



150 YEARS
OF ADVANCING
PUBLIC
HEALTH

Massachusetts Department of Public Health

The Care of Residents with Opioid and/or Stimulant Use Disorder in Long-Term Care Settings

*Addressing Stigma, Harm Reduction and
Trauma-Informed Care*

Welcome & Purpose

- To support long-term care facilities (LTCFs) in effectively caring for residents diagnosed with opioid use disorder (OUD) and/or Stimulant Use Disorder (StUD).
- As a result of today's discussion, you will:
 - Recognize and address stigma related to OUD and/or StUD in LTCFs
 - Define and use motivational interviewing
 - Understand core principles of Trauma-Informed Care



Call to Action

MA DPH Circular Letter

- Issued 11/15/2016 by the Bureau of Health Care Safety and Quality (BHCSQ)
 - Provides guidance for LTCFs that admit residents for skilled needs who are also being treated with medication for opioid use disorder (MOUD).
 - DPH does not expect LTCFs to provide recovery services to those who are actively using opioids, but they do expect LTCFs to admit and care for those in recovery.
 - Failing to admit residents with a secondary diagnosis of OUD and/or StUd is considered a violation of the Americans with Disabilities Act (ADA).


[Circular Letter: DHCQ 16-11-662 - Admission of Residents on Medication Assisted Treatment for Opioid Use Disorder](#)
[HOUSING DISCRIMINATION UNDER THE FAIR HOUSING ACT](#)
[Legal Action Center on SUD](#)

Addressing Stigma

Karen D'Antonio

STIGMA

How stigma
is defined?

A photograph of a man with a beard, wearing a dark jacket, looking down at a set of stairs. The stairs have a metal railing and lead down into a dimly lit area. The lighting is dramatic, with strong highlights and deep shadows.

Stigma is a social process in which people are labeled, set apart, and linked to undesirable characteristics, and rationales are constructed for devaluing, rejection and exclusion.

Can we advance the SCIENCE and erase the STIGMA?

Stigma leads to significant mental, physical, and social consequences for affected patients.

Patients report experiencing blame, judgement, and discrimination from health care professionals.

This stigma/discrimination impedes our ability to address health deficiencies.



Impact of Health-Related Stigma



“Stigma is rarely based on facts, but rather on assumptions, preconceptions, and generalizations; therefore, its negative impact can be prevented or lessened through education.”

Source: Grayken Center for Addiction and RIZE Massachusetts

Provider Health-Related Stigma

Provider Health-related stigma can lead to:



▶ Having more intolerant judgments




▶ Being less personally engaged



▶ Demonstrating diminished empathy



▶ Providing only task-oriented care



▶ Providing suboptimal care

[Source: PTTC Preventing and Reducing Stigma: Healthcare](#)

Discussion

Why is it socially “ok” to express stigma towards those who use drugs, but not so much towards conditions such as disabilities?



Mentimeter Poll



Go to <https://www.menti.com/>
Enter the code: 7150 8207

What are some examples of stigmatizing language used about people who have substance use disorders?

Stigmatizing Language

- “Substance Abuser” vs. “Substance Use Disorder”



- Example:
 - Mr. Williams is a substance abuser and is attending a treatment program through court...
 - Mr. Williams has a substance use disorder and is attending a treatment program through the court...

Source: Kelly JR, 2010, Int J Drug Policy, adapted from Grayken Center for Addiction and RIZE Massachusetts

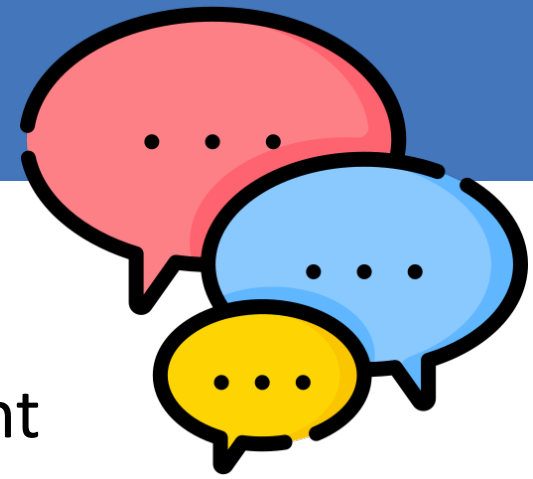
Words Matter - Avoid Stigmatizing Language

The language we choose shapes the way we treat our residents...

