

Breaking the chains
of Stigma:

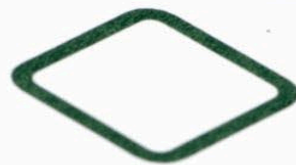
Tackling Barriers in
Addiction and
Mental Health Care



Excellent



Very good



Good



Average



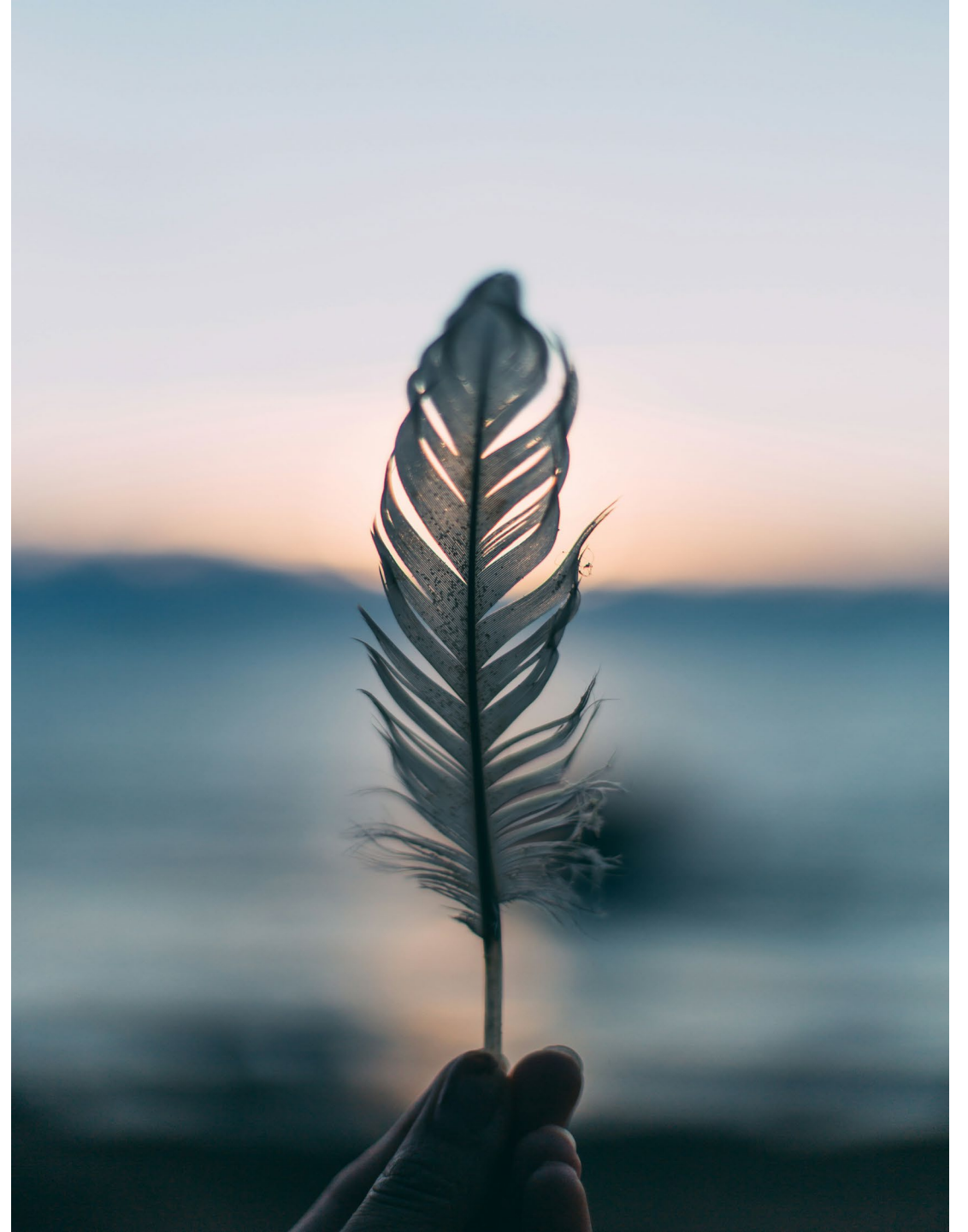
Poor



Disclosure:

THESE ARE TOUGH
CONVERSATIONS.

We move forward with an agreement
to listen, connect, and share honestly
to allow for growth and change.

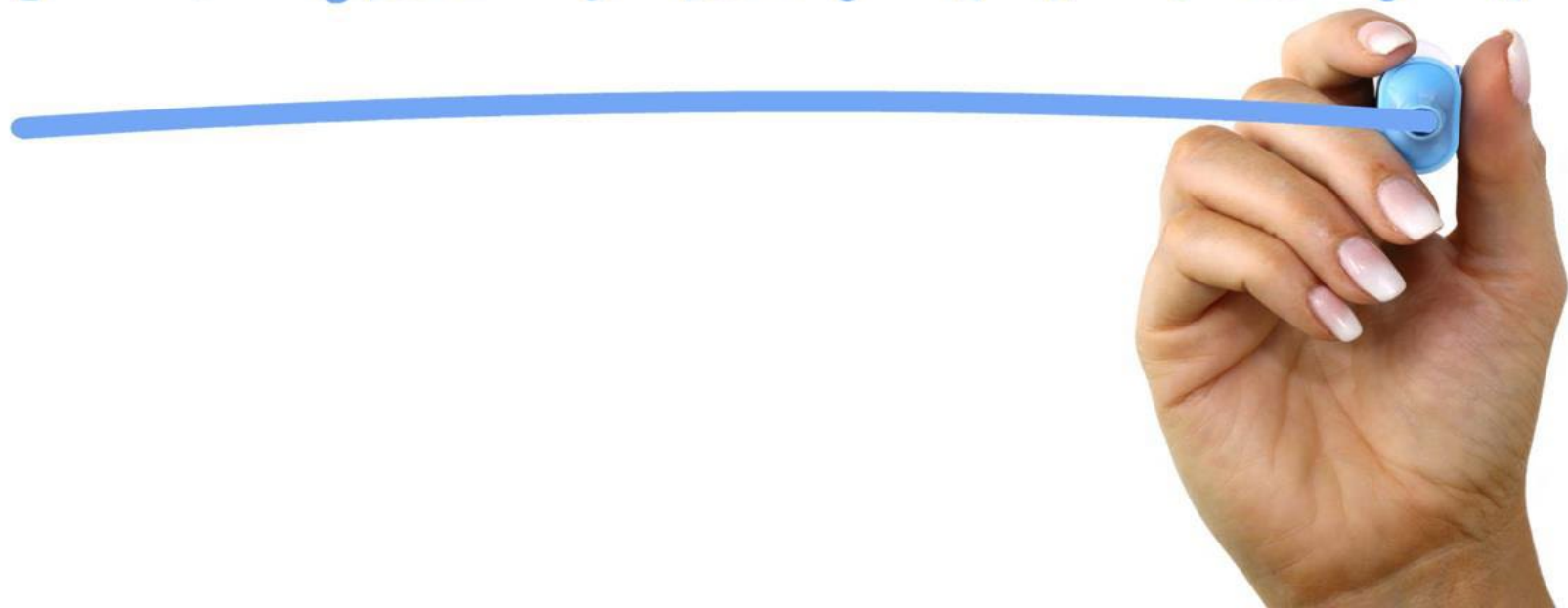


PRE-TEST

- ✓ Struggled to understand the complexities of addiction & mental health: Heck Ya
- ✓ Have been impacted by Stigma: True
- ✓ Gotten angry with someone who is in active addiction: Yup
- ✓ Love someone in Active Addiction: Ahem
- ✓ Love someone in Recovery: Yes!
- ✓ Are in Recovery: That's Me

