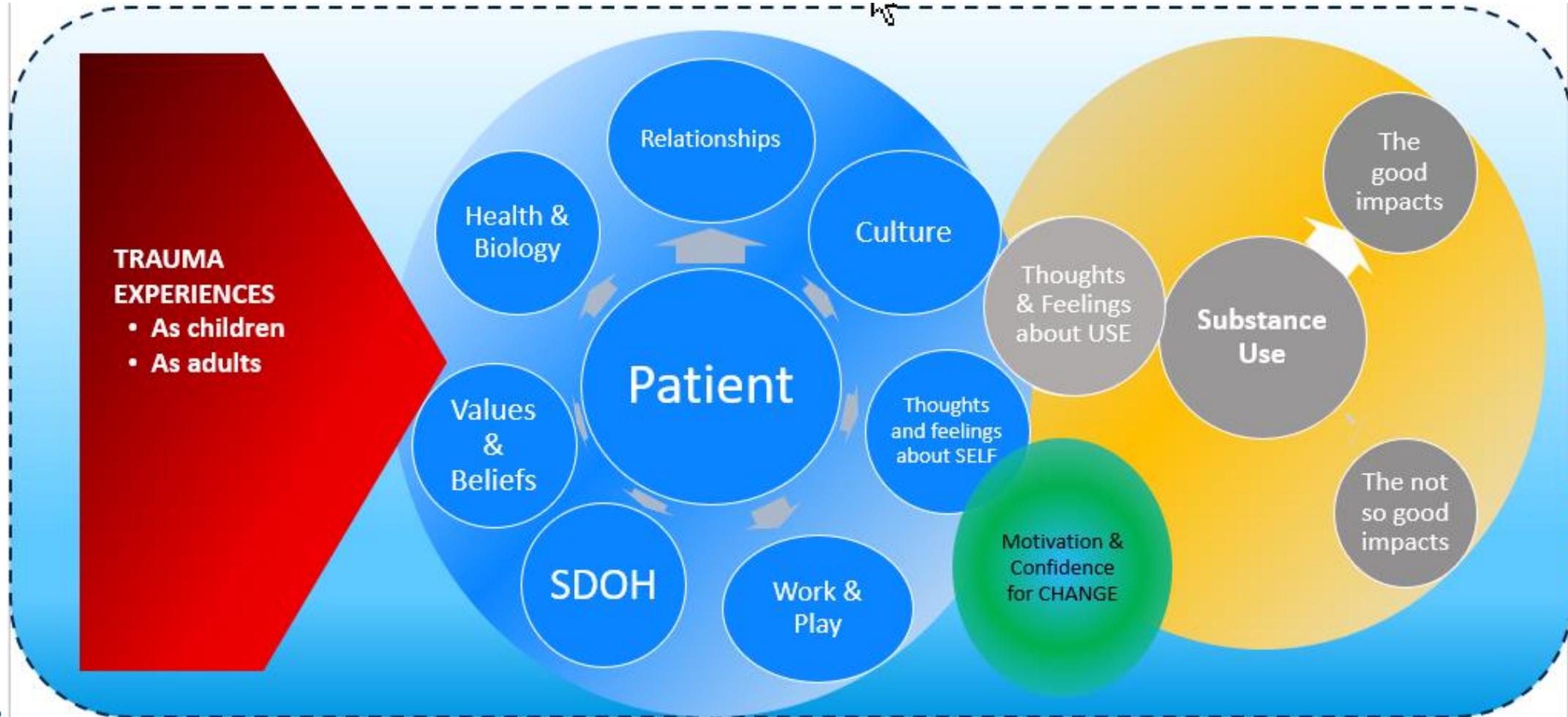


# Checking In

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- Any questions, comments, or reflections from our last discussion on culture, personhood and culturally relevant practice?
- Between-Session Activity
  - Review the Cultural Formulation Interview (CFI)

# Bias and Stigma: Everywhere, all the time



# What is BIAS?

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## Merriam-Webster definition

- **an inclination of temperament or outlook** especially : a personal and sometimes unreasoned judgment : prejudice. b : an instance of such prejudice.
- The **prejudice in favor of or against** one thing, person, or group compared with another, usually in a way considered to be unfair

# Video – All That We Share



[TV 2 | All That We Share \(3:00\)](#)

# *Implicit bias versus Explicit bias*

## **Explicit bias**

refers to the prejudice beliefs or attitudes one has towards a person or group on a conscious level.

Explicit attitudes are feeling and thoughts that one deliberately believes and can consciously document.

- **Expressed directly**
- **Aware of bias**
- **Operates consciously**

### **Example:**

- *Women who are mothers are not serious about their careers*

# *Implicit bias versus Explicit bias*

## Implicit bias

Prejudices, beliefs, or attitudes towards a person or group that are not within the margins of awareness, and are thus, unconscious.

Implicit bias can be difficult to acknowledge and control because it exists beyond one's conscious thoughts or feelings. Implicit bias can undermine our explicit intentions or openly-held beliefs.

