University of Massachusetts Amherst

From the SelectedWorks of Donna M. Zucker

2018

Uncovering Stigma.pdf

Donna M Zucker, RN, PhD, FAAN
Genevieve E. Chandler, PhD, *University of Massachusetts Amherst*
Suzanne Rataj, MPH, *University of Massachusetts Amherst*
Edith Dundon, PhD, *University of Massachusetts Amherst*
Dawn Heffernan, MS, *University of Massachusetts Amherst*, et al.

Available at: https://works.bepress.com/donna_zucker/36/

Journal of Addictions Nursing • Volume 29 • Number 3, 203–204 • Copyright © 2018 International Nurses Society on Addictions

Uncovering Stigma

SBIRT Promotes Whole Curriculum Learning

In the state of Massachusetts, there were 1,501 confirmed opioid-related overdose deaths in 2017. The Department of Public Health estimates that there will be an additional 433–518 deaths in 2018 (Massachusetts Department of Public Health, 2018). Predictive models put that number beyond 2,000 deaths, which peaked in 2016. Efforts to reverse these trends included enhanced law enforcement for drug trafficking, increasing Narcan availability and training, and stricter laws on opioid pain reliever prescribing. Rapid responses by local and state government offices are endeavoring to reverse the trend of mortality from opioid overdose, and our college is poised to address this crisis.

At the University of Massachusetts/Amherst, nursing students have a unique opportunity to firsthand define and actualize both upstream and downstream efforts to address the opioid epidemic that has plagued our nation. Funded by a grant from the Substance Abuse and Mental Health Services Administration, our student nurses learn motivational interviewing (MI) techniques and screening for alcohol and substances misuse and practice their new skills with their patients, peers, and families. Nearly 2 years into this 3-year grant, we have learned from our students: The greatest barrier to substance use disorder (SUD) screening in large and small agencies is stigma.

An essential component of our success has been our student advisory group. Our students, sent out to the community to practice their Screening, Brief Intervention, Referral to Treatment (SBIRT) skills, reported gaps in our intervention plan. Students immediately recommended the need to begin MI techniques on "Day 1" of their education. Second, they spoke of their discomfort in beginning an SBIRT conversation without a planned opportunity to reflect on their own lack of awareness of prejudices and bias and those they encounter within the health care system. As a result, we provided several learning opportunities during their curriculum for students to imagine the best way to unmask the difficulties encountered in talking about an uncomfortable topic such as alcohol and substance use. Equipped with their new skills, they are prepared to practice in the clinical setting; however, in our Advisory Group conversations, we heard multiple reports of a disconnect between what the students were learning and what they witnessed in practice. Students described that their role models in practice were not addressing substance use with their patients.

Stigma can be based on several different stereotypes that exist about people with SUDs. With unexamined biases, people can view people with SUDs as having moral weakness, being blameworthy, unreliable, having a poor work ethic, and that their situation is hopeless and can devalue them altogether. To document the students' experience, our Power of Nursing to Change Health Care evaluation team has now included in the pretraining and posttraining evaluation a battery of questions to gauge how student nurses' stigma in these areas changed over the course of their semester of intensive SBIRT training and practice. Across 239 students who have been trained so far, they show that SBIRT training and practice has increased their sense of value in people who have SUDs. In addition, they show less judgment in the areas of work ethic, unreliability, and moral weakness. Our goal is to try to unmask and promote the visibility of challenges in working with all persons, but particularly individuals with SUDs who are highly stigmatized. Our preliminary data suggest that stigma exists and is currently a barrier to care delivery. We have responded with broadening our approach in teaching and practice. We now start with our freshmen by teaching that MI is a core component of therapeutic communication and a practical approach of conversing about any health care issue. Now, instead of solely engaging in role play activities with fictional clients who may be at a high risk for SUD or who may be having difficulty with smoking cessation, students are practicing using MI when conversing with their peers or superiors in all practice settings. An identified barrier to students using MI is the lack of role models in practice asking these difficult questions and engaging in direct conversations with patients. Our SBIRT grant work to date has been enriched by students participating in shaping this evidence-based interviewing technique resulting in our infusing the nursing curriculum with compassion in nonjudgmental patient encounters. Such best practices are now a key component of the nursing curriculum and have implications beyond screening for substance use, across all caring encounters. We applaud the College of Nursing students for investment in caring for all of their patients and taking the lead in recognizing the curriculum and practice change that is needed.

REFERENCE

Massachusetts Department of Public Health. (2018, February). Data brief: Opioid-related overdose deaths among Massachusetts residents. *Registry of Vital Records and Statistics, MDPH.*

Donna M Zucker, RN, PhD, FAAN,
Genevieve E. Chandler, RN, PhD
Suzanne Rataj, MPH
Edith Dundon, PhD, RN, CPNP
Dawn Heffernan, MS, RN, CDE
Gloria DiFulvio, PhD, MPH
Diane Fedorchak, M.Ed.
Sally Linowski, Ph.D

Copyright © 2018 International Nurses Society on Addictions. Unauthorized reproduction of this article is prohibited.

A Response by Ann M. Mitchell, PhD, RN, AHN-BC, FIAAN, FAAN

Dr. Donna Zucker from UMass Amherst presents her nursing school's experience of implementing SBIRT into their curriculum. She outlines a number of accomplishments and obstacles, which are familiar to me because UPitt, and I know other schools of nursing, have had similar successes and barriers. One of the main issues she comments on is the disconnect between what the nursing students learn and what they see in clinical practice. It imperative that we continue to integrate substance use education, including SBIRT, into nursing curricula across the country and around the world. We, as nursing leaders, must also take on the task of offering ongoing continuing education related to substance use and treatments to our interprofessional colleagues in clinical practice sites. Screening for alcohol and other drug use must become a universal practice … implemented by all nurses, with all patients, in all practice settings. Perhaps then we will eliminate the stigma that so often prevents us from providing the best evidence-based care to all of our patients.

Ann M. Mitchell, PhD, RN, AHN-BC, FIAAN, FAAN,
University of Pittsburgh

Copyright © 2018 International Nurses Society on Addictions. Unauthorized reproduction of this article is prohibited.