Preventing Implicit (Unconscious) Bias from Undermining Resident Care: Strategies and Opportunities

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CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

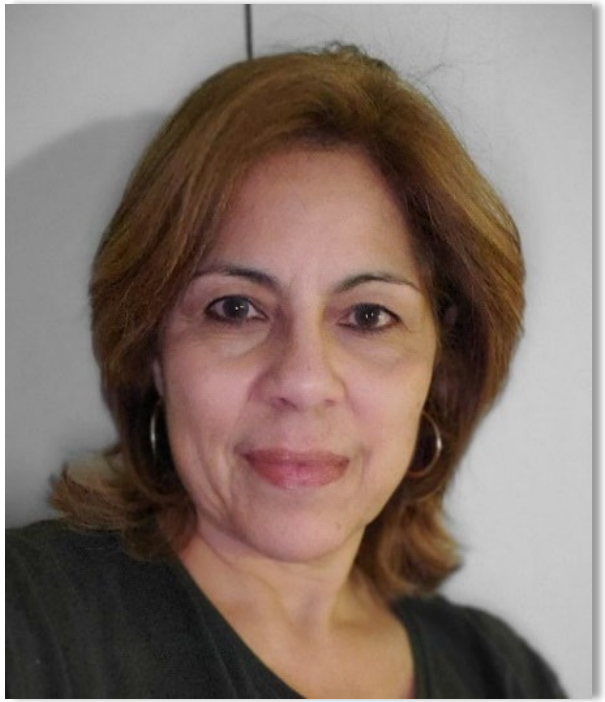
She has a B.A. in Psychology from the University of South Carolina, a M.A. in Counseling from Webster University and is a Certified Behavioral Specialist.

Presenter

Diana Padilla, MCPC, CARC, CASAC-T
Pronouns: **She/Her/Ella**
RESEARCH PROJECT MANAGER

Diana has worked in the behavioral health field for more than 25 years. She is an SBIRT (Screening, Brief Intervention and Referral to Treatment) technical assistance and implementation specialist, assisting organizations to integrate SBIRT in their settings, and effectively intervene with communities at risk of substance use and mental health related conditions and behaviors.

Using a cultural and recovery-oriented perspective, Diana teaches how to enhance strategies and interventions to best meet the substance use and related needs of communities of color, LGBTQ+ people, and other traditionally underserved populations.



Preventing Unconscious Bias from Undermining Resident Care: Strategies and Opportunities

This webinar will examine the development of implicit (unconscious) bias and explore the environmental factors that may contribute to stereotyping and stigma. Participants will learn techniques to reduce bias and person-first language approaches to enhance staff and resident interactions.

Learning Objectives:

- Examine the cognitive process associated with the development of stereotypes, implicit (unconscious) bias, and stigma.
- Identify external and internal risk factors supporting implicit bias.
- Learn how bias can negatively impact communication and rapport building with residents.
- Learn strategies to eliminate implicit bias to enhance resident interactions.

Defining Unconscious Bias and Other Related Terms

- ***Unconscious bias*** *(implicit bias)* is defined as prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.
- A ***stereotype*** is an exaggerated belief, image or distorted truth about a person or group, a generalization that allows for little or no individual differences or social variation.
- The ***stigma*** against people with substance use disorders is a set of negative attitudes and stereotypes that can create barriers to treatment and make these conditions worse

Societal Perceptions of Substance Use & Mental Illness

- 90% are unwilling to have a person with addiction marry into their family, compared to 59% for a person with mental illness.
- 62% will work with someone who has a mental illness, whereas only 22% will work with someone who with addiction.
- 54% believe landlords should be allowed to deny housing to a person with addiction, compared to only 15% for persons with mental illness.
- 3 in 10 believe that recovery from addiction is impossible.

Barry, C.L., McGinty, E.E., Pescosolido, B.A., & Goldman, H.H. (2014). Stigma, Discrimination, Treatment Effectiveness and Policy Support: Comparing Public Views about Drug Addiction with Mental Illness.

Substance Use Disorder (SUD) and Stigma

That happens to other people, but it WOULDN'T happen to me.

