

Recognizing and Reducing Stigma in Clinical Documentation



Cate Faulkner, MA, LCSW

Program Manager

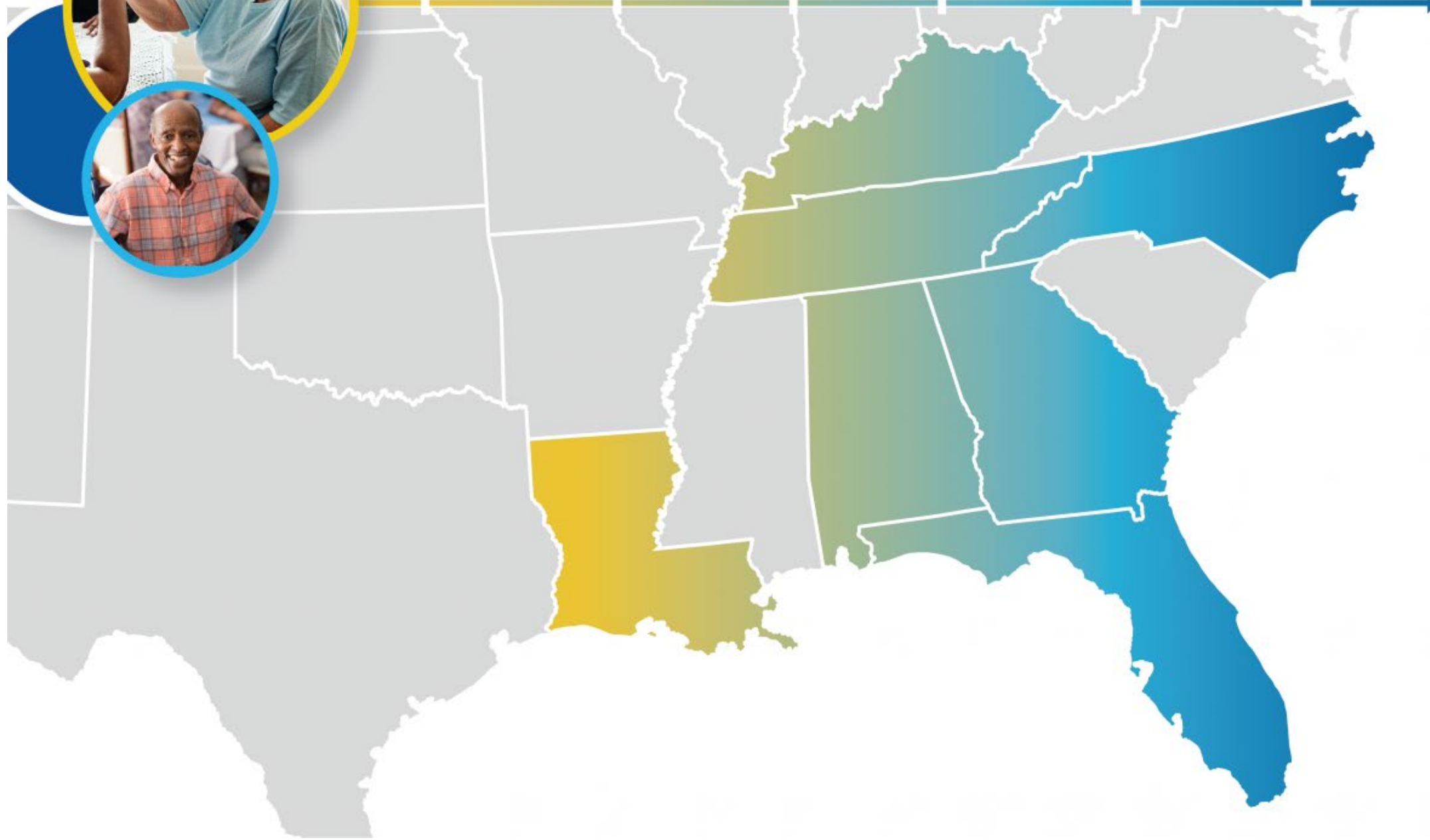
Office of Prevention and Early Intervention
TN Department of Mental Health and
Substance Abuse Services