- **Expressed indirectly**
- **Unaware of bias**
- **Operates subconsciously**

### **Examples:**

- *Not promoting women with families or not inviting them on collaborative projects*

# Implicit bias and microaggressions

- Implicit bias becomes evident when there's conflict between a person's explicit and implicit attitudes—when people say they're not prejudiced but may talk or act in ways that are.
- **Microaggressions:** brief, everyday exchanges that send denigrating messages based on identity or group membership.
  - Can be verbal (spoken and written), visual, behavioral, or environmental.
  - May seem small in isolation, yet are harmful because they often occur with high frequency and from multiple sources, with negative effects on people's self-esteem and health



Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press.  
<https://doi.org/10.17226/10260>.

Racial Biases in Medicine and Healthcare Disparities Dovidio, J., et al., *TPM*, 2016



# Types of Microaggressions

- **Microassaults:** deliberate and intentional slights or insults that are meant to hurt
- **Microinvalidation:** when someone attempts to discredit or minimize the experiences of a person who is from an underrepresented group.
- **Microinsults:** rude, insensitive actions or comments that subtly disrespect a person's racial heritage or identity

## Examples:

- “You are really smart for a \_\_\_\_\_”
- “You don’t seem \_\_\_\_\_”
- Eye rolling when someone mentions feeling invalidated.
- Turning away from or avoiding someone altogether.
- Scheduling meetings or events that conflict with religious observances or obligations.
- Ordering food for events and not considering the dietary restrictions of others.
- Only allowing certain people to work on high-visibility projects.



# Implicit associations and automatic associations

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- Our brains are wired to make automatic, often involuntary associations, categorizations, and generalizations that influence our behavior.
- These associations extend beyond the thoughts or images in our heads to our beliefs, decisions and actions.
  - *This is especially true when we are in a fast-paced situations or in situations of high complexity*
- Our work in healthcare often fast-paced and/or highly complex increasingly the possibility that implicit bias is influencing care delivery.



# Video - What About Us?



[Our Hidden Biases \(4:44\)](#)

# Focus on SEEING and striving to understand

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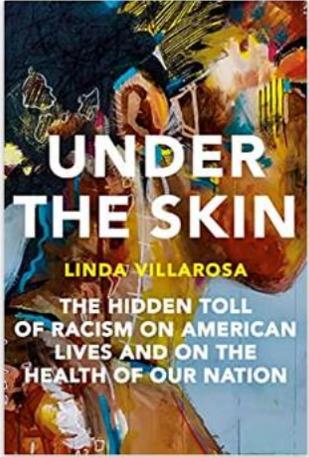
- **Clients** are hoping for a clinician that wants to understand them and their experiences, to see them for who they are.
  - Your humility and respect can go along way.
  - Front load that you may sometimes get things wrong, ask clarifying questions, or need help understanding the depth of how something impacted them. Invite your client to give you feedback and offer correction
- **Clients and Colleagues:** How implicit bias affects self-perception
  - Imposter syndrome: constant feeling of self-doubt, not being “good-enough” for community membership
  - Stereotype threat: the risk of absorbing the negative stereotype or self-characteristic



# How does implicit bias show up in healthcare?

*For Black people struggling with mental illness, the perception that they are violent is compounded by racist stereotypes, creating extreme intolerance, a lack of empathy, and fear. (p. 118)*

- “Why are Black mothers and babies in the U.S. dying at more than double the rate of White mothers and babies? The answer has everything to do with the lived experience of being a Black woman in America”
- Multiple studies showing Black people struggling with severe depression being misdiagnosed as schizophrenic, Black mothers, who are at greater risk for post-partum depression, being less likely to receive care.
- Untreated mental illness can make Blacks more vulnerable to substance use, homelessness, suicide, and homicide and this begins with Black youth. Between 1991 and 2017, suicide attempts among Black youth increased 73%, among boys specifically it was up 122%.



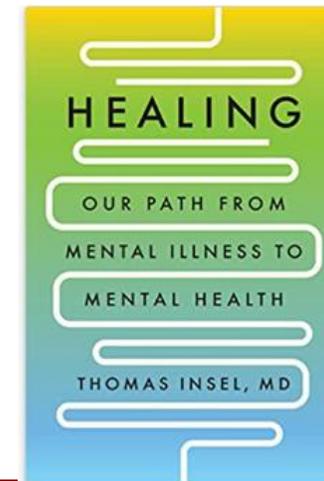
**Chapter  
6: Strong,  
Loud, and  
Angry: The  
invisibility  
of Black  
Emotional  
Pain**



# The lingering impact of STIGMA

“The term *stigma* more accurately describes negative attitudes towards treatments. Oddly, for mental disorders the stigma about treatment might surpass the negative attitudes towards the disorder themselves. Perhaps that is why employment forms may inquire if you have cancer, diabetes, heart disease, or a history of being treated for a mental condition. As if getting treatment was the problem and not the solution”

No treatment, please (p.146)