Ignoring or pretending it isn't happening to you or someone near you.

Not touching, hugging, or holding hands.

That person was raised different, I was taught BETTER.

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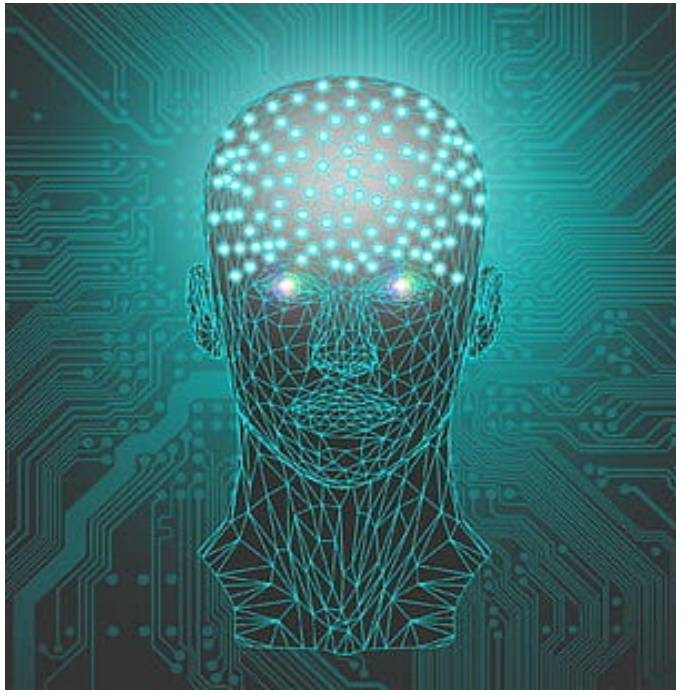
Detrimental Effects of Implicit Bias and Stigma

Misconception that substance use disorders are a moral failing, rather than a disease, can lead to stigmatization

- Nursing home staff words and actions may be influenced by entrenched societal stigma around these conditions, resulting in a contradiction between their intentions to help the residents in care and their actions.
- Most residents on the receiving end of stigmatizing behavior are fully aware it is happening and may feel shame, distrust and rejection.

Substance Use Disorder (SUD): A Brain Disease

- Substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use of the substance despite significant substance-related problems.
- Chronic substance use rewires the neurological pathways of the brain and diminishes the capacity of the person to stop using substances and prompts to use more.



Abstinence → **Experimental Use** → **Recreational Use** → **Risky or Harmful Use** → **Substance Use Disorder**

APHA, Substance Misuse, https://www.apha.org/topics-and-issues/substance-misuse, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition DSM-5

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Staff Related Barriers to SUD Resident Care

One study conducted with nursing home staff (nursing directors, physicians, administrators, etc.) found inconsistencies regarding substance use knowledge and protocols.

Three themes were identified:

- Staff preparedness
- Staff perceptions of addiction
- Overall lack of resources

Yang M, Beiting KJ, Levine S. Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study. J Addict Med. 2023 Mar-Apr 01;17(2):155-162. doi: 10.1097/ADM.0000000000001061. Epub 2022 Aug 30. PMID: 36044314.

Challenges to Addressing Substance Use In Nursing Home Facilities

- Nursing home residents may not be screened for substance use.
- Substance use symptoms in older individuals may be misinterpreted as age related conditions.
- Adults with substance use disorder (SUD) at times, maybe denied admission to residential nursing home care.
- Nursing schools do not routinely teach about substance use disorders (SUD).

Yang M, Beiting KJ, Levine S. Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study. J Addict Med. 2023 Mar-Apr 01;17(2):155-162. doi: 10.1097/ADM.0000000000001061. Epub 2022 Aug 30. PMID: 36044314.

Stigma, Bias and Consequent Negative Perceptions

Research surveys indicate that some nursing home staff perceptions of people with substance use disorders can include:

- Residents with substance use are time intensive
- Residents with substance use history are manipulative and aggressive
- Unpredictable
- Challenging
- Deceptive

Yang M, Beiting KJ, Levine S. Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study. J Addict Med. 2023 Mar-Apr 01;17(2):155-162. doi: 10.1097/ADM.0000000000001061. Epub 2022 Aug 30. PMID: 36044314.