September 27, 2023

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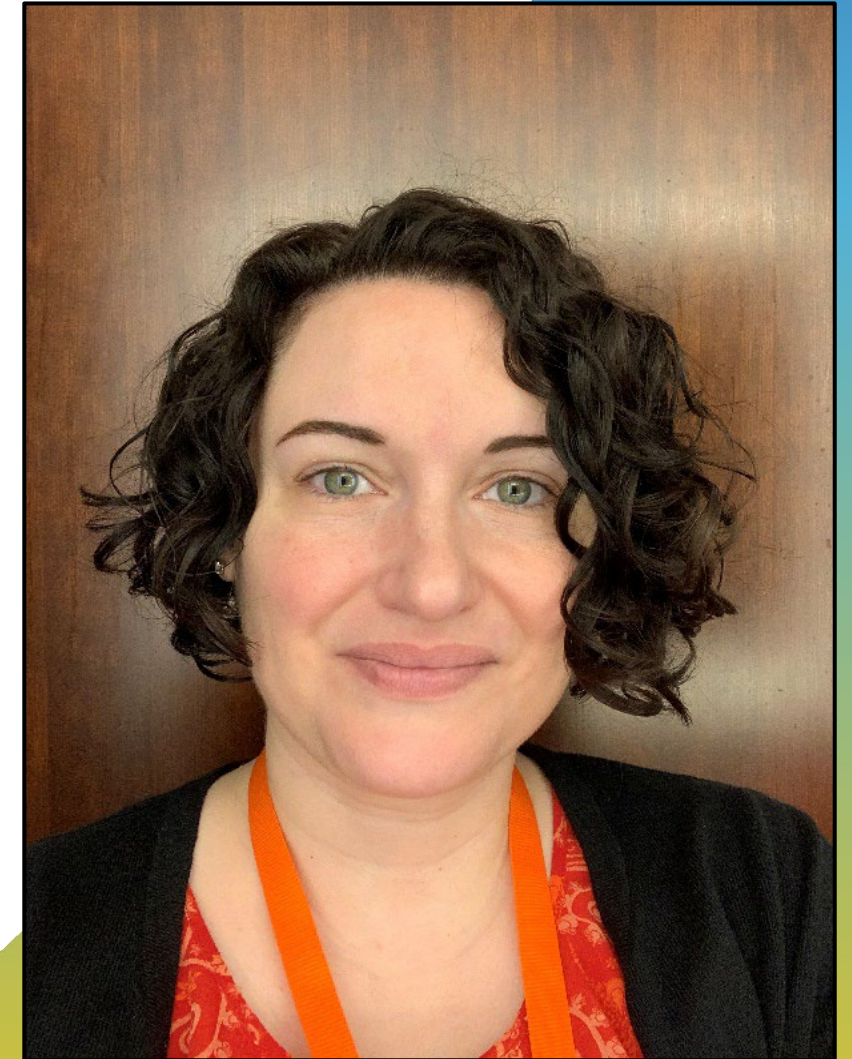
About Alliant Health Solutions

Tanya Vadala, Pharm.D.

MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 20 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Before joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, N.Y. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

Contact: TVadala@ipro.org



Cate Faulkner, MA, LCSW

Cate is a program manager for the Tennessee Department of Mental Health and Substance Abuse Services, overseeing the Regional Overdose Prevention Specialists and harm reduction program.

Prior to working for the state of Tennessee, Cate worked in community services in Arkansas, Chicago and Nashville, including youth violence prevention, community health and family support. She has a bachelor's degree in international studies from Georgia Southern University and a master's in social services administration from the University of Chicago. She also maintains her license as a clinical social worker.