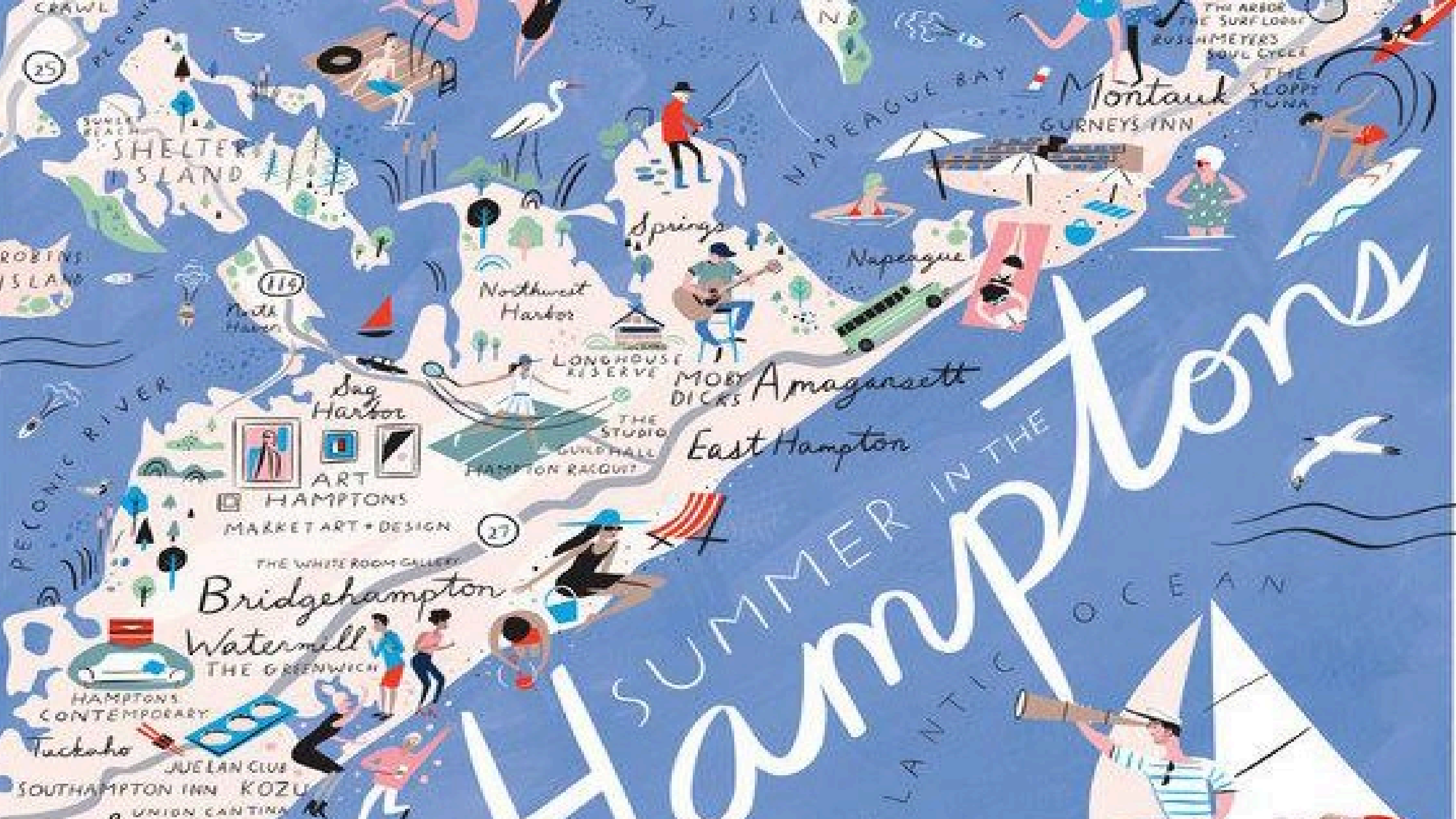


PREVENTION



RECOVERY





25

119

37

SHELTER ISLAND

Montauk
GURNEYS INN

Springs

Northwest Harbor

Napeague

Amagansett
MOBY DICKS

East Hampton

HAMPTONS
MARKET ART + DESIGN

THE WHITE ROOM GALLERY

Bridgehampton

Watermill
THE GREENWICH

HAMPTONS
CONTEMPORARY

Tuckahoe

JUELAN CLUB

SOUTHAMPTON INN KOZU

UNION CANTINA

THE STUDIO
GUARDHALL
FRANKTON RACQUET

LONGHOUSE
RESERVE

Sag Harbor

ART



THE ARBOR
THE SURFLOAST
RUSCHMEYERS
SOUL CYCLES
THE SLOPPY
TUNA

OCEAN

LANTIC

HAMPTONS

SUMMER IN THE





PASTEURIZED PROCESS CHEDDAR CHEESE

• Keep Under Refrigeration •

NET WEIGHT - 8 POUNDS • CONTRACT NO. 14-509-001

MAR. APR. MAY. JUNE 1932

PASTEURIZED PROCESS CHEDDAR CHEESE

PURCHASED AND DISTRIBUTED BY THE

• United States Department of Agriculture •

Washington, D. C.

FOR DISTRIBUTION TO SCHOOLS, CLUBS, RESTAURANTS AND OTHER BEWARE CULPERS
NOT TO BE SOLD OR EXCHANGED

100%

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

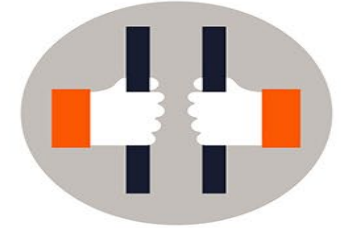


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



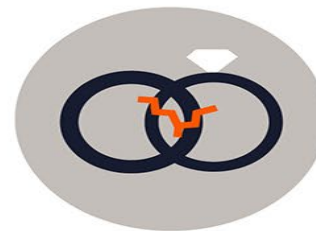
Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

DIAGNOSIS:
I WAS A BASE KID

**ROAD
CLOSED**



COMPANY OR
EMPLOYER NAME: _____

Employment Application

YOUR NAME: _____
Last

ADDRESS: _____

Are you able to perform the essential functions
of this position with or without accommodations?
☐ Yes ☐ No

IF YOU ARE WORKING, ARE YOU OVER (Please mark one)
☐ YES ☐ NO

DAYS AFTER BEING NOTIFIED THAT
14 _____

POSITION APPLIED FOR: _____
APPLICANT ID: _____
SOCIAL SECURITY NUMBER: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT?
☐ Yes ☐ No (If yes, provide a valid ID)
I AM SEEKING A PERMANENT POSITION?
☐ Yes ☐ No (If yes, provide a valid ID)
IF NECESSARY FOR THE JOB, I AM WILLING TO:
Work (which shifts)? _____
Work overtime? _____
Provide a valid ID? _____



FOUND
COMMUNITY

FOUND
HOME

FOUND
HOPE

Thank you Mrs. Block- THANK YOU community champions

HUGS^{inc.}

The logo for HUGS inc. features the word "HUGS" in a large, bold, blue sans-serif font. To the right of "HUGS" is the word "inc." in a smaller, blue, lowercase sans-serif font, with a small blue dot above the "i". Below the "inc." is a light green, five-pointed star.