Instead of:	You can say....
“drug abuse”	Substance use disorder
“addict” or “junkie”	Person with a substance use disorder
“alcoholic”	Person with alcohol use disorder
“dirty urine”	Abnormal, positive, or unexpected urine test result
“clean urine”	Normal or negative urine test result
“clean” (referring to a person)	Abstinent, in remission, or in recovery
“dirty” (referring to a person)	In a period of disease exacerbation, or relapse
“shooting up”	Injecting
“shooter”	Person who injects drugs

SOURCE: Boston Medical Center- <https://www.bmc.org/addiction/reducing-stigma>

Case Study/Discussion



65-year-old resident admitted to a skilled nursing facility with right femur fracture and secondary diagnosis of OUD. Resident is alert and oriented x3, admitted for short-term rehabilitation.

At the most recent care planning meeting the resident requested a therapeutic leave to get a hair cut. The resident is ambulating with a cane and will take a taxi back and forth to the barber.

How does your current Leave of Absence (LOA) Policy support the above scenario?

Harm Reduction



Harm Reduction Principles

Accepts that drug use is part of our world

Ensures residents with a history of drug use have a real voice

Establishes quality of individual and community life and well-being

Does not minimize or ignore real & tragic harm & danger associated with drug use.

Adapted from: [Principles of Harm Reduction. Harm Reduction Coalition 2020](#)

Harm Reduction Principles

Recognizes realities of poverty, racism, past trauma, and other social inequalities

Affirms people who use drugs (PWUD) themselves as primary agents

Understands drug use is complex

Calls for non-judgmental, non-coercive provisions of services and resources

Adapted from: [Principles of Harm Reduction. Harm Reduction Coalition 2020](#)

Principles of Trauma-Informed Care



Source: CDC's Office of Public Health Preparedness and Response [6 Guiding Principles to a Trauma-Informed Approach](#)

Trauma Aware Organizations



Complete an organization assessment and develop an action plan



Educate staff to attain a sustainable trauma-informed workforce



Change organizational culture to highlight role of trauma



Design a clearly articulated trauma screening process



Driven by the voices and choices of residents to create a setting that adapts to their needs

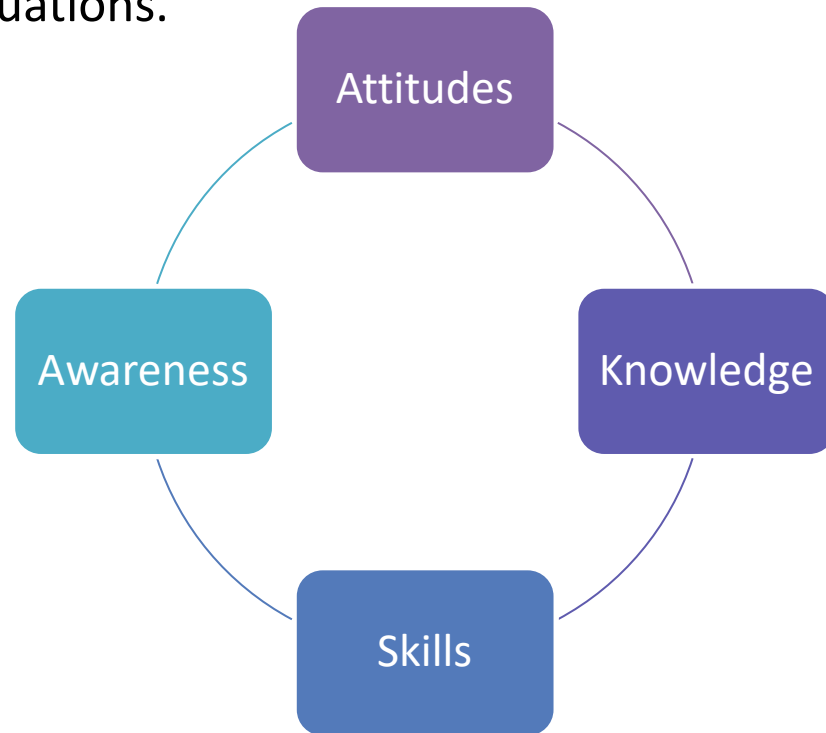


Ensure environment is safe, nurturing, and empowering

Source: [Trauma-Informed Care: Change Package for Nursing Centers](#)

Cultural Competence

Cultural competency is a developmental process in which one achieves increasing levels of awareness, knowledge, attitudes, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations.