Contact: Cate.Faulkner@tn.gov





Department of

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Stigma in Clinical Documentation

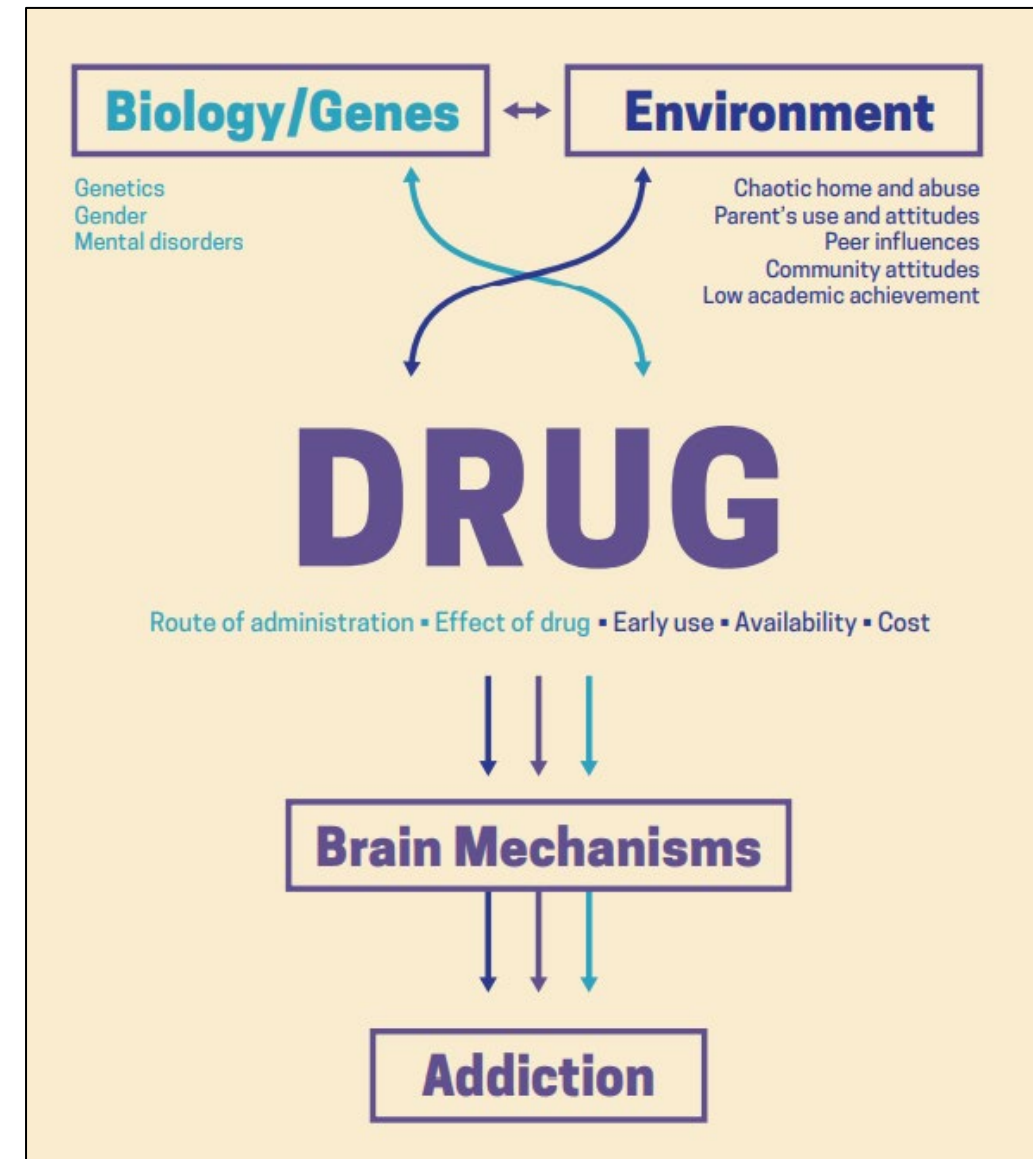
Presented by Cate Faulkner, MA, LCSW

September 27, 2023