CONFERENCES
CONFERENCE TRACKS
COMMITTEES/TASK
FORCES/WORK GROUPS

PREVENTION

**LAW
ENFORCEMENT**

**HARM
REDUCTION**

TREATMENT

RECOVERY





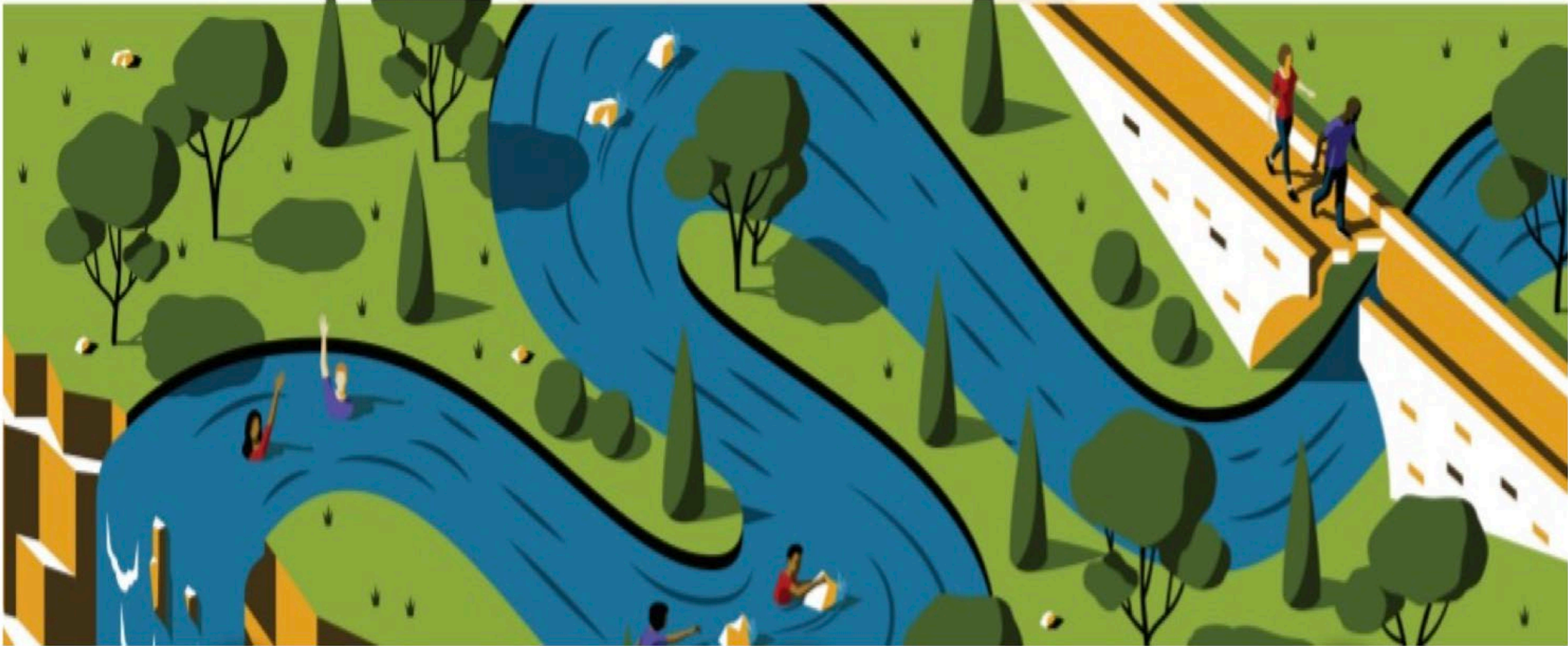




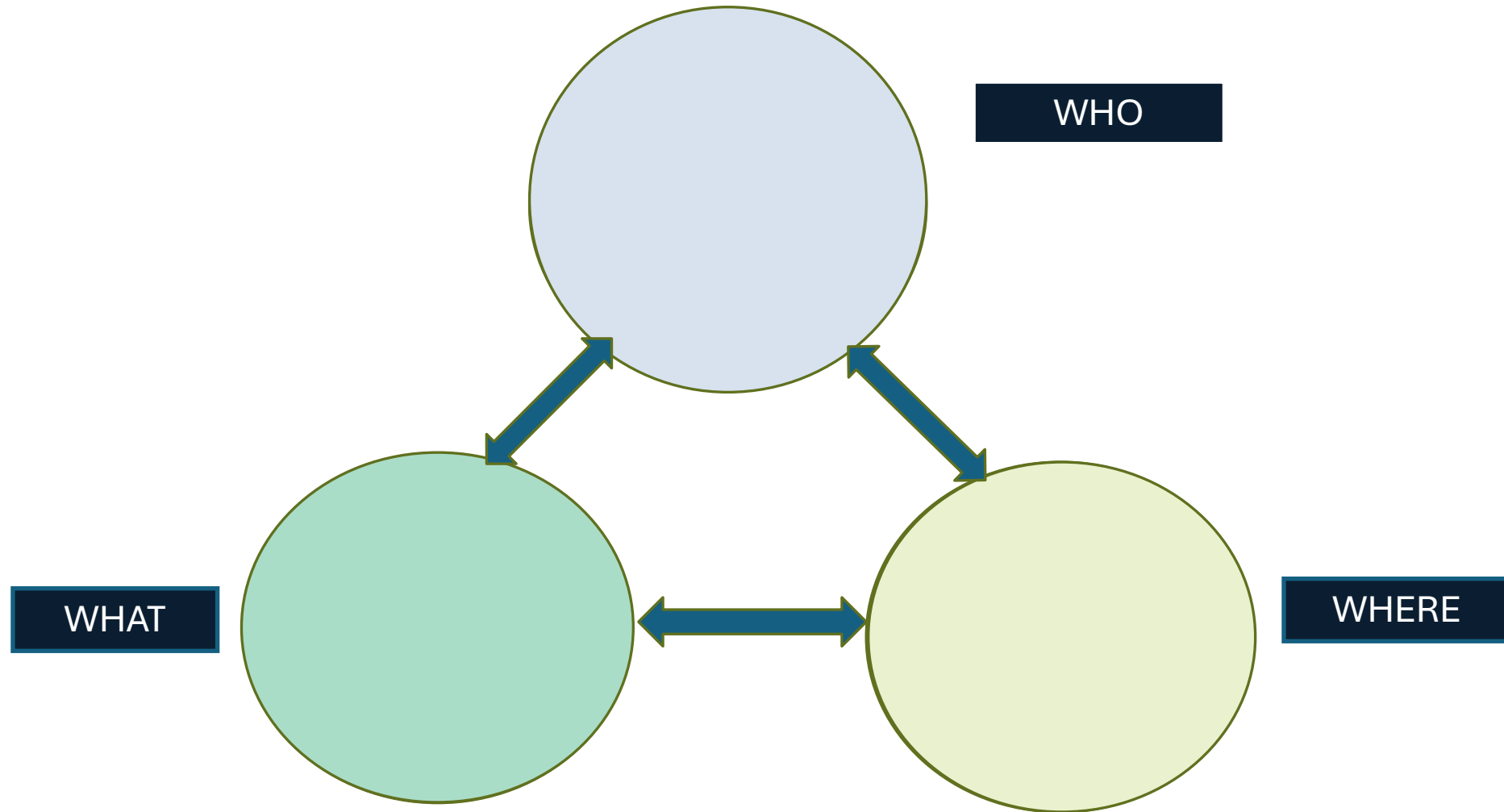


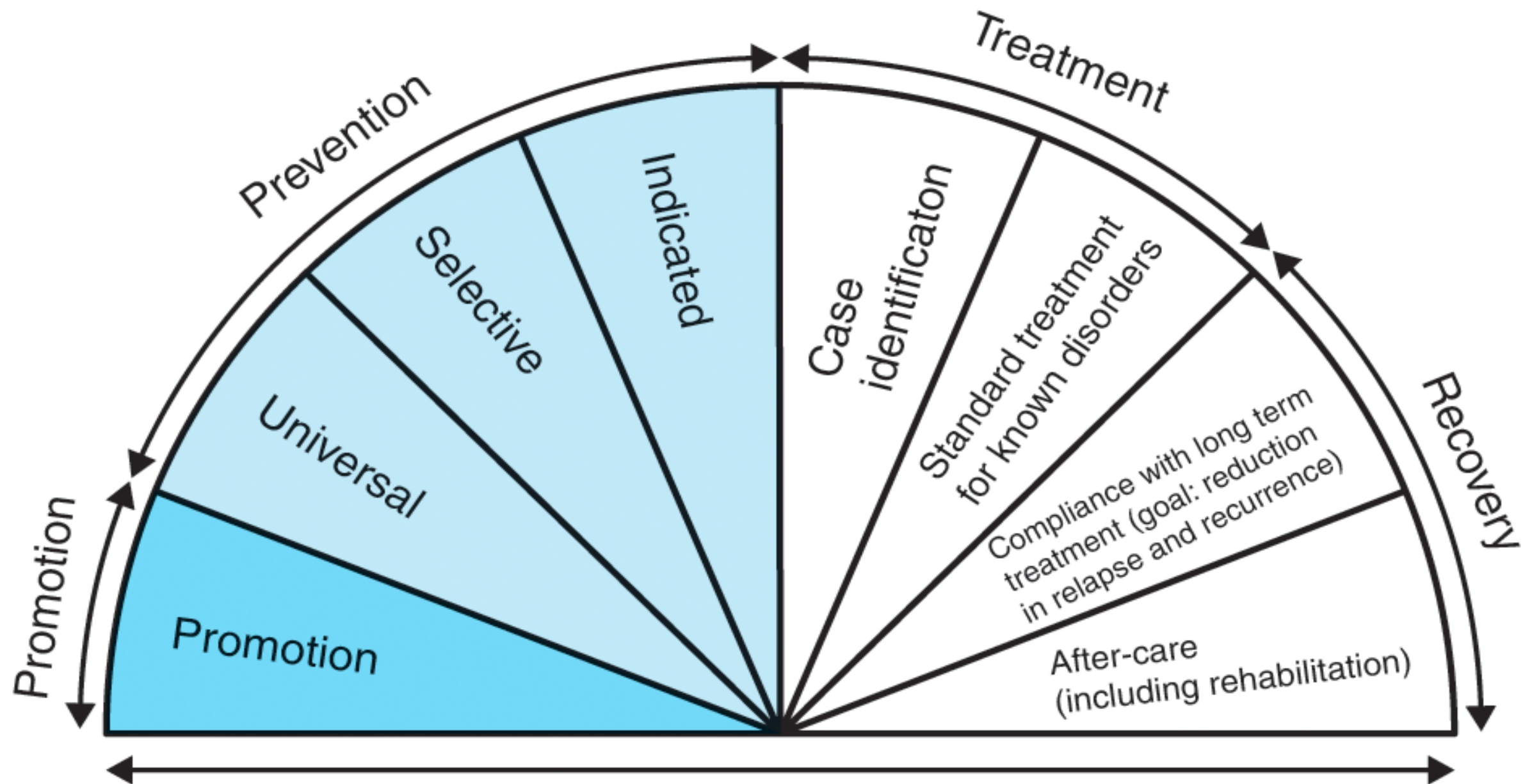
**HOW DID WE GET
HERE?**

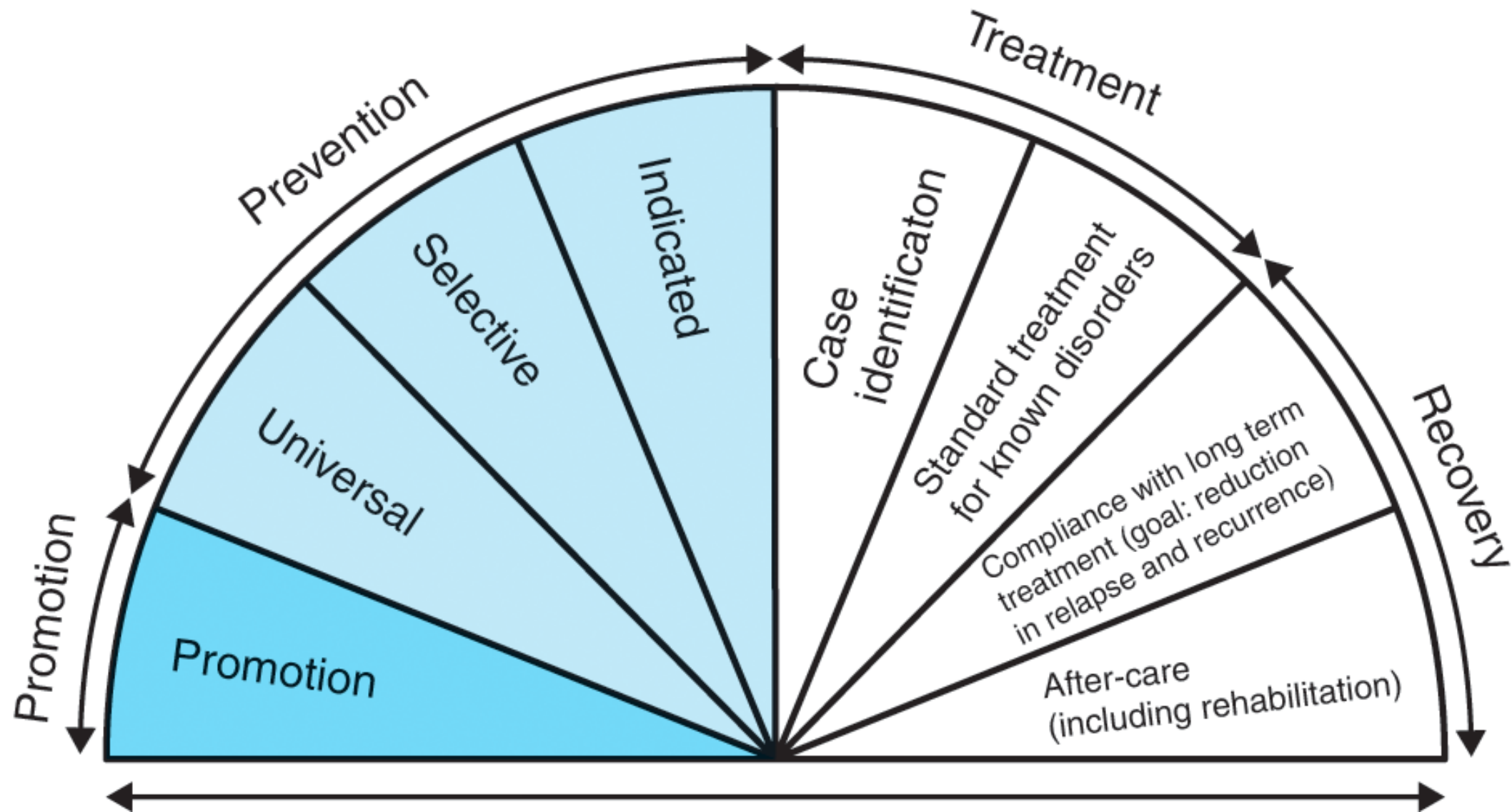
NEED TO GO UPSTREAM



PUBLIC HEALTH MODEL









Different lenses