Strategies for practicing cultural competency include:

- Learning about your own and others' cultural identities
- Combating bias and stereotypes
- Respecting others' beliefs, values, and communication preferences
- Adapting your services to each resident's unique needs
- Gaining new cultural experiences

Cultural Humility

Cultural humility is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining openness to others in relation to aspects of their cultural identity that are most important to them.



Strategies for practicing cultural humility include:

- Practicing self-reflection, including awareness of your beliefs, values, and implicit biases
- Recognizing what you don't know and being open to learning as much as you can
- Being open to other people's identities and empathizing with their life experiences
- Acknowledging that the resident is their own best authority, not you
- Learning and growing from people whose beliefs, values, and worldviews differ from yours

Discussion Questions

Why is it important to strive for both cultural competency and cultural humility?



World Café

Interactive Activity

Directions

- There are (three) 3 tables for our World Café
- Each table will address different discussion questions
- You will have time to participate in the discussions sequentially at three (3) of the tables
- Each discussion will last 10-15 minutes
- Following the table discussion, the moderator at each table will report out to the group

Table Discussions

1. Stigma

- *What can healthcare workers do to reduce stigma?*
- *Have any of these approaches been implemented at your organization?*
- If not, are these things you think your organization can work toward in the future? What kinds of challenges do you anticipate? Have other participants found solutions to these challenges or other lessons learned to share?

• 2. Harm Reduction

- *What are some of the misconceptions about harm reduction strategies and programs and how do you negate these misconceptions?*
- *What are some of the harm reduction strategies in your organization?*

3. Trauma-Informed Care

- *Trauma – what do you think of when you hear this word?*
- *What are some challenges you might face in providing Trauma-Informed Care?*
- *How is your organization educating staff on Trauma-Informed Care?*