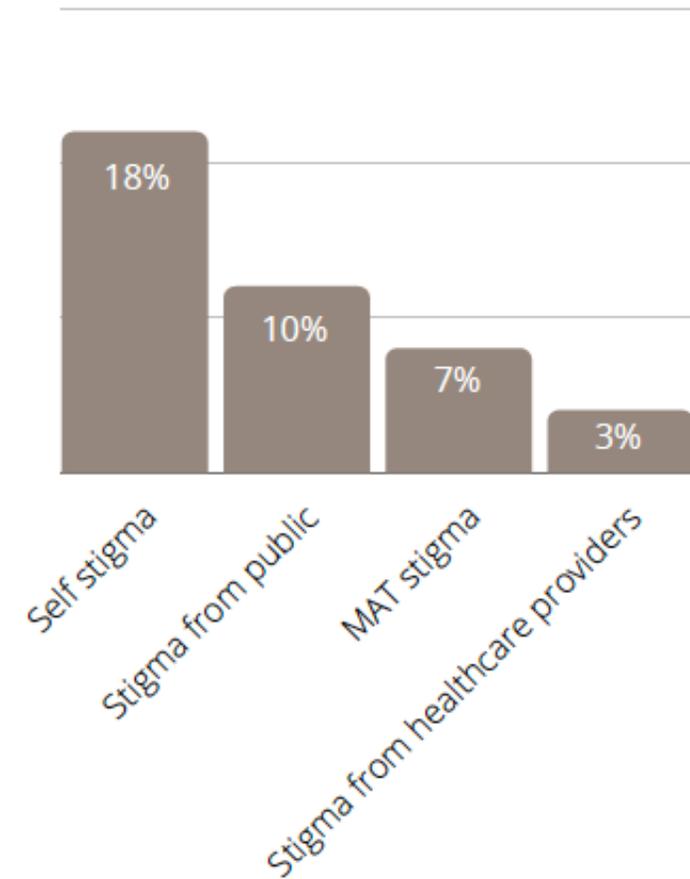


# Patient experiences of Stigma from APF Report

- Patients identified the accessing help phase as extremely painful, disorganized, and difficult. Poor treatment access was a common experience among participants who experienced **systemic barriers to addiction care, including high levels of stigma (32%);** the complexity of navigating the substance use disorders care system (25%); wait times (20%); the high costs of treatment (8%)

”The stigma associated with substance use. I have track marks I can’t change. I can’t change the scars that I have on my body, but I still get judged”

Fig. 13. Types of stigma experienced by patients



# Patient Experiences of Stigma from APF Report

- Patients reported feeling isolated and stigmatized, a lot of shame

*"I think stigma is a really big one, though, just within myself, not with seeking help outside but in having to confront that I this thing that is frowned on in society."*

- Feeling stigma from healthcare providers and other professionals during the care phase was a continued pain point for patients.

*"Well, I definitely felt stigma, I definitely felt [the assessment] was long, it was way too many questions, it was like being interrogated. I just didn't have the mental capacity to endure that at that time because I felt so defeated and beat up and ashamed and guilty."*

*"I guess stigma from other people for being on a MAT. I went to my family doctor and they wouldn't even entertain anything else other than getting off the methadone."*

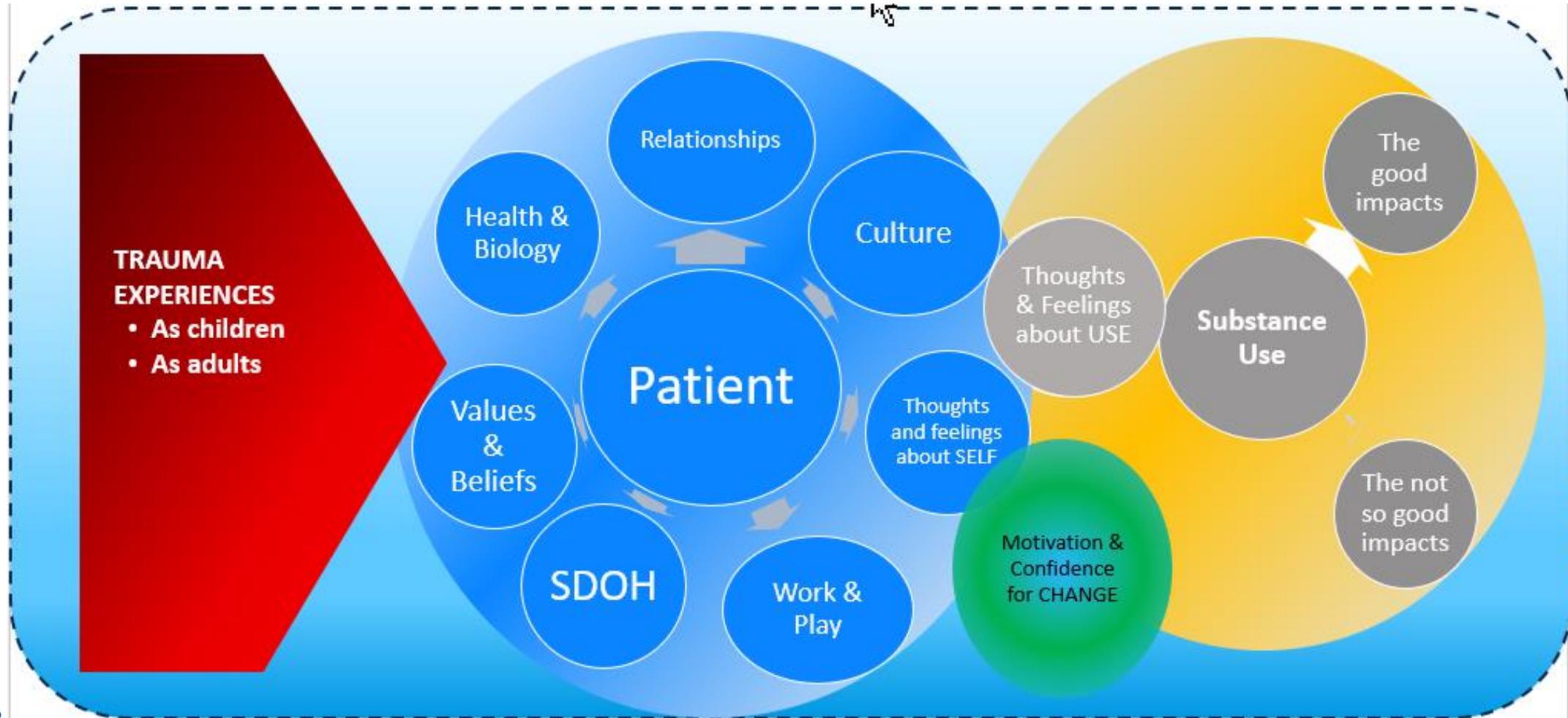
*"I've experienced some medical providers, and it was just such a horrific experience, I never want to go there, even for recovery, because of how they treated myself and others. It was always about the shame. I always felt, no matter what it was, if I went in with a broken finger, or whatever, I was going to be treated with just such disdain."*



