Recognizing and Reducing Stigma in Clinical Documentation

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Making Health Care Better Together

About Alliant Health Solutions
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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.

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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.

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Stigma in Clinical Documentation

Presented by Cate Faulkner, MA, LCSW

September 27, 2023
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.
Continuum of Substance Use

Over-the-Counter & Prescription Medications
- Taking as prescribed
- Taking differently than prescribed (larger amount, more frequently)
- Taking medication not prescribed to you
- Taking to get high/ non-medical purpose

I illicit Substances
- Abstinence/ No Use
- Social / Recreational Use
- Dependency
- Use Disorder/ Addiction
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
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.
<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient failed a drug test for the third time. Patient is non-compliant with 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.</td>
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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 regimen.

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.

Patient is non-compliant with treatment regiment 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.

Is “failing” a medical term for results?  
What is the goal of including this information?

Does this provide concrete info about behavior or barriers?  
How was treatment plan developed?

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

Are these medical terms? What do they imply?

Does this person need/deserve services?

Hopeless  Noncompliance  Lack of willpower  Less worthy
Watch your thoughts, they become words. Watch your words, they become actions. Watch your actions, they become habit.

Laozi
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

<table>
<thead>
<tr>
<th>May</th>
<th>Method of May</th>
<th>Learn May</th>
</tr>
</thead>
<tbody>
<tr>
<td>transfer or accept</td>
<td>may become checked</td>
<td>The word “transfer” carries stigma and other negative connotations. Acceptance and validation are simple and accurate alternatives.</td>
</tr>
<tr>
<td>people living with</td>
<td>people living with</td>
<td>Person-first language values the person first rather than the health condition. This simple shift says, “I care for you, before your health condition.”</td>
</tr>
<tr>
<td>person with</td>
<td>person with</td>
<td>For health conditions that have a cure, such as leukemia, E. coli describes an infection as “people with E. coli.”</td>
</tr>
<tr>
<td>people with</td>
<td>people with</td>
<td>“People” taken away the humanity of the people impacted by a particular health condition and elevates their care to individual.</td>
</tr>
</tbody>
</table>

Recommended Language & Rationale

<table>
<thead>
<tr>
<th>Recommended language</th>
<th>Stigmatizing language</th>
<th>Rationale &amp; related research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with</td>
<td>Person in</td>
<td>Person with a disease or condition is someone who lives with disability, illness, or condition.</td>
</tr>
<tr>
<td>with a chronic illness</td>
<td>a chronic illness</td>
<td>Person with a chronic illness refers to an individual who has a long-term health condition.</td>
</tr>
</tbody>
</table>

NIDA “Words Matter”

- Articles
- Terms list
- Free CME/CE module

Shatterproof.org
# Stages of Change

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

Source: NIH
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

Source: Harm Reduction Coalition
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*
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

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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.)
  - **Shatterproof**: Addiction Language Guide (substance use)
  - **NIDA: Words Matter**
    - Language Guidance:
    - CME/CE Activities:
    - Addressing Stigma and Health Disparities:
  - **NIDA-Drugs, Brain and Behavior: The Science of Addiction**
Resources of Interest

• **Harm Reduction**
  – Harm Reduction Coalition  
  – 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


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/

Questions?