Contributing Factors for Unconscious Bias

- It may be difficult for nursing home staff who are committed to their residents to consider that they may harbor biases.
- Nursing home staff tend to work with high stress circumstances and limited time constraints that increases risk of implicit bias.
- Distracted or pressured decision-making circumstances.
- Lack of feedback or communication or formal education on substance use.
- Fatigue and cognitive load.

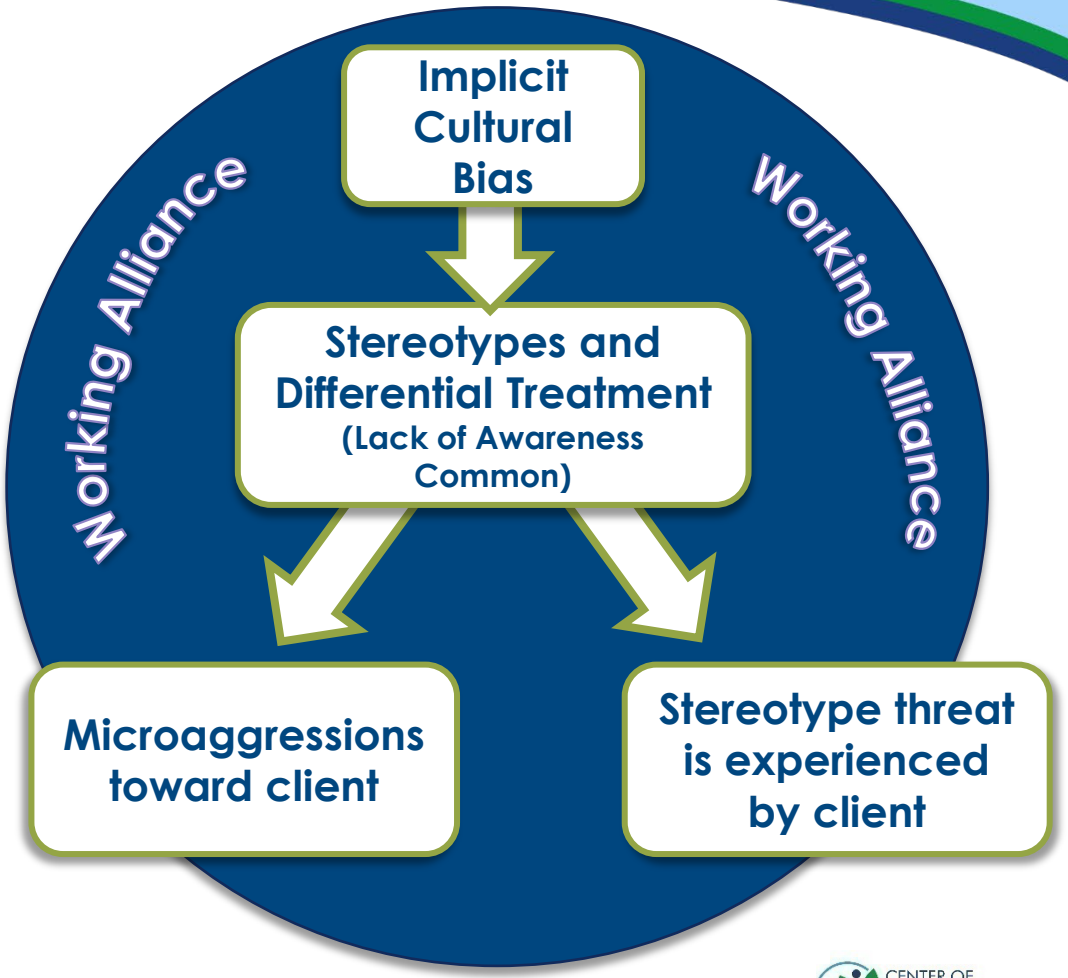
Impact of Unconscious Bias on Residents in Care

- Increases shame and isolation from family, friends, and community.
- Prevents people from seeking help.
- Pushes people toward treatment that's not based on science.
- Can result in blaming or judging people with at-risk substance use and dismissing opportunities to help.