# Recap of key points from last three sessions

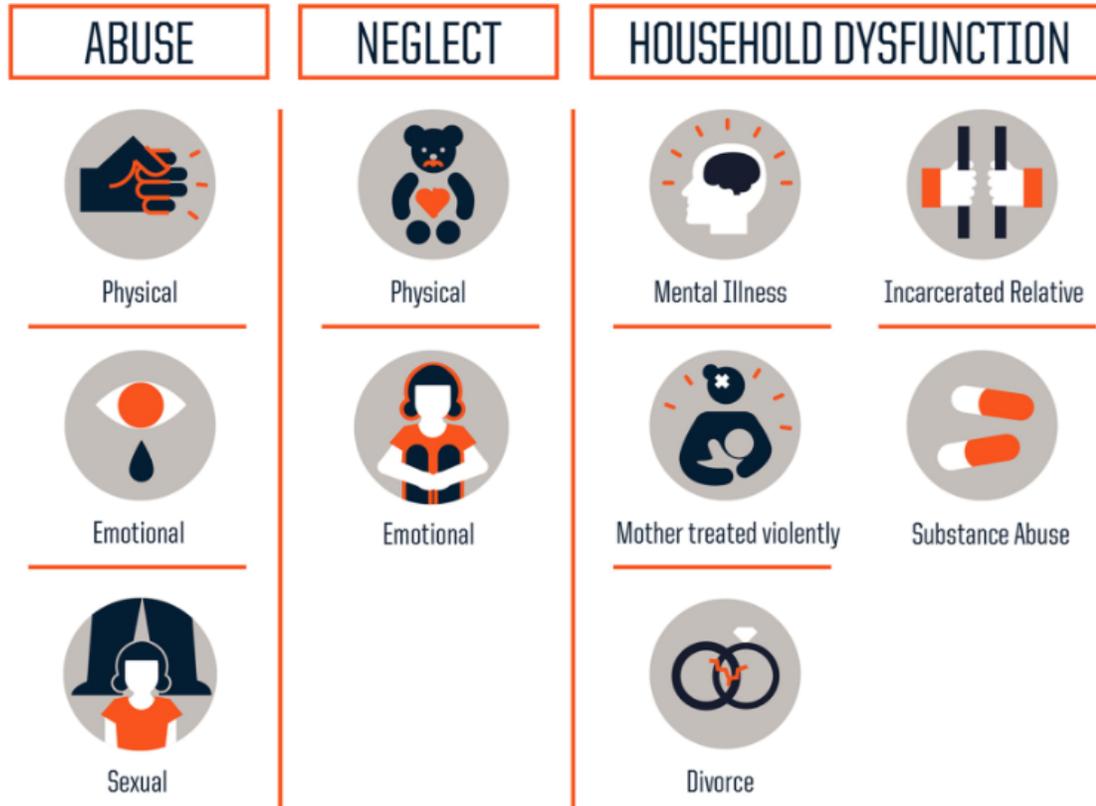


# Trauma, Bias and Stigma: Ever Present - It Impacts Us All



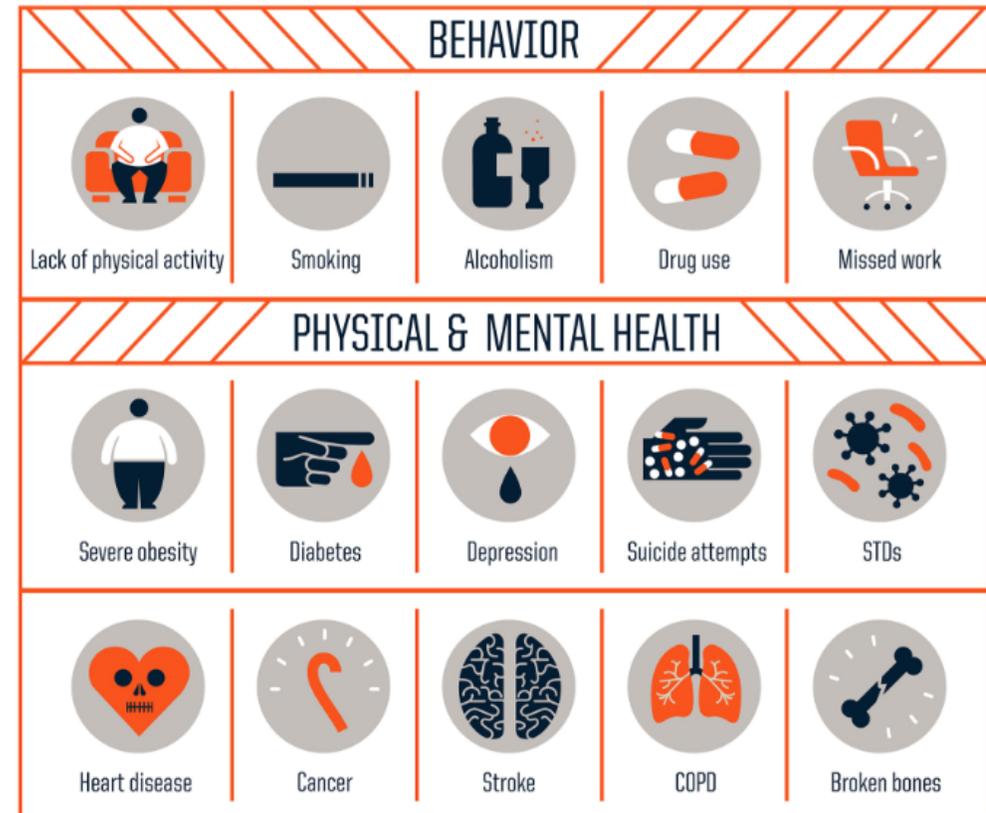
# Adverse Childhood Experiences (ACEs)