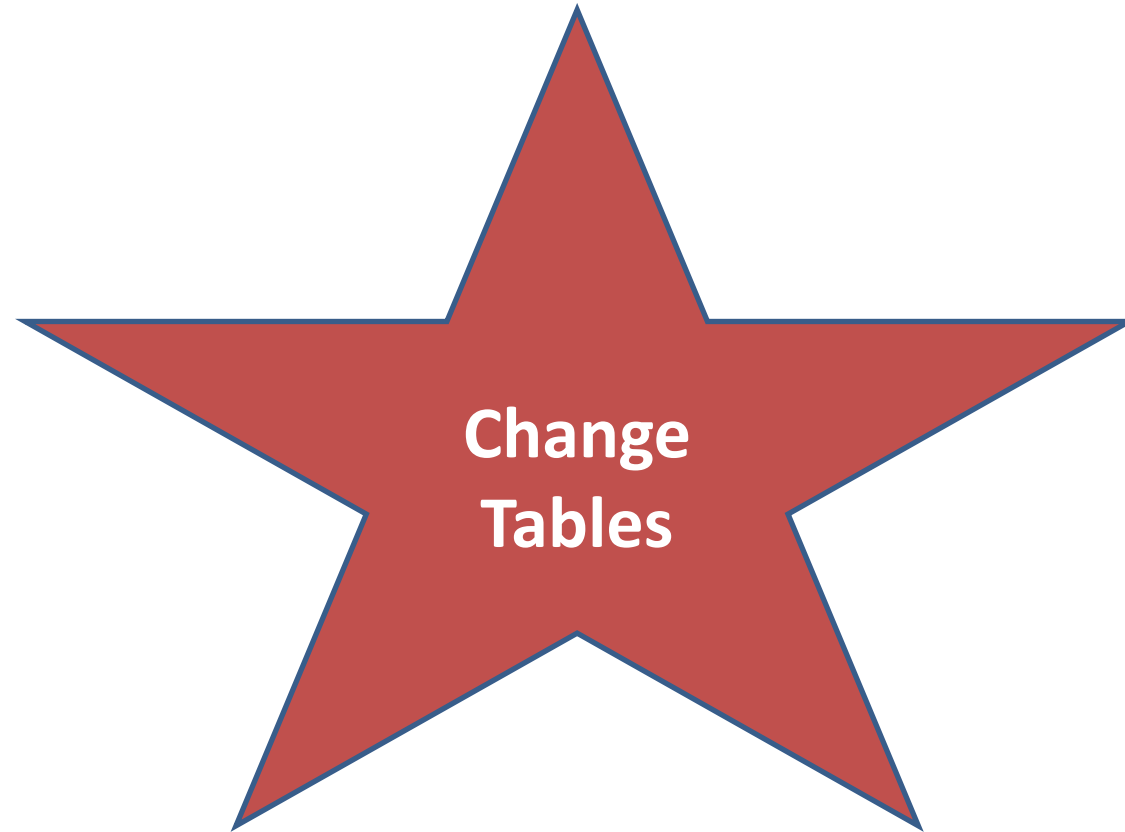


Table Moderators Report Out



**3-5 minutes
per table**

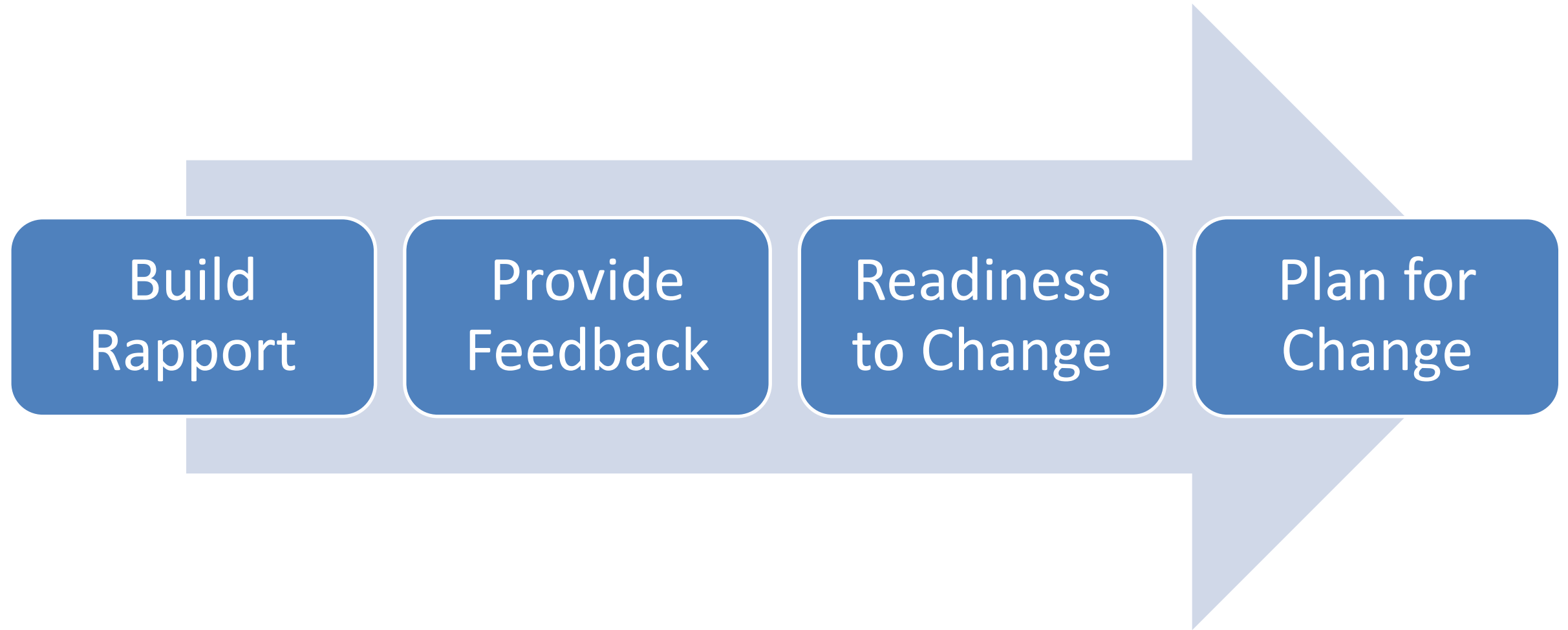
Brief Negotiated Interviewing (BNI)