Study About Behavioral Health Bias

Mental health and substance use disorder professionals were more likely to judge and agree to disciplinary actions toward clients referred to as "substance abusers," as opposed to a person with a substance use disorder.

Mental health practitioners were less likely to believe that clients deserved treatment when referred to as a "substance abuser."



Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? a randomized study of two commonly used terms. Int J Drug Policy. 2010;21(3):202-207

Let's Experiment!

Young and _____

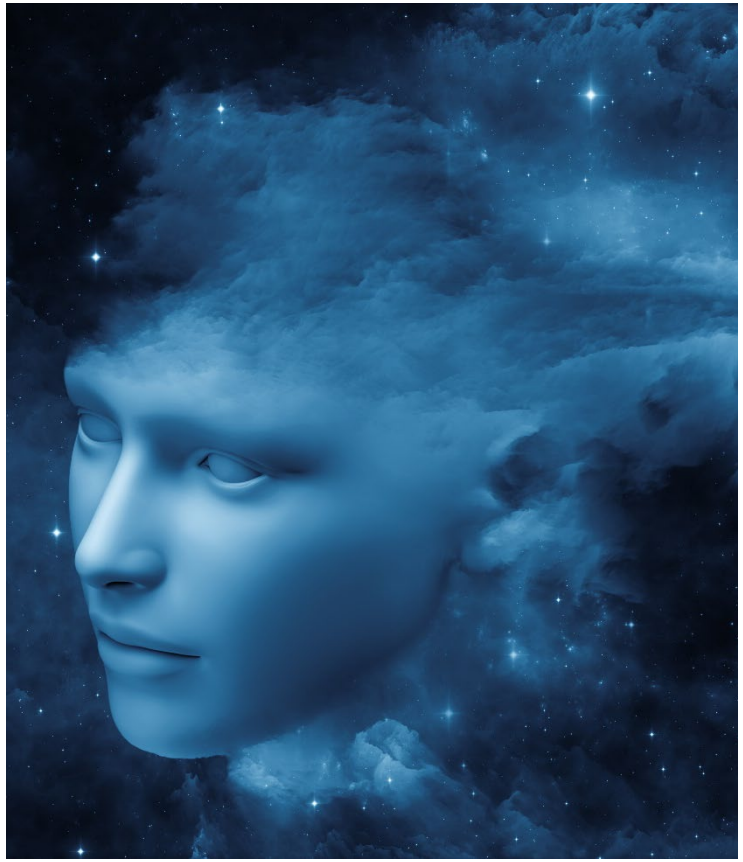
Black and _____

Conditioning Dynamics

- You are conditioned since childhood to internalize the environment around you, always ***reading and absorbing signs and messages*** from your environment, experiences you have, and people you engage with throughout your life including.

- The brain both consciously and unconsciously processes information very rapidly and causes an action for a particular situation.

The Unconscious Mind



- Automatic brain (automatic processing) overrides your conscious intentions of impartiality.
- Limbic system sorts information into categories, the mind fills in gaps when we receive only partial information.
- Collectively, these processes called schemas, form the 'frame' or "frame of reference," that help us interpret and respond to the world around us.

Perception Institute, Research Science & Perception, Implicit Bias, https://perception.org/research/implicit-bias/

Schemas Where Information is Stored

- Schemas categorize people with generalized associations of salient accessible traits such as gender, age, race, creating stereotypes create implicit social cognition guides our thinking about social categories such as people or groups.
- Can be influenced under certain circumstances of stress, time pressure, can create ambiguity and assumptions.

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The Role of Heuristics

- Mental shortcuts that help us problem solve and make judgments quickly, without much effort.
- While schemas form the basis for knowledge, attitudes, or beliefs we hold…heuristics are simple rules that govern our judgment and/or decision-making.

It is the basis of "rapid 'social categorization,' tinely and quickly sort people into groups.