## Three Types of ACEs

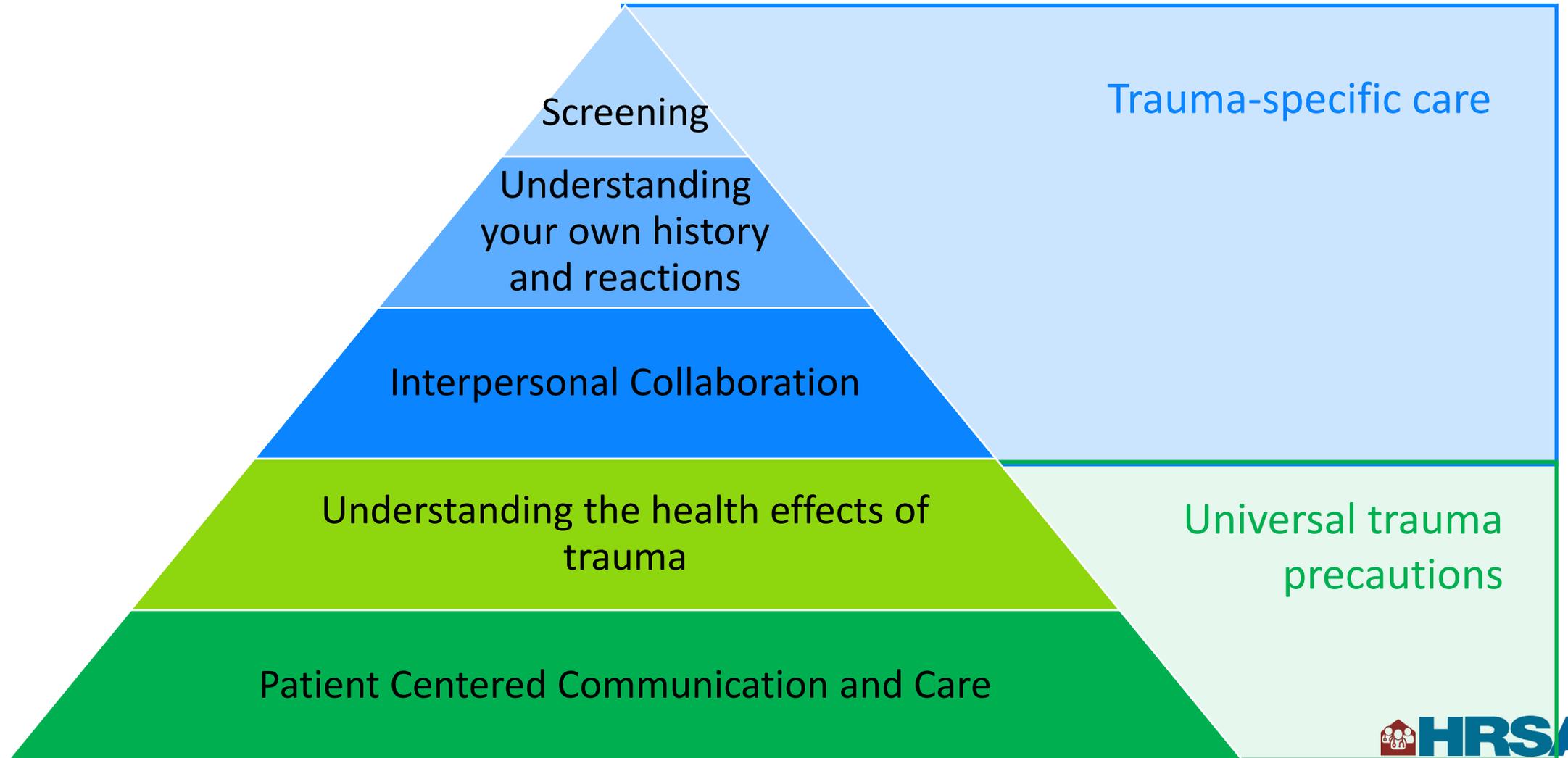


## ACEs Increase Health Risks

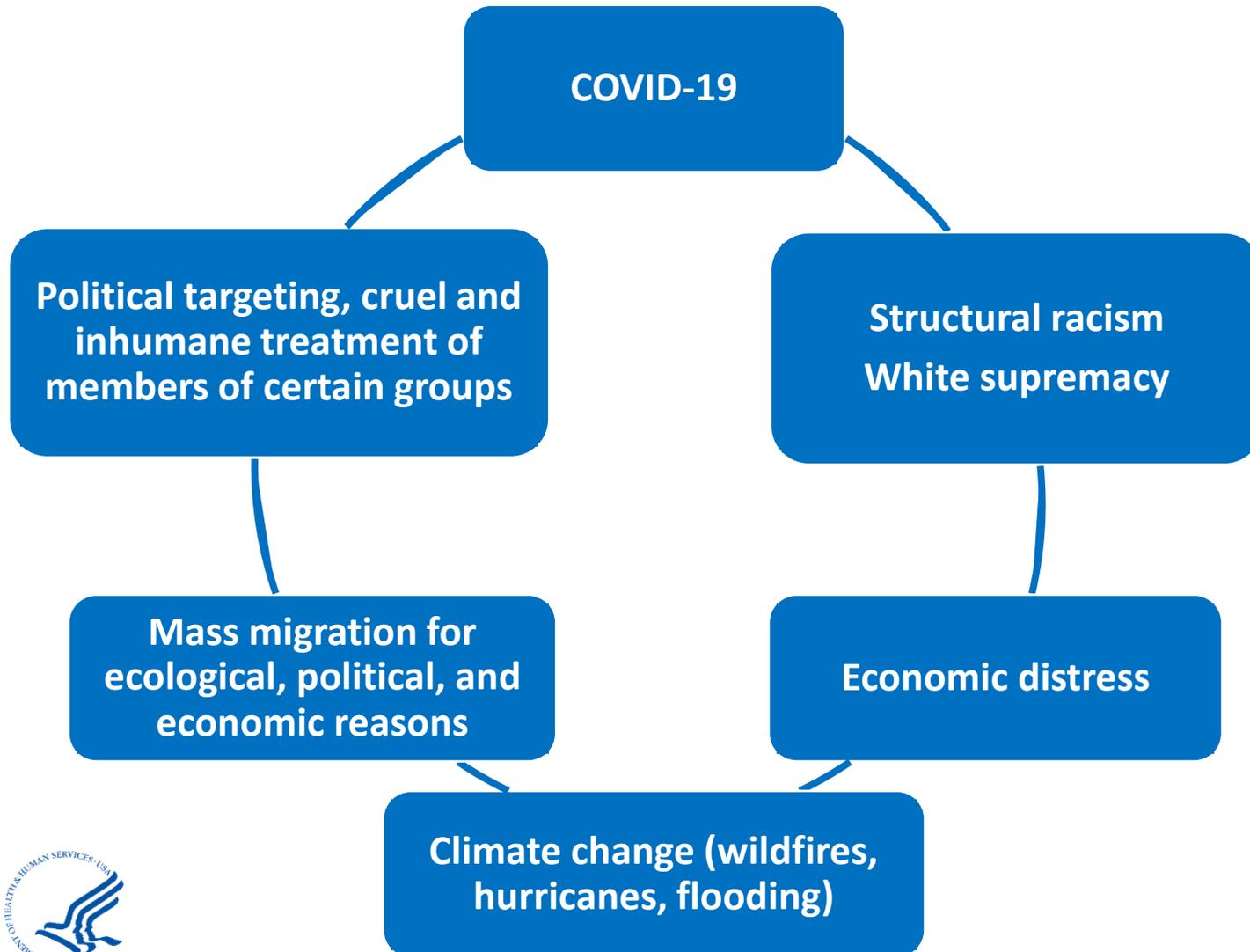
According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