The Science of Addiction

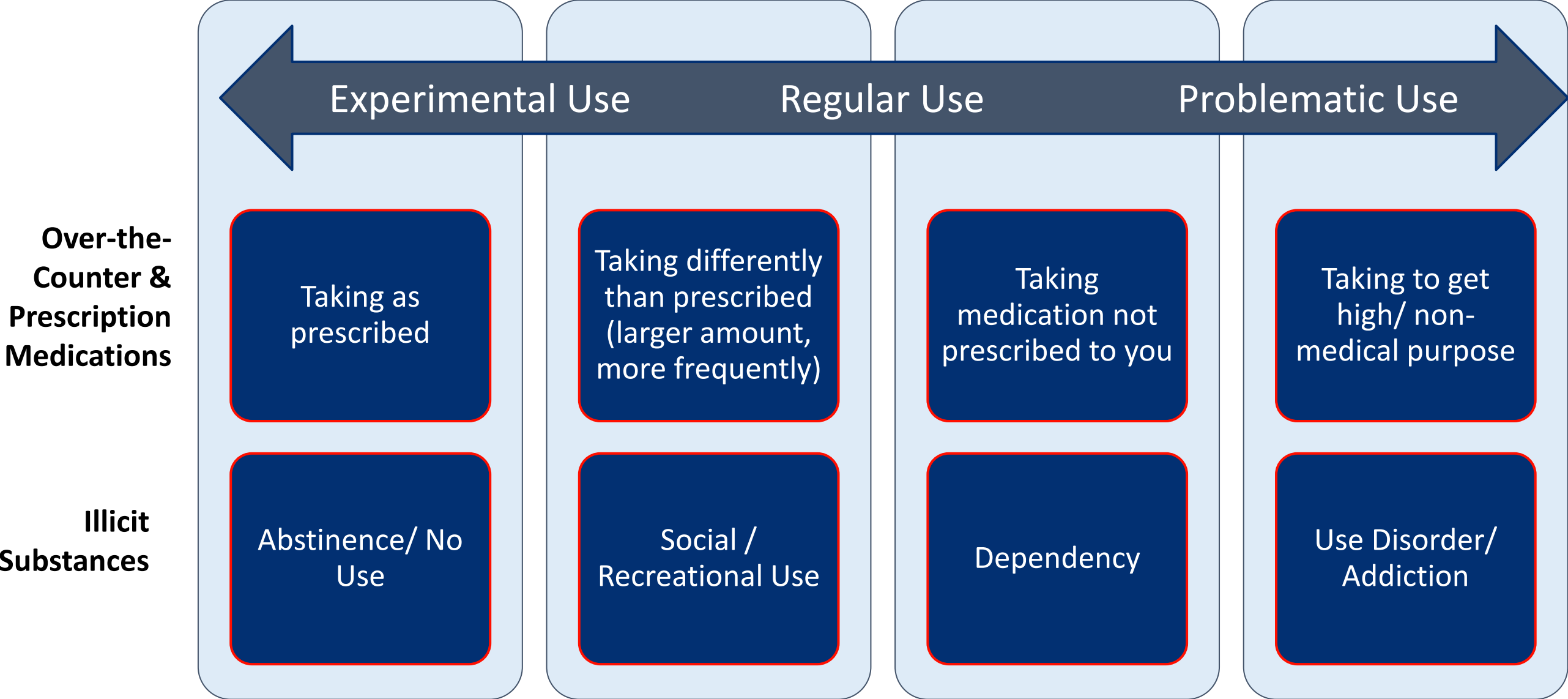
Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

Just as cardiovascular disease changes the heart, addiction changes the brain, making it difficult to function at its best.