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Heuristics Can Lead to Bias

- Because they help us make fast decisions, they can also lead us to make ***errors in judgment.***
- Despite our intentions of fairness, and the fact that many of us explicitly reject overt racial stereotypes and discriminatory action, we are unaware that we harbor unconscious attitudes or racial associations.
- Being aware of how these heuristics work, as well as the potential biases they introduce, should help to make more informed, accurate, and fair decisions.

How Do We Begin to Address Our Unconscious Bias?

- **Recognize that implicit bias is in you** through a lifetime of conditioning and experiences that have helped to develop latent negative attitudes and stereotypes toward people of color.
- **Know that implicit bias** adversely affects decision making, even if you don't set out to intentionally discriminate against anyone.
- **Take measures to identify and assess** your own implicit bias that manifests in your profession, practices, and decision making.

Bias-reducing Strategies

- **Replace the stereotype** - Stop, think, and consciously choose to adjust your response to the resident.
- **Counter the stereotype**- Pause and reimagine the possibilities for your resident.
- **Individuation** -See your resident as an individual human, not the disease or condition they have.
- **Take perspective** -Metaphorically place yourself on the other side of the bed rail and dare to imagine what your resident might be experiencing.
- **Increase opportunities for connection** -Pull up a stool and spend time with your resident to get to know them. Listen to their stories.
- **Build partnership -** Work with your resident and embrace them as a care collaborator.

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Evolving from People-first Language

- **Person-first language:** Language that refers to the person first and the identity second. For example: "The writer, who has a bipolar disorder" as opposed to "the disabled writer."
- **Identity-first language:** Language that refers to the person's identity first. For example, "bipolar people". The basic reason behind members of some identity groups' dislike for the application of people-first language to themselves is that they consider their identity to be inseparable parts of who they are.

American Nurse, Strategies to combat implicit bias in nursing, July 2023, https://www.myamericannurse.com/strategies-to-combat-implicit-bias-in-nursing/

Stigma-free, Recovery-oriented Language

- The language of addiction medicine should be changed to reflect today's greater understanding.
- It will allow people who use substances to more easily regain their self-esteem, and helps the public understand that substance use disorders is a medical condition as real as any other.
- Residents are more likely to get treatment and recover when their families, friends, and nursing home staff support them without judging them.
- Choose supportive, respectful, and nonjudgmental words that treat people with respect and compassion.

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Recovery-oriented Language Approach

https://youtu.be/U26wtQnavwI (1:47)

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"We can embrace our vulnerabilities to combat our biases, engage in compassionate communication that replaces words that harm with words that heal…"

Evolve Our Language To Inform Our Perceptions

Rather than	Say:
Abuse	Use of illicit drugs or misuse of prescription drugs
Addict or user	Person with substance use disorder
Addicted baby	Baby exposed to substances
Clean	Tested negative
Dirty	Tested positive
Former addict	Person in recovery
Medication-assisted treatment	Medication for opioid use disorder

Acknowledging the Person…the Resident in Care

- Speak or write the person first, then the disability, i.e., Sam is a person with a disability," or "Sheila is visually impaired…"
- Emphasize abilities or accomplishments, not limitations.
- When communicating about a group, "individuals with disabilities.."
- Allow and expect that individuals with disabilities will speak for themselves.
- Be careful not to idealize people who have disabilities as being brave simply because they have a disability.

Self–Assessment Resources

- **Understanding Prejudice: Implicit Association Test**
  www.understandingprejudice.org/IAT/

- **Teaching Tolerance: Test Yourself for Hidden Bias**
  https://www.tolerance.org/professional-development/test-yourself- for-hidden-bias

Language Resources

- Addiction Policy Forum: Language Matters
- Addiction Policy Forum: Five Addiction Terms to Stop Using
- National Institute on Drug Abuse: Words Matter
- National Public Radio: Why We Should Say Someone is a 'Person With an Addiction,' Not An Addict
- Recovery Research Institute Addictionary
- Prevention Solutions at EDC: Words Matter: How Language Choice Can Reduce Stigma
- Shatterproof: Stigma-Addiction Language Guide

Non Stigmatizing Language, https://pttcnetwork.org/centers/great-lakes-pttc/non-stigmatizing-language

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Thank You!

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