Harm Reduction looks at the individual often in grave danger

- **Treatment looks at the individual and the immediate family**
- **Community Prevention focuses on the entire zip code**



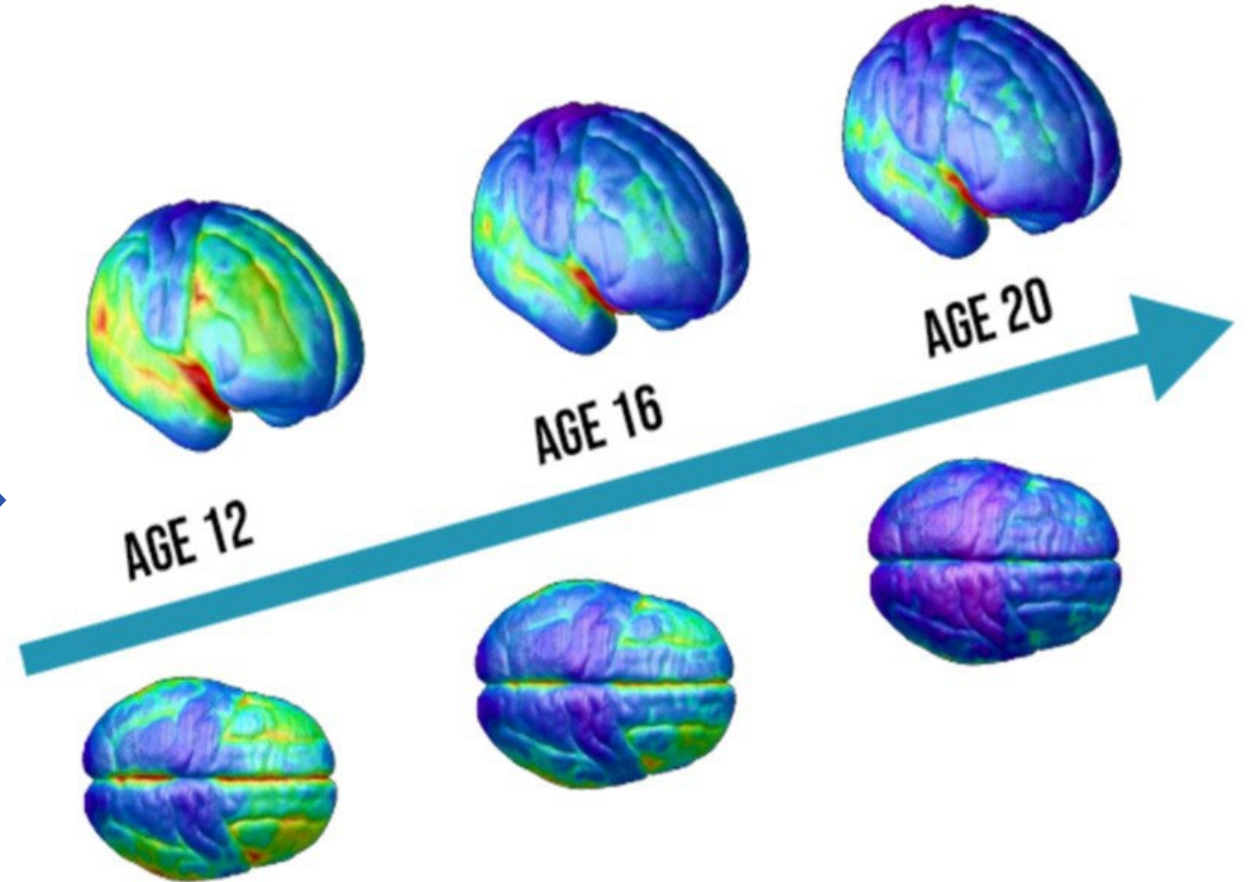


90% OF
ADDICTION
HAPPENS
IN THE TEEN
YEARS!

Source: National Center on Addiction and Substance Abuse (CASA) at Columbia University

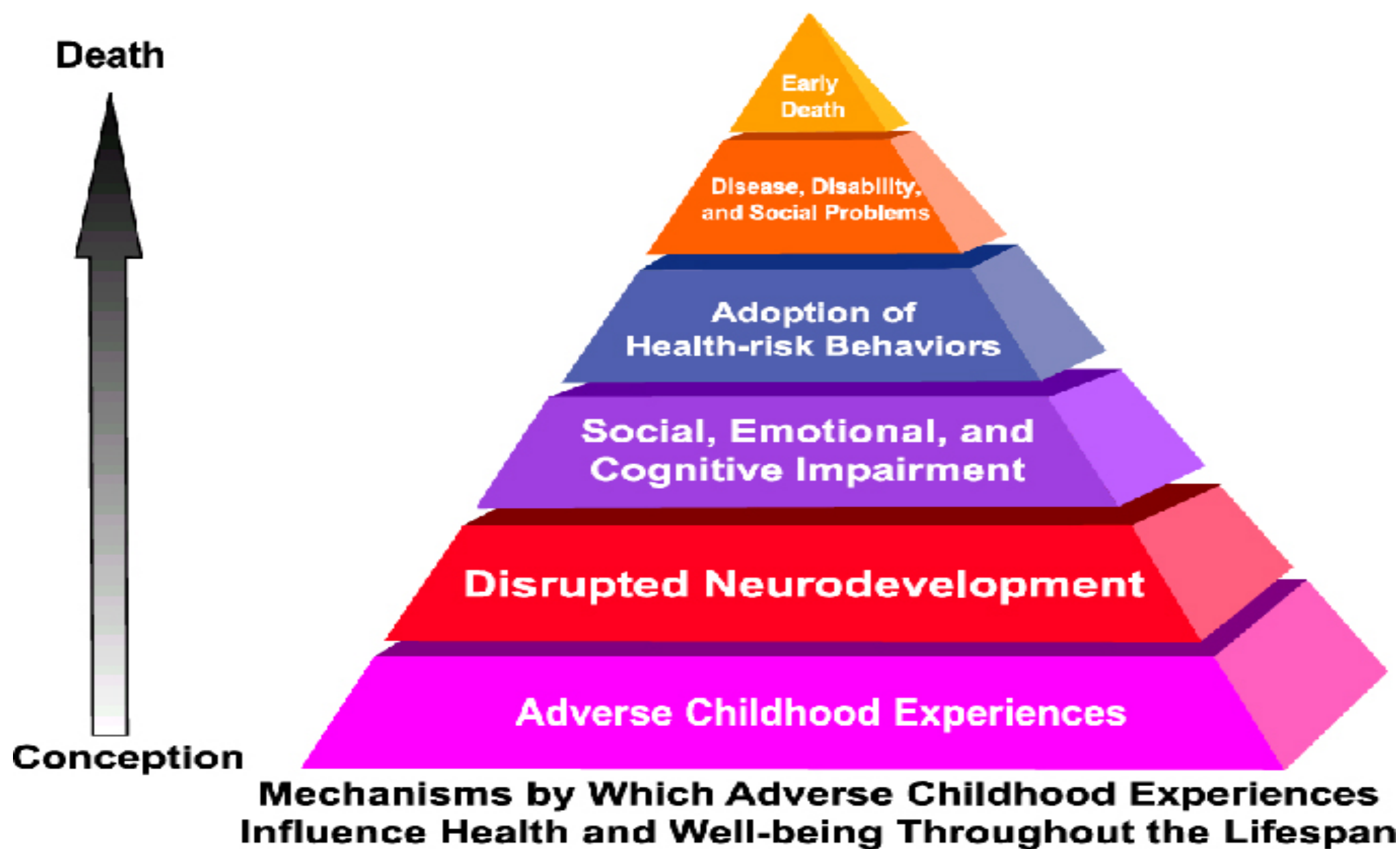
Unique Vulnerability of the Developing Brain