Source: American Society of Addiction Medicine
Image: NIDA

Continuum of Substance Use



Recurrence/Return to Use

- Chemical response in the brain
 - Dopamine response
- Common part of recovery journeys
 - Not a failure/failure of treatment
 - **40%-60%** will have a recurrence
- Opportunity to develop/utilize skills

50-70%
with high blood
pressure require
yearly medical
attention

Sources: SAMHSA, CDC



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Stigma of Substance Use Disorder

Substance Use Disorder

Patient failed a drug test for the third time. Patient is non-compliant with the treatment regimen to quit using drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen, they would be dismissed from the program.

Diabetes

Patient failed a A1C test for the third time. Patient is non-compliant with the treatment regimen to only eat healthy foods and exercise every day. Patient refuses to manage their diabetes. Patient was told that if they had another high A1C, they would be dismissed from this doctor's care.

Substance Use

Patient failed a drug test for the third time. Patient is non-compliant with the treatment regimen to quit using drugs. Patient refuses to stay clean. Patient was told that if they had another dirty drug screen, they would be dismissed from the program.

Diabetes

Patient failed a A1C test for the third time. Patient is non-compliant with treatment regimen to only eat healthy foods and exercise every day. Patient refuses to manage their diabetes. Patient was told that if they had another high A1C, they would be dismissed from this doctor's care.

Role of Stigma

When a person experiences stigma, they are seen as *less than* because of their real or perceived health status (National Institute of Drug Abuse)

- Experiencing stigma can reduce a person's willingness to seek treatment, take other actions to reduce harm or ask for help.
- Stigma among medical and social services reduces the quality of care.
- Delayed treatment can cause additional harm to an individual.

Source: NIDA

Common Assumptions Rooted in Stigma

Noncompliance

Of course, they didn't follow the treatment regiment.

Drug seeking

They aren't actually here to get help. The only thing they ever want is more meds.

Less worthy/unworthy

They are wasting my time. They are taking up valuable resources.

Lack of trustworthiness

You can't trust what they tell you. They always lie.

Hopeless/irrecoverable

They will always be this way. Once an addict....

Lack of willpower

If they would just try harder, we wouldn't be here.

Through That Lens...What Do We See in That Note?

Patient **failed** drug test for
third time.

Is “failing” a medical term for results?

Hopeless

What is the goal of including this information?

Patient is **non-compliant** with
treatment regiment to quit using drugs.

Does this provide concrete info about behavior or barriers?

Noncompliance

How was treatment plan developed?

Patient **refuses**
to stay **clean**. Patient was told that if they
had another **dirty** drug screen they would
be **dismissed from the program.**

Was this goal achievable? Was any progress made? If not, why?

Lack of willpower

Are these medical terms? What do they imply?

Does this person need/deserve services?

Less worthy



Watch your thoughts, they
become words. Watch your words,
they become actions. Watch your
actions, they become habit.

Laozi

quoteFancy

*Image from QuoteFancy
Quote author unknown*



®

Destigmatizing Clinical Documentation

Language Matters

Do away with labels and use “person first” language.

(Person with substance use disorder, **not** Addict)

Say this...



- Person with a Substance Use Disorder
- Positive or Negative Toxicology
- Sterile or used needles
- Not using substances
- Person living in recovery

...Not That



- Not Addict or Junkie
- Not clean or dirty screen
- Not clean or dirty needles
- Not clean
- Not ex-addict

Source: NIDA

Language Resources

EndTheSyndemicTN.org



Language Guide Table

quick reference of easy language fixes with big impact

GENERAL GUIDANCE	TRY THIS	INSTEAD OF THIS	LEARN WHY
	transmit <i>or</i> acquired	infect became infected	The word "infection" carries stigma and often invokes blame. Acquisition and transmission are simple and accurate substitutions.
	people living with _____ person living with _____	infected people positive(s) carrier(s) people infected with _____ case(s)	Person-first language centers the person first rather than the health condition. This simple shift says, "I see you first, before your health condition".
	people with _____ person with _____		For health conditions that have a cure, such as hepatitis C, it is also acceptable to say, "people/person with _____."
	people without _____ person without _____	uninfected people negatives unaffected	The word "infected" carries stigma. The meaning of the word "negative" is unclear. "Unaffected" is inaccurate as we are all directly or indirectly impacted by transmissible health conditions.
	new _____ diagnoses people newly diagnosed with _____ person newly diagnosed _____	new _____ case(s)	"Cases" takes away the humanity of the people impacted by a particular health condition and implies their care/diagnosis is work.

NIH National Institute on Drug Abuse Advancing Addiction Science

Research & Training Clinical Resources Grants & Funding News & Events About NIDA

Health Professions Education / CME/CE Activities / Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Description

This CME/CE activity informs clinicians on how they can show leadership in how language can destigmatize the disease of addiction. It is focused on using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.

[Start the Activity](#)

Terms to use, terms to avoid, and why

The chart below can help you choose words to reduce stigma and use person-first language when talking about addiction.

Talking About Yourself or Others with Substance Use Disorder

Use...	Instead of...	Because...
<ul style="list-style-type: none"> Person with a substance use disorder¹⁰ Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie 	<ul style="list-style-type: none"> Using person-first language shows that SUD is an illness. Using these words shows that a person with a SUD "has" a problem/illness, rather than "is" the problem.⁶ The terms avoid elicit negative associations, punitive attitudes, and individual blame.⁶
<ul style="list-style-type: none"> Person with alcohol use disorder 	<ul style="list-style-type: none"> Alcoholic 	

NIDA "Words Matter"

- Articles
- Terms list
- Free CME/CE module

SHATTERPROOF.

Addiction Language Guide

Shatterproof.org

Recommended Language & Rationale

1 of 3

Recommended language (based on consensus, research, and/or expert opinion)	Stigmatizing language	Rationale & related research (if applicable)	Notes
1. Substance use disorder, addiction (if clinically accurate)	Abuse, Drug problem, Habit/ Drug habit, Dependence	Neutral, non-judgmental language	There are contradicting views for "misuse" and "hazardous, risky, or harmful use" (some people just prefer "use"). Some sources also include "non-medical use."
2. Use (for illicit substances); misuse, used other than prescribed (for prescription medications)			
3. Harmful, hazardous, problematic, or risky use			
Person with a substance use disorder ("person with _____")	Abuser, Addict, Druggie, User, _____	Neutral, non-judgmental language. Several studies compare "abuser/ _____" to "person with _____"	Opioid Epidemic by Sharfstein & Olsen discusses the use of _____

Stages of Change

Stage of Change	Brief Description
Precontemplation	Not considering change; aware of a few negative consequences; unlikely to take action soon
Contemplation	Aware of pros/cons; ambivalent about change; not yet decided to commit to change
Preparation	Decided to make change; begins to plan steps towards recovery
Action	Tried new behaviors, but are not yet stable; involves the first active steps
Maintenance	Establishes new behaviors on a long-term basis

Source: NIH

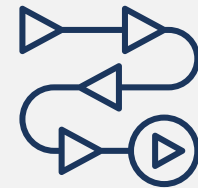
Harm Reduction

Harm Reduction is a way of **preventing disease** and **promoting health** that **meets people where they are.**

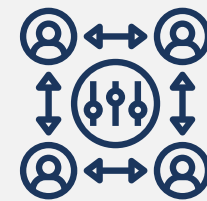
Not everyone is **ready or able to stop substance use**; therefore, **scientifically proven** ways of decreasing risks are **essential.**



Non-judgmental approach with a focus on **enhancing quality of life**



Behavior change is an **incremental process**



Complex social factors influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma)



Empower those who use substances to be the primary agents in reducing the harms of their substance use

Integrating Destigmatizing Language and Harm Reduction

Drug screen shows **recent opioid use**.

Patient appears to be in **action stage of change**.

Patient reports **reducing use** from 10 times to 8 times a day. Patient is participating in **regular counseling sessions**.

Provided and discussed **HIV prevention** packet.

Describes results in accurate medical terms.

Non-judgmental

Provides meaningful description of current state.