- A specialized intervention that has foundations in motivational interviewing techniques
- Intended to elicit a person's motivation to either make changes or continue healthier choices

[https://www.mass.gov/info-details/screening-brief-intervention-and-referral-to-treatment-sbirt#learn-about-brief-intervention-\(bi\)-](https://www.mass.gov/info-details/screening-brief-intervention-and-referral-to-treatment-sbirt#learn-about-brief-intervention-(bi)-)

<https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-brief-negotiated-interview-bni/>

Steps in BNI



BNI Algorithm

BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1) BUILD RAPPORT	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) PROS & CONS Summarize	Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]? So, on the one hand [PROS], and on the other hand [CONS].
3) INFORMATION & FEEDBACK Elicit Provide Elicit	I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? We know that drinking ... <ul style="list-style-type: none"> • 4 or more (F) / 5 or more (M) drinks in 2 hrs • or more than 7 (F) / 14 (M) drinks in a week • having a BAC of ____ ...and/or use of illicit drugs such as ____ ...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. What are your thoughts on that?
4) READINESS RULER Reinforce positives Ask about lower #	This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use? You marked _____. That's great. That means you are _____ % ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?

[Boston University School of Public Health The BNI ART Institute/](#)

Reflection and Leaving in Action

Reflection

What strategies has your facility learned today that could help overcome current challenges and lead to successful care for residents with OUD/StUD?

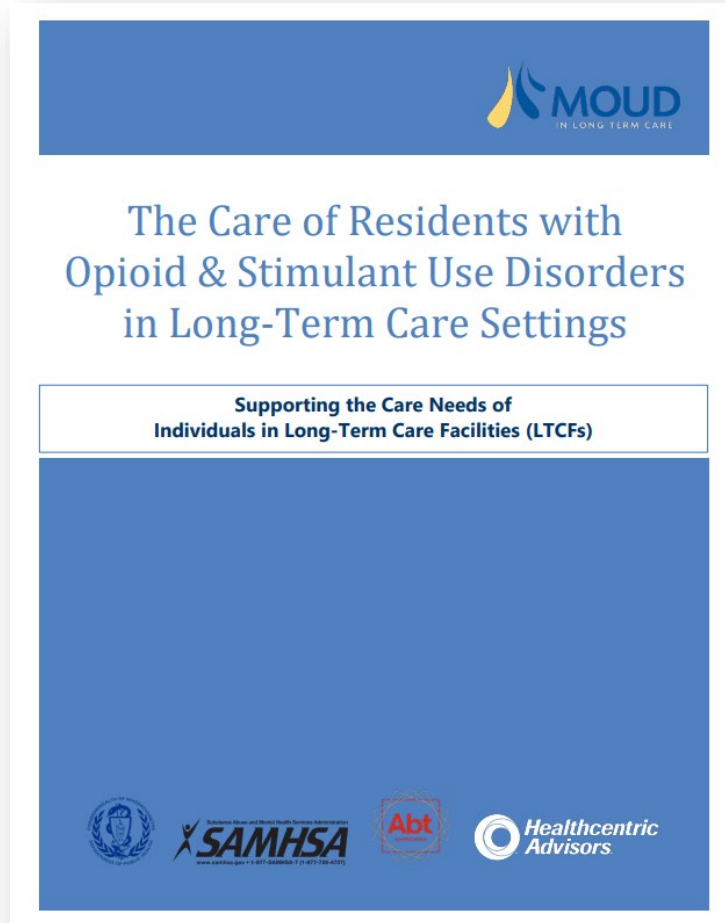


Future Plans

What are your plans/strategies to continue to improve care for residents with OUD and/or StUD?



Resources



[The Care of Residents with Opioid Use & Stimulant Use Disorders in Long-Term Care Settings](#)



[Support #StateWithoutStigMA](#)



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