Rapid Brain
Development Until
~ Age 25



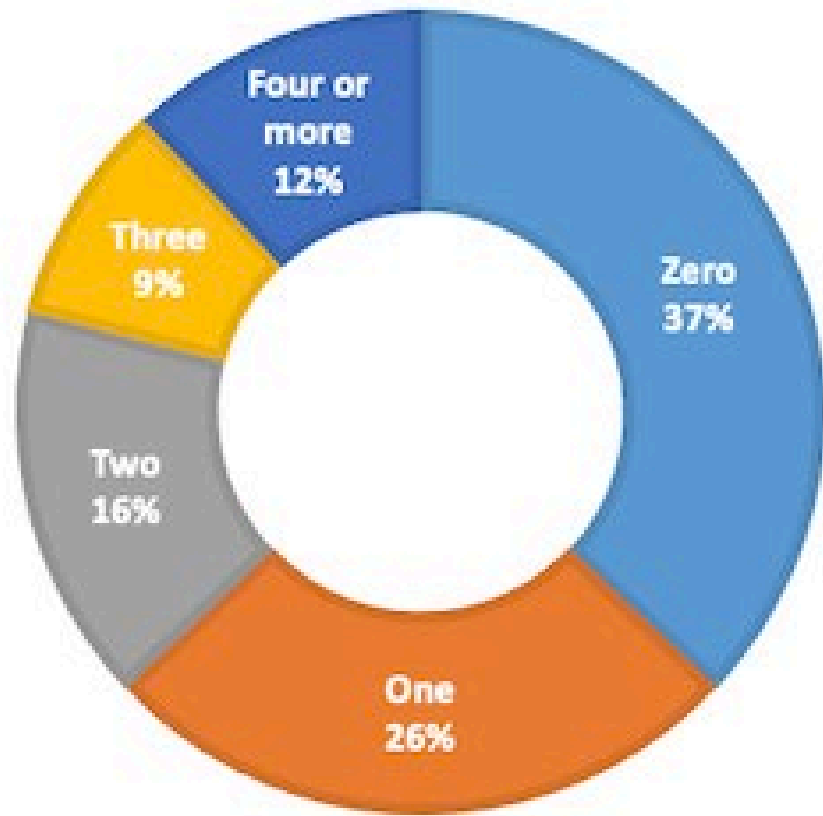
ACES STUDY

- The ACE Study was a research study conducted by Kaiser Permanente & the CDC
- One of the largest investigations of childhood abuse and neglect and household challenges & later-life health and well-being
- Between 1995 and 1997, over 17,337 people completed surveys asking questions about abuse, neglect or other family dysfunction they may have experienced as children and current health behaviors
- Half were female/half male 75.2 Attended college 74.8% white
- Looked at how childhood experiences influence neurodevelopment, adoption of health risk behaviors, and risk factors for preventable diseases



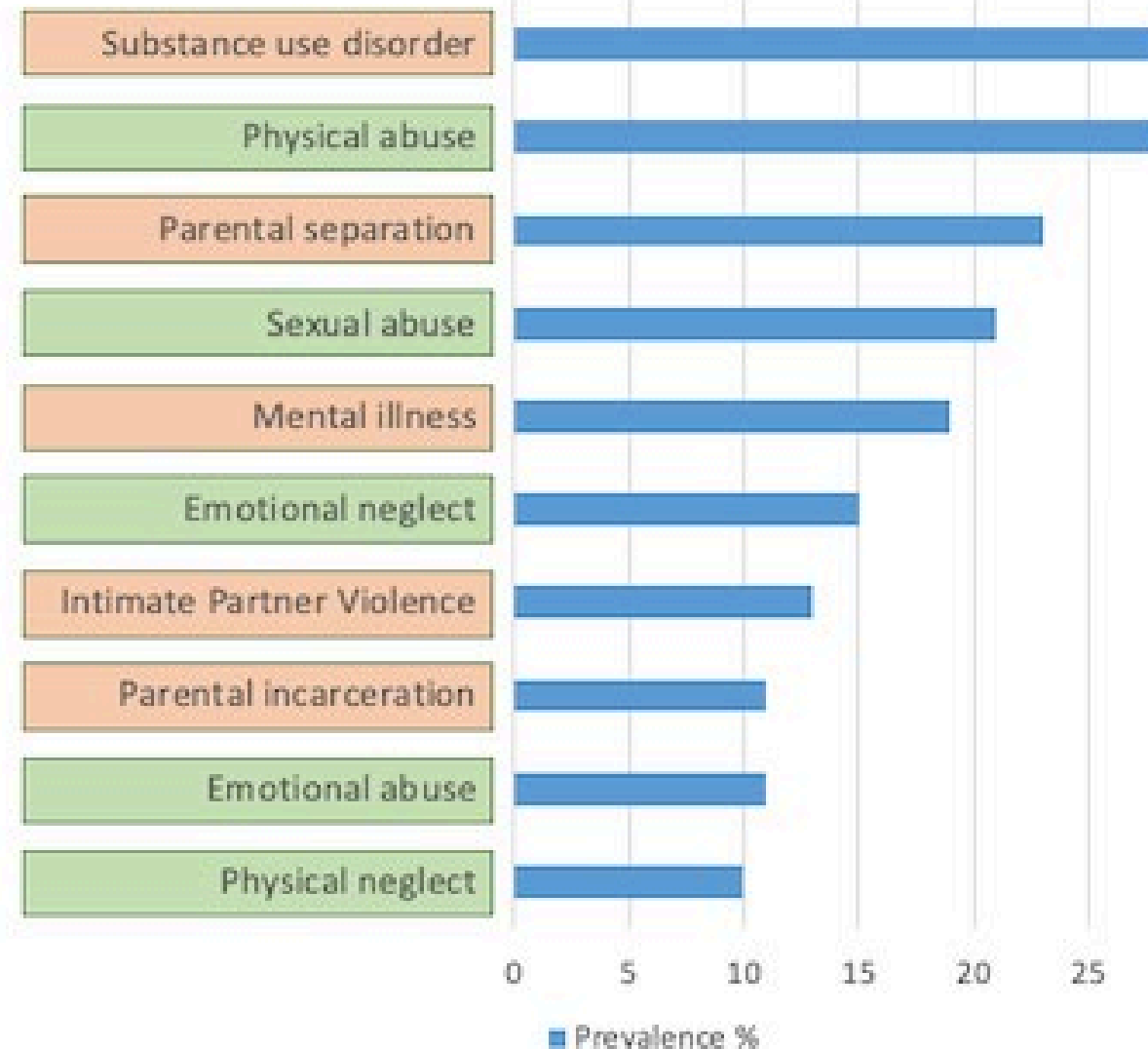
How common are ACEs?

% of study respondents reporting # of ACEs



Based on the Behavioral Risk Factor Surveillance System

Types of ACEs reported



What it found

People with
4 or more ACEs
compared to those
with 0 ACEs

RISK FACTOR	% INCREASE
Smoking	242%
Obesity	222%
Depression	357%
Illicit drug use	443%
Injected drug use	1,133%
Sexually Transmitted Diseases	298%
Attempted suicide	1,525%
Alcoholism	555%

- Over/Undereating
- Shopping/spending a lot of money
- Avoidance
- Using

LOOK TO NOT FEEL!

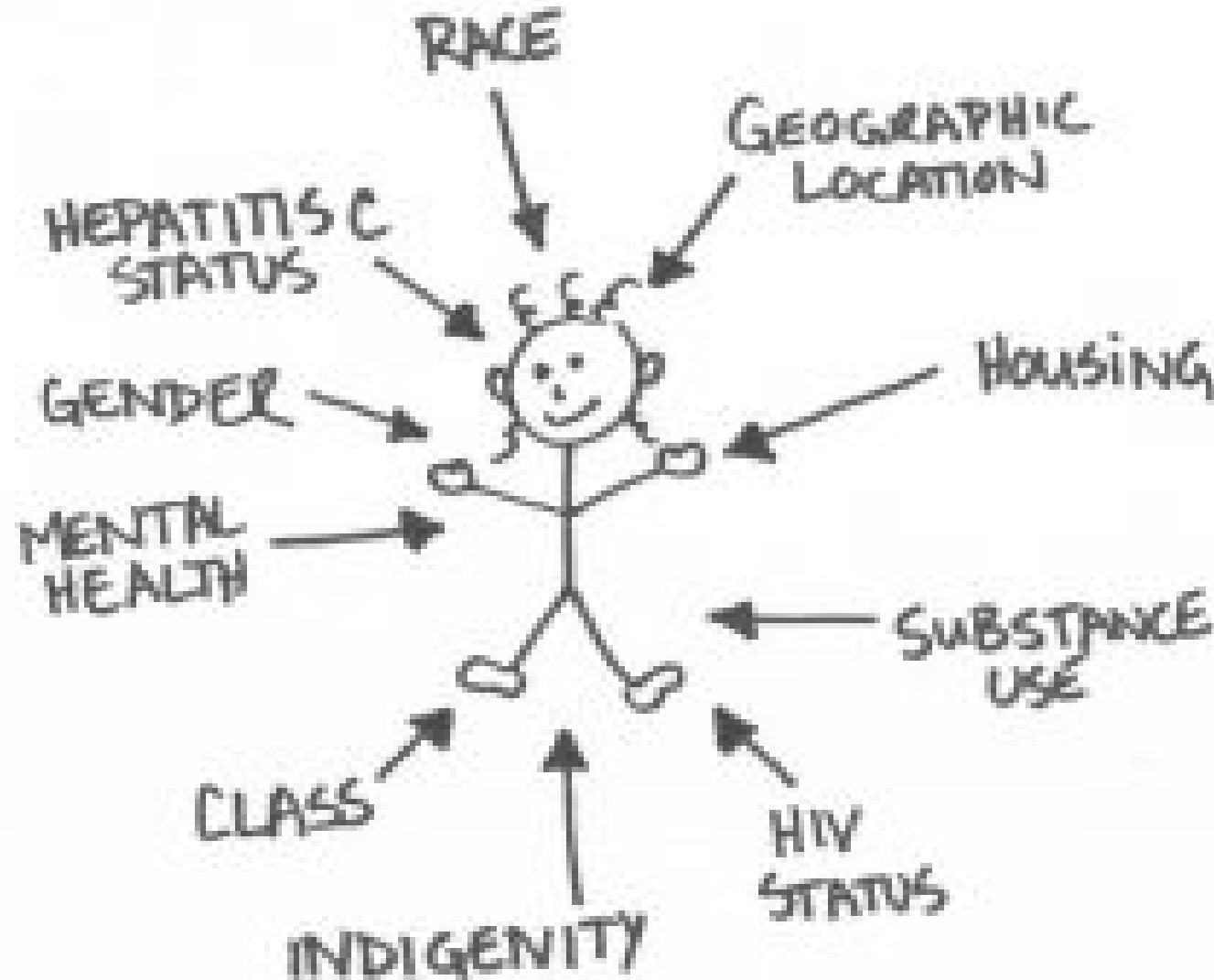
- Consciousness
- Connection to technology or television
- Violence
- Gossip
- Overworking/Overachieving