Incremental change

Describes current behavior as incremental change. Patient-driven treatment plan.

Empower individual

Provide and document interventions that meet them where they are and enhance health outcomes.

Reduce harm



®

Putting It All Together

Reviewing a Note

- Is this language I would say out loud to a patient/client?
- Does my language show that I see them as a whole person, not just a single medical condition?
- If a patient saw this note, would this support or deter their recovery efforts?
- Does this note show their progress, even if goals haven't been met?
- Does this note show my personal judgment or bias against this patient?
- Would I write a note like this about a different medical condition like heart disease or diabetes?

A Final Note

Just like our patient's journey in recovery/wellness is one of continual learning and incremental change, our journey to destigmatizing substance use is also one of continual learning and incremental change.

Do the best you can until
you know better.
Then when you know better,
do better.

-Maya Angelou



Contact Information

Cate Faulkner, MA, LCSW

Program Manger

Office of Prevention and Early Intervention

TN Department of Mental Health and
Substance Abuse Services

Cate.Faulkner@tn.gov

For information about overdose
prevention resources in TN, visit
[Regional Overdose Prevention
Specialists \(tn.gov\)](#)

Register for free virtual trainings on
[Fentanyl](#) and [Stimulants](#)

TDMHSAS Resources on Emerging
Drugs
[Fentanyl](#)
[Xylazine](#)

Resources of Interest

- Language and Stigma Resources

- **End the Syndemic TN** (includes guidance around substance use, HIV, sexual health, pregnancy/perinatal language, public health and health care, priority population language etc.)

https://endthesyndemictn.org/wp-content/uploads/2021/03/ETS-Language-Guidance-03_15_21.pdf

- **Shatterproof:** Addiction Language Guide (substance use)

<https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf>

- **NIDA: Words Matter**

- Language Guidance:

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction/addressing-stigma-health-disparities>

- CME/CE Activities:

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/cmece-activities/your-words-matter-terms-to-use-avoid-when-talking-about-addiction-cmece-activity>

- Addressing Stigma and Health Disparities:

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction/addressing-stigma-health-disparities>

- **NIDA-Drugs, Brain and Behavior: The Science of Addiction**

<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>

Resources of Interest

- Harm Reduction
 - **Harm Reduction Coalition**
<https://harmreduction.org/issues/harm-reduction-basics/foundations-harm-reduction-facts/>
 - **Substance Abuse and Mental Health Services Administration**
<https://www.samhsa.gov/find-help/harm-reduction>
- Overdose Crisis/Overdose Prevention
 - **American Medical Association's End the Epidemic**
<https://end-overdose-epidemic.org/resources/>
 - **Centers for Disease Control and Prevention (CDC): End Overdose**; includes Spanish materials
<https://www.cdc.gov/stopoverdose/index.html>
- Substance Use Prevention Resources
 - **Partnership to End Addiction** (parent resources, family supports for youth using substances)
<https://drugfree.org/prevention-and-early-action/>
 - **SAMHA's Talk, They Hear You campaign** (great parent resources)
<https://www.samhsa.gov/talk-they-hear-you>
 - **National Council for Mental Wellbeing: Getting Candid Campaign** (parent, medical provider resources)
<https://www.thenationalcouncil.org/program/getting-candid/>

References by Slide Number

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4. Substance Abuse and Mental Health Services Administration. (2023). Recovery and Recovery Support. Retrieved from <https://www.samhsa.gov/find-help/recovery>

Centers for Disease Control and Prevention (CDC). Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2015–2018. Atlanta, GA: US Department of Health and Human Services; 2021.