# Trauma-Informed Care Pyramid (Raja, et al. 2015)



# Context Matters: Interacting Pandemics



- Effects of pandemics are ALWAYS unequal
- Longstanding inequities are heightened and super-exposed
  - Exploitation
  - Disparities
  - Suffering
- **Doing good without conscious awareness of how structural forces are expressed interpersonally can lead to doing harm**

# Activities

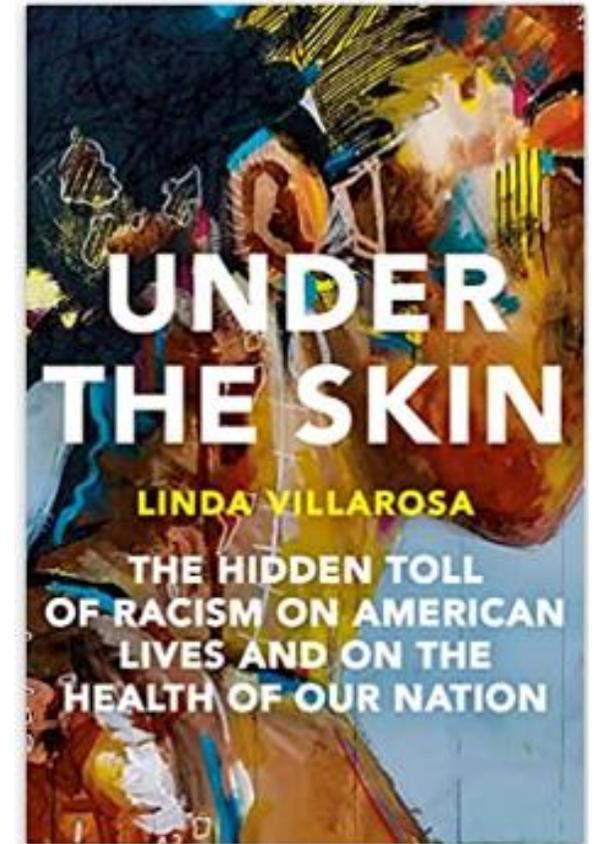
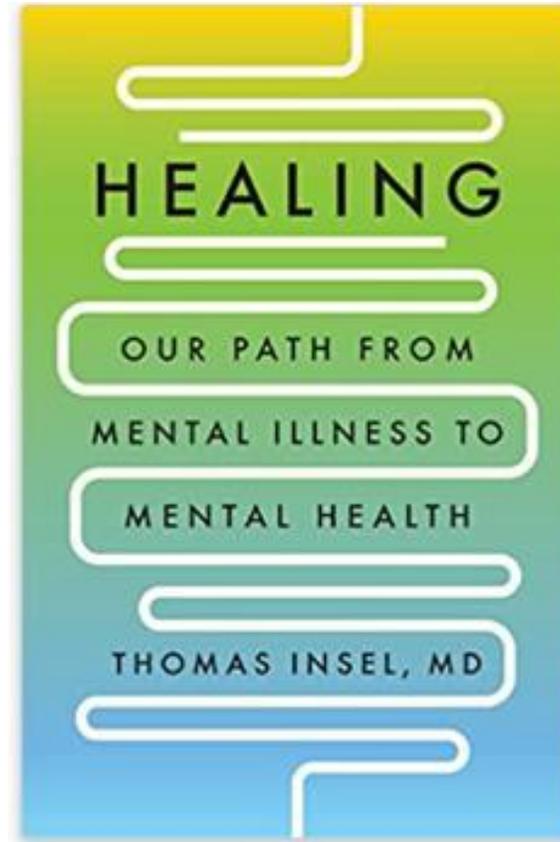
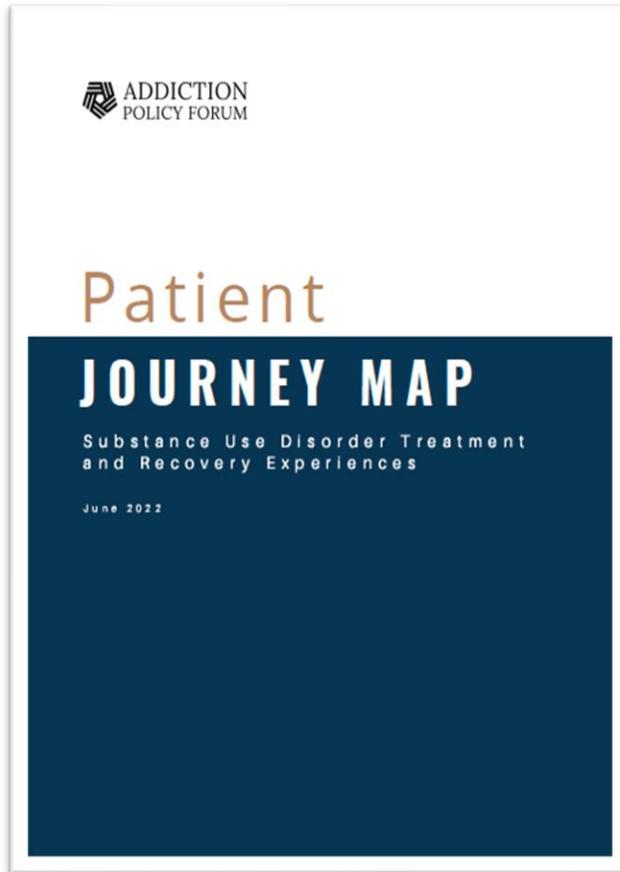
## Mapping a client's Social Determinants of Health:

1. Economic stability, food, & housing
2. Social and community
3. Health & health care
4. Neighborhood & environment
5. Education & literacy
6. Employment & work conditions
7. Gender equity
8. Social supports
9. Early childhood development



## Mapping your own Social Determinants of Health:

# We are working within an imperfect system, but improvement and recovery are possible



<https://www.addictionpolicy.org/post/patient-journey-map>

# The importance of culturally relevant practice

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1. As practitioners, it's important to **recognize the histories of our clients and how history impacts our clients today.**
  - Consider, the legacy of colonization, slavery and white supremacist beliefs embedded in institutions and practices and how this history continues to impact racial/ethnic minorities, marginalized individuals and communities, and the our entire culture today.
2. Anchoring our clinical work with the **individual priorities and values of the persons we serve** yields measurably better outcomes.



# Thoughts and Questions



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# Next Steps

- Remember, Office Hours immediately following the CoP.
- Coaching Calls are available—*please reach out to schedule a coaching call if you need additional assistance.*



Source: iStock by Getty Images

# Virtual Office Hours



**Tuesdays** (after each session)  
3:30–4:30 p.m. EDT

**Alternating Tuesdays** (via Zoom)  
2:00 – 3:00 p.m. EDT

Register for alternating sessions:

<https://us06web.zoom.us/meeting/register/tZlVdei qpjMqHtdTzfFCMAjNKaCnZt9-eJ68>

## Office Hours Benefits:

- ✓ Connect with colleagues from other health centers
- ✓ Discuss progress and/or challenges related to your team's action plan
- ✓ Get more information about the session topic

# BPHC-BH TA Portal and T/TA Offerings

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
  - One-on-One Coaching
  - E-Learning Webinars
  - Intensive TA for Practice Change
  - Join a Community of Practice (CoP)
  - SDoH Group Virtual TA Roundtable
  - Virtual Peer-Learning Office Hours

**BPHC-BH TA**  
Bureau of Primary Health Care Behavioral Health Technical Assistance

Event Calendar | About Us | Contact Us

Home | Technical Assistance Resources | Request Technical Assistance | Learning Management System

#Together4MH  
**TOGETHER**  
for Mental Health

Mental health is an important part of our overall health. Join together to advocate for resources, support and access to quality mental health care.

**NAMI**  
National Alliance on Mental Illness  
nami.org/mentalhealthmonth

### Welcome to the BPHC-BH TA Resource Portal!

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

This portal allows HRSA-funded health centers to request TA and obtain updates on available events such as webinars. Stay tuned for the learning management system and the opportunity to earn continuing education credits.

### Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours
- “Ask an Expert” Series

### Subscribe to the BH TA Bulletin

The BH TA Bulletin is a weekly update of upcoming BH TA training and technical assistance opportunities that is sent right to your inbox.

Subscribe to the BH TA Bulletin

### Upcoming Events

**Addressing Substance Misuse and Use Disorder in a Healthcare Setting Community of Practice (CoP)**  
May 24, 2022  
2:00–3:30 pm EDT

**Social Determinants of Health Roundtable 2: Building Relationships with Community Partners to Address Social Determinants of Health**  
May 25, 2022  
2:00–3:30 pm EDT



# Upcoming TA Opportunities!

## UDS Depression Measures – How to Measure Them & How to Meet Them

**Date: July 25, 2022, 2:00–3:00 p.m. ET**

**Presenter: Chantal Laperle, M.A., CPHQ, PCMH CCE, CTL**

**Register:** <https://us06web.zoom.us/meeting/register/tZUoc-ivqzpkGtN6sHiSgo4X71mUwNycYp9e>

Earn **1 CE** credit for attending this session.



# BHTA Satisfaction Assessment



- We would love your feedback – please complete a satisfaction assessment.
  - <https://survey.alchemer.com/s3/6871352/Health-Center-Technical-Assistance-TA-Satisfaction-Assessment-CoP-4-Addressing-Substance-Misuse-and-Use-Disorder-in-a-Healthcare-Setting-Community-of-Practice>
- Remember! If you want to obtain CEs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
  1. Follow the link provided in the chat here.
  2. You will be emailed a link from us via Alchemer, our survey platform.





# Thank You!

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**Vision: Healthy Communities, Healthy People**