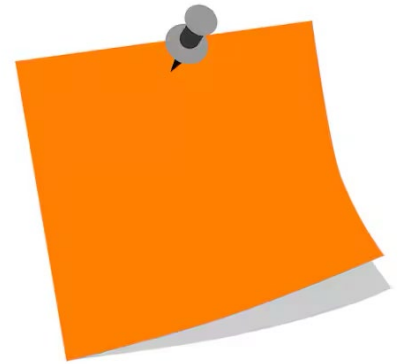
A close-up photograph of a person's fingers adjusting three wooden blocks on a dark blue surface. The blocks are arranged to spell out the word 'SHAME' in two rows. The top row contains the letters 'S', 'TIG', and 'MA'. The bottom row contains the letters 'H', 'A', and 'ME'. The fingers are positioned to move the 'TIG' block, which is currently slightly offset from the others.

S **TIG** **MA**
H **A** **ME**

Different WAYS WE DEFINE



WHAT IS STIGMA?



STIGMA IS A SET OF NEGATIVE
BELIEFS AND ATTITUDES THAT
SOCIETY HOLDS TOWARDS
CERTAIN CONDITIONS AND
BEHAVIORS

A system of attitudes, beliefs, behaviors, and structures held by a person or persons, that result in prejudice, discrimination, and stereotyping for individuals in a marginalized group.

Stigma marks an individual or a group with disgrace, dishonor, and discredit.

Ending discrimination against people with mental and substance use disorders:

Studies show that substance use disorder is one of the MOST stigmatized conditions and individuals face high levels of social disapproval and discrimination

HOW DOES STIGMA AFFECT INDIVIDUALS YOU
WORK WITH OR YOU?

CONSEQUENCES: INCREASED ISOLATION
AND MENTAL HEALTH DETERIORATION
HESITATION TO SEEK TREATMENT DUE TO
FEAR OF JUDGEMENT



SOME Effects of Stigma

- Decreased access
 - Employment
 - Housing
 - Treatment
 - Interpersonal relationships
- Negative self-image
 - Mental health disorders
 - Stress-related physical health problems
 - Avoidance of treatment, employment, relationships, etc.





stigma

intolerance

scorned

judgement

shunned

reputation

devaluated

tear

surface

ashamed

discrimination

health

humiliated

uncomfortable

problem

disease

human

stop

guilt

healthcare

concept

feeling

stomach

scarred

stress

business

ethnicity

unemployment

guilty

flaw

depression

section

disorder

discrimination

fault

secret

blame

different

loneliness

humiliation

disgrace

embarrassment

dishonor

rejected

condition

sin

isolated

pattern

warning

disgust

injury

social

sickness

pigmentation

disrespect

discredib

paintu

lone

cautio

nerv

prejudice

ACCESS TO
TREATMENT

AFFORDABLE
TREATMENT

WAITING LISTS

SEVERITY OF
DISEASE



Health care providers as a source of stigma

- Health care professionals are the *most commonly cited source* of stigma for patients receiving treatment for substance use disorders (Luoma et al 2007).
- No other physical or mental illness is stigmatized *more than substance use* (Corrigan et al 2000; Crisp et al 2000).
- Effects of stigma tend to start in earnest when people enter treatment and are labeled within the health care system (Link et al 1989).
- Stigma is *worst among seasoned clinicians* (Avery et al 2017; Gilchrist et al 2011; Lindberg et al 2001).
 - See SUD patients as unimportant, poorly motivated, manipulative, violent
 - Leads to lower empathy, lower provider involvement, shorter visits, lower patient engagement and retention





Factors that worsen clinicians' attitudes toward individuals with substance use disorders

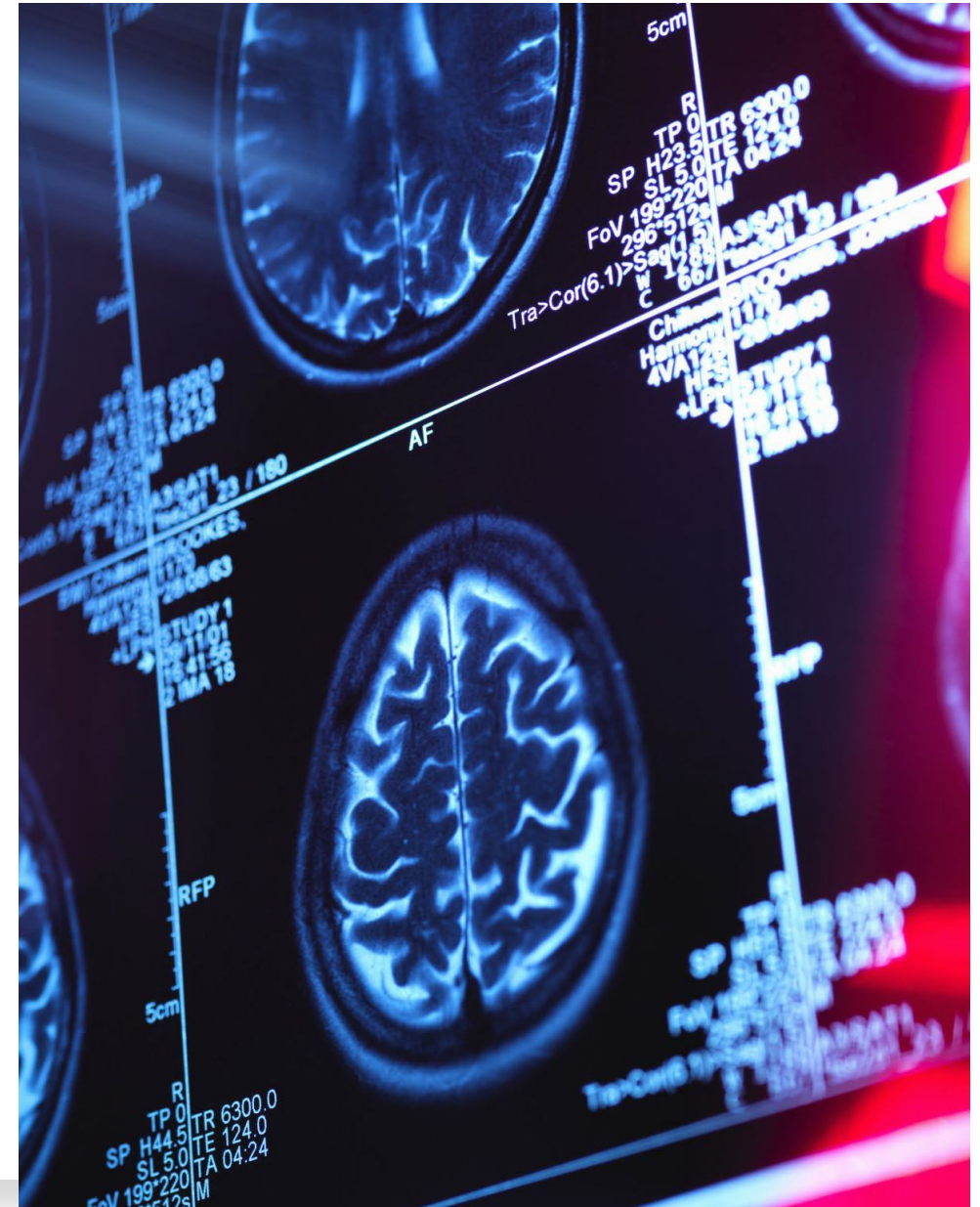
- Clinical experiences primarily with individuals with severe substance use disorders
 - Lack of exposure to individuals in recovery
 - Lack of time and resources: BURNOUT
 - Poor role models and mentorship
 - Perception of substance misuse as a moral failing
-

Theories About Addiction

- Addiction Is Primarily A Moral Problem
 - Addiction Is Primarily A Spiritual Deficit
 - Addiction Is Primarily A Character Disorder
 - Addiction Is Primarily Poor Willpower
-
- Modern addiction experts teach that addiction is a biopsychosocial disorder **that is both preventable and treatable.**

DISEASE OF THE BRAIN

- The American Medical Association (AMA) classified alcoholism as a disease in 1956 and included addiction as a disease in 1987.
- In 2011 the American Society of Addiction Medicine (ASAM) joined the AMA, defining addiction as a chronic brain disorder, not a behavior problem, or just the result of making bad choices.



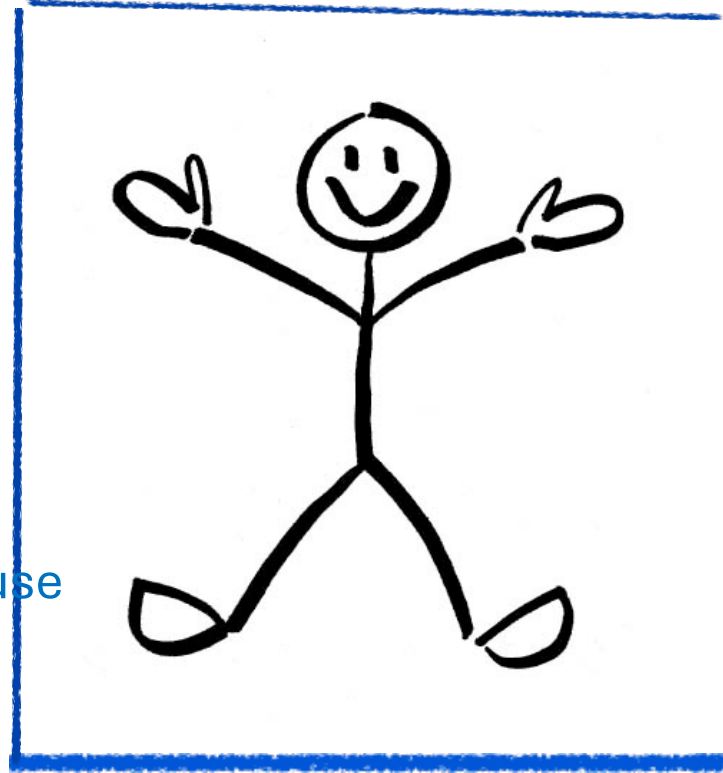
PROTECTION

SCHOOL

Opportunities for prosocial involvement
Rewards for prosocial Involvement
High academic and Behavioral expectations
Responsive to students needs

INDIVIDUAL/PEER

Social Skills
Belief in a Moral Order
Religiosity/Spirituality
Prosocial Involvement
SUD Prevention
Friends who disapprove of use



FAMILY

Clear Expectations
Consistency in parenting
Healthy Boundaries
Family Attachment

COMMUNITY

Policies limiting the availability of substances
Resources (housing, healthcare, jobs, recreation) are available

RISK FACTORS

INDIVIDUAL

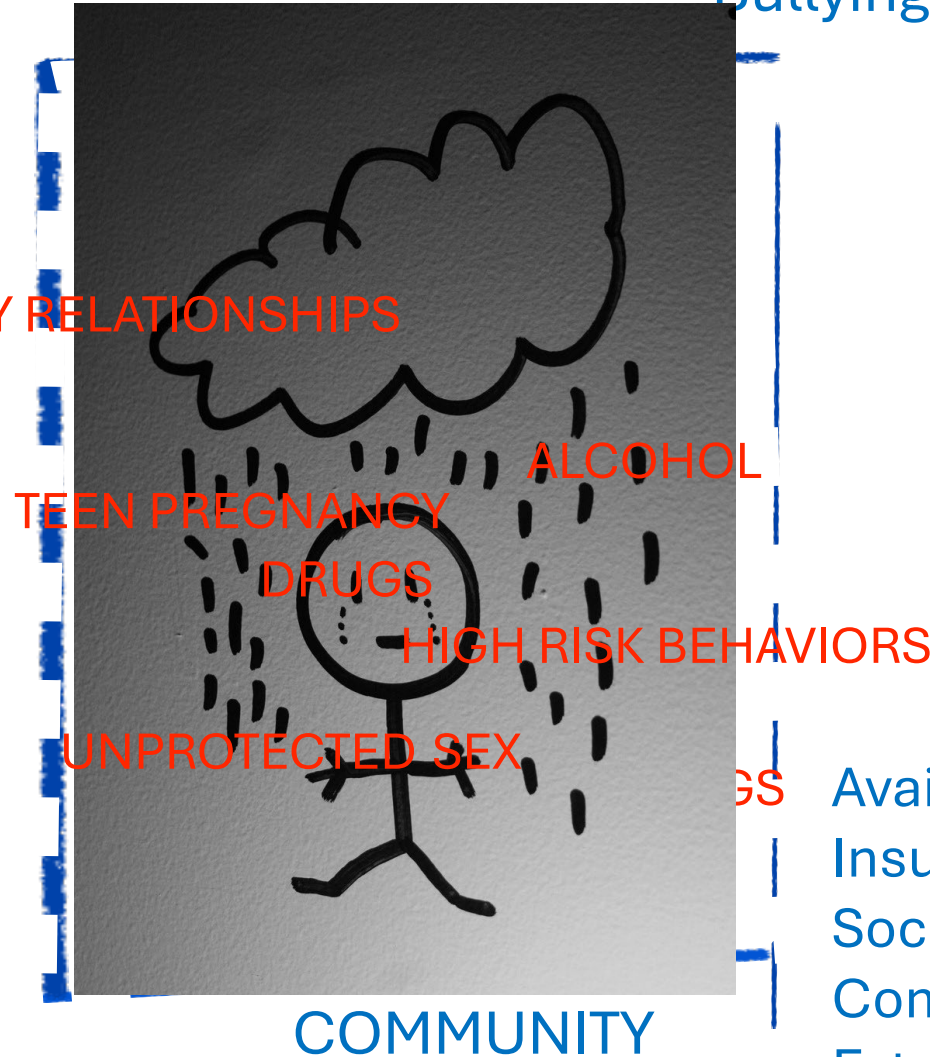
Early Use
Favorable attitudes
towards use
Friends who use/engage
in other problem
behavior
Peer Rewards for
drug/alcohol use
Depressive symptoms

SCHOOL

Academic Failure
Low commitment to school
Bullying

FAMILY

Family Hx
Management Problems
Family Conflict
Parental attitudes
favorable for substance
use
Parental attitudes
favorable towards other
problem behavior



Availability of drugs/alcohol
Insufficient laws and policies
Social Norms Favorable
Community Disorganization
Extreme Economic Deprivation

RISK & PROTECTIVE FACTORS



PUBLIC OR SOCIETAL

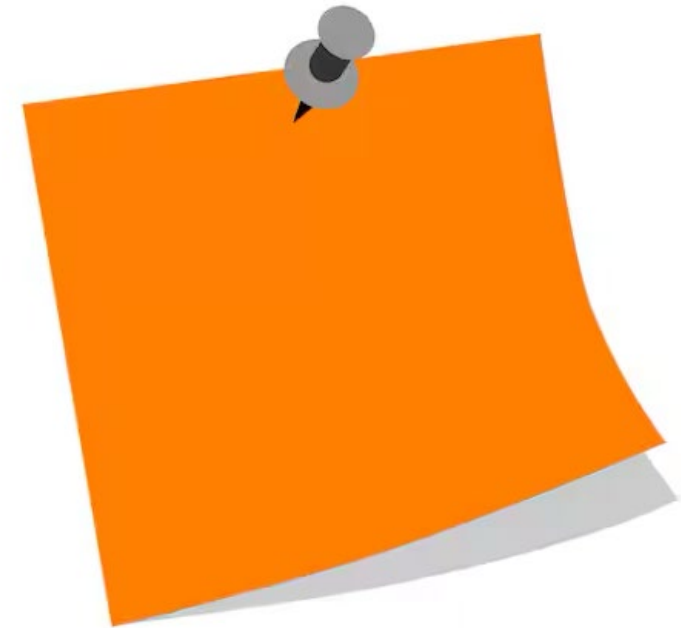
STRUCTURAL

COURTESY

SELF STIGMA

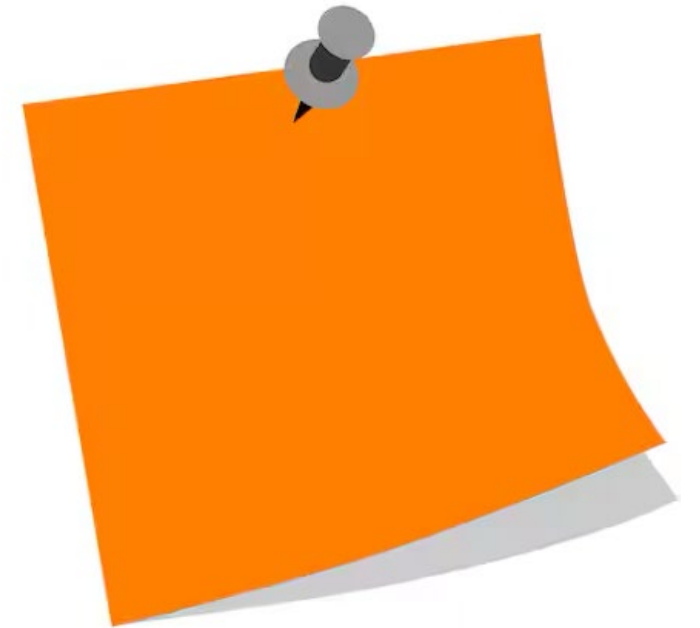
PUBLIC OR SOCIETAL STIGMA

- HOW DOES THIS SHOW UP?
- CHANGE OVER THE LAST 10 Years



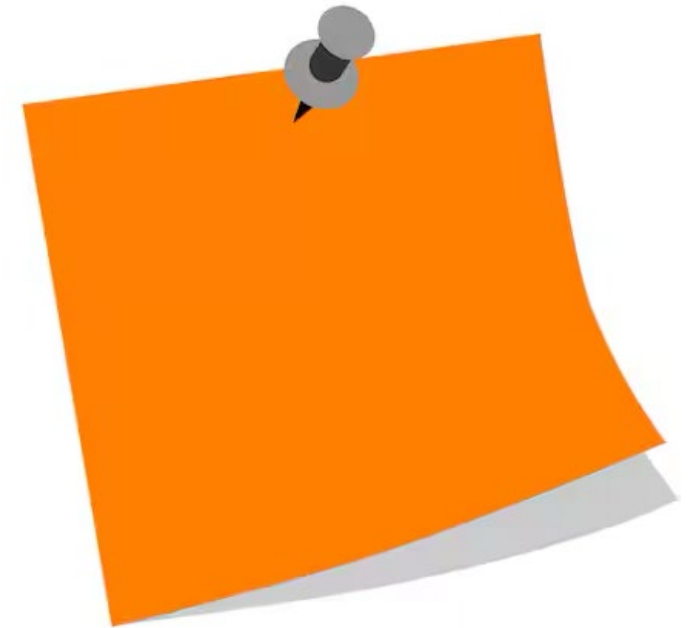
STRUCTURAL STIGMA

- HOW DOES THIS SHOW UP?
- CHANGE OVER THE LAST 10 Years



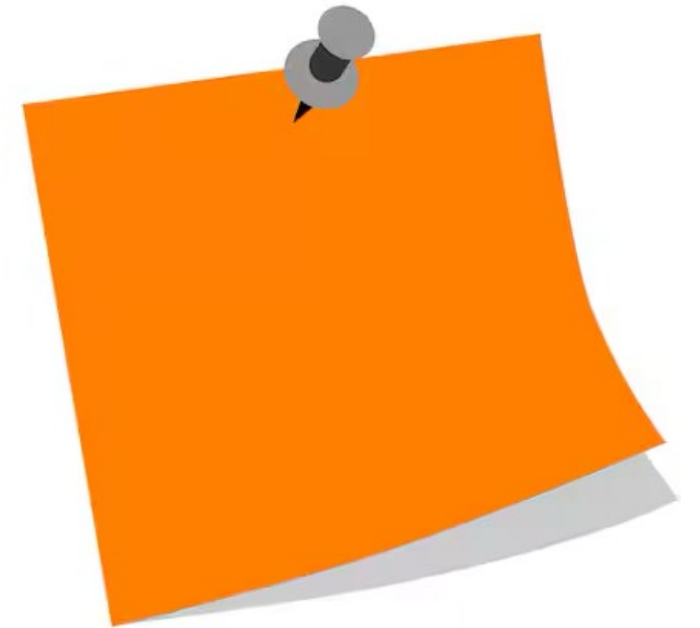
COURTESY STIGMA

- HOW DOES THIS SHOW UP?
- CHANGE OVER THE LAST 10 Years



SELF STIGMA

- HOW DOES THIS SHOW UP?
- CHANGE OVER THE LAST 10 Years



PUBLIC-SOCIETAL STIGMA

Public or Societal Stigma is the public's reaction to individuals with a stigmatizing condition (such as substance use disorder or other behavioral health issues). Public stigma is exemplified through the public's behavior and includes groups such as educators, employers, healthcare providers, journalists, and police among others.

What does it look like?

- Stereotypes such as the characterization that people with substance use disorder are dangerous or lack willpower or “crazy”
- Negative emotional reactions like fear and anger
- Avoidance, isolation, and rejection of people with substance use disorder
- Lack of public support of services for people with substance use disorder

STRUCTURAL STIGMA

Structural Stigma include policies and procedures that limit the opportunities of people with substance use disorder or other behavioral health issues.

What does it look like?

- Discriminatory policies related to employment, housing, treatment, etc.
- Can be found in businesses, courts, government, school systems, social service agencies, etc.



COURTESY STIGMA

- Courtesy stigma is the stigma that family members experience because of their association with a loved one who suffers from a drug addiction or mental health .
 - With courtesy stigma, the negative perception individual with SUD often extends to the family members.
-

grief

"I feel badly"

guilt

"I did something bad"

shame

"I am bad"









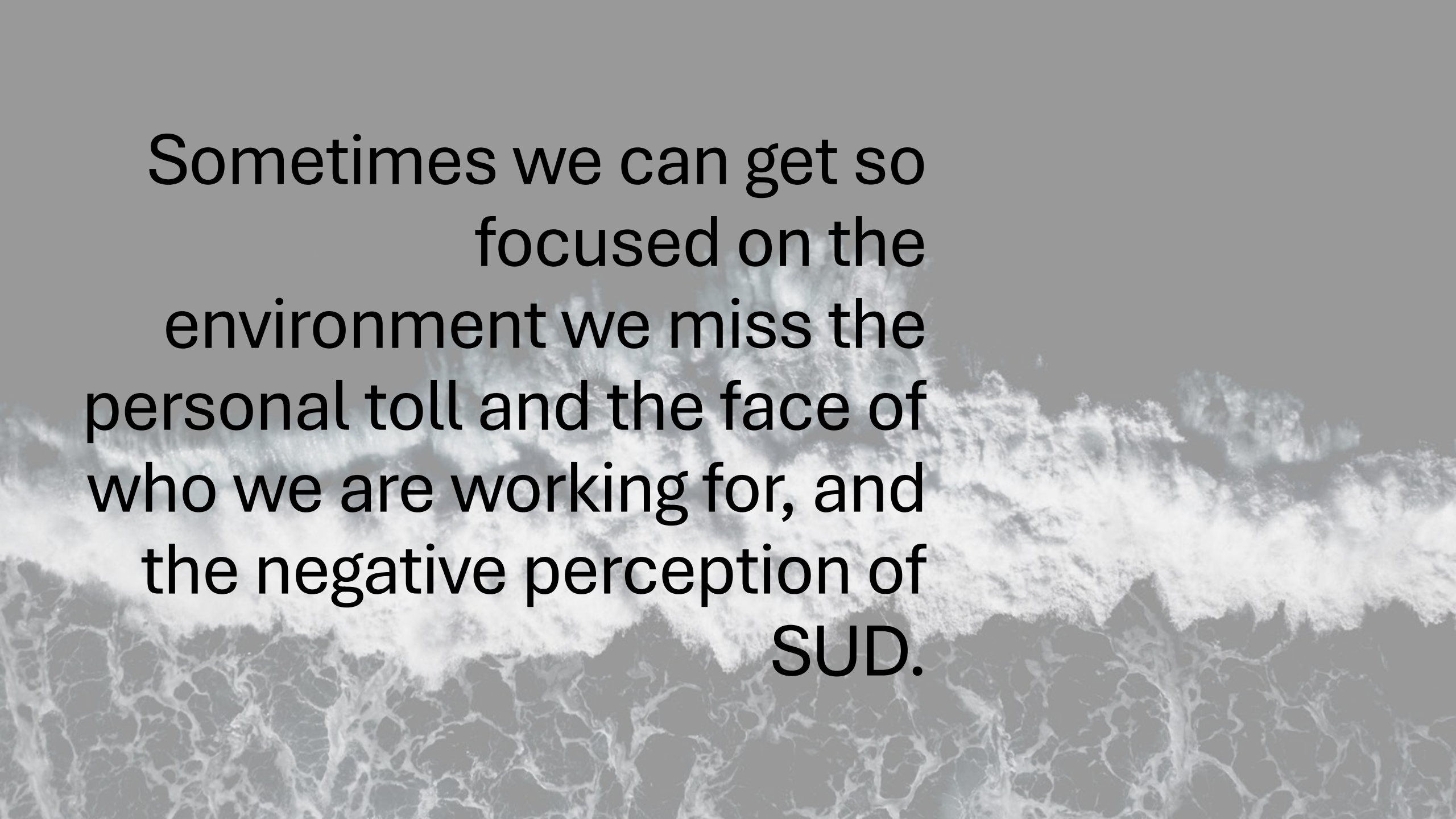
AUTISM



JORDAN NEVER FELT BAD...

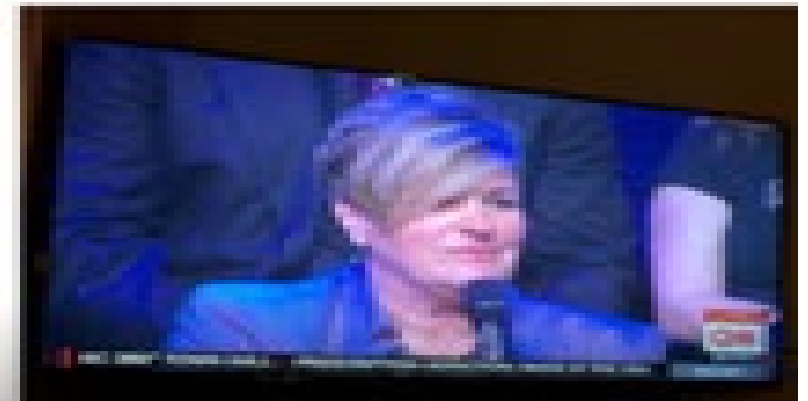
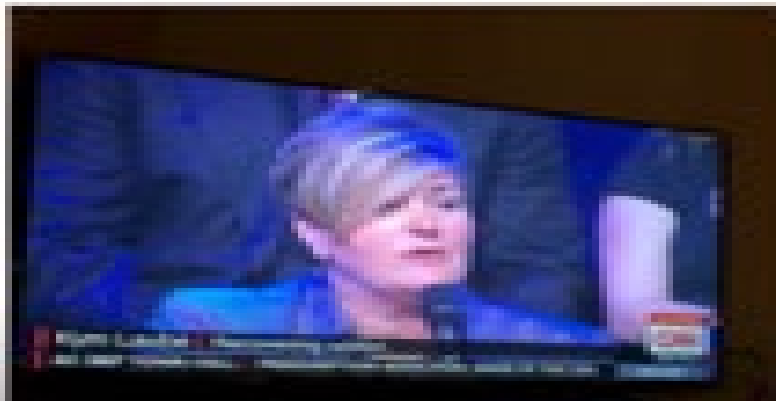