5. National Institute on Drug Abuse. (2021). Words Matter-Terms to Use and Avoid When Talking about Addiction. Retrieved from [Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

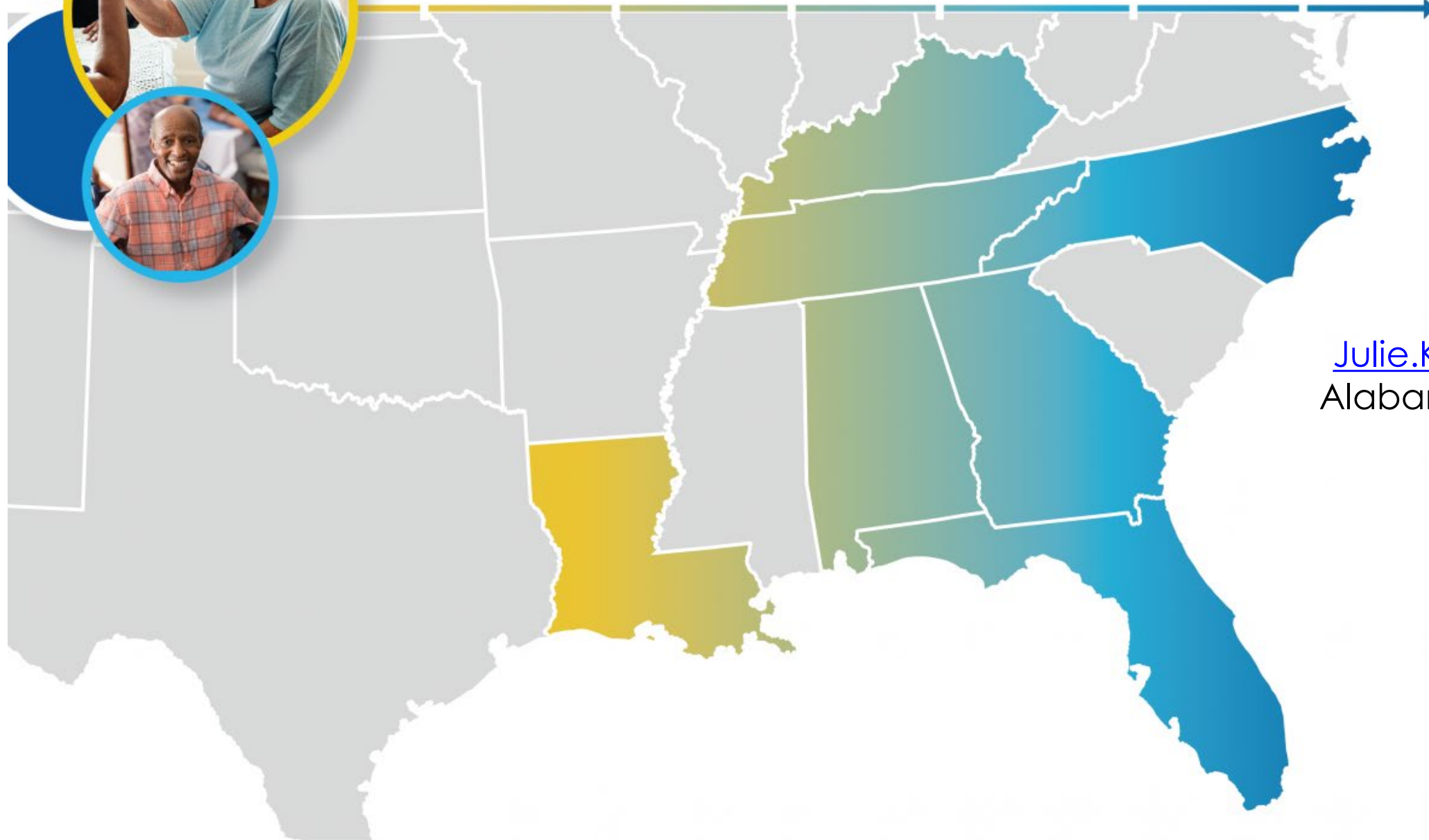
16. Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 34.) [Table], Figure 2-1: The Stages of Change. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64942/table/A61041/>

17. Harm Reduction Coalition. (n.d.). Principles of Harm Reduction. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/about-us/principles-of-harm-reduction/>

Questions?



Making Health Care Better *Together*



Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana



Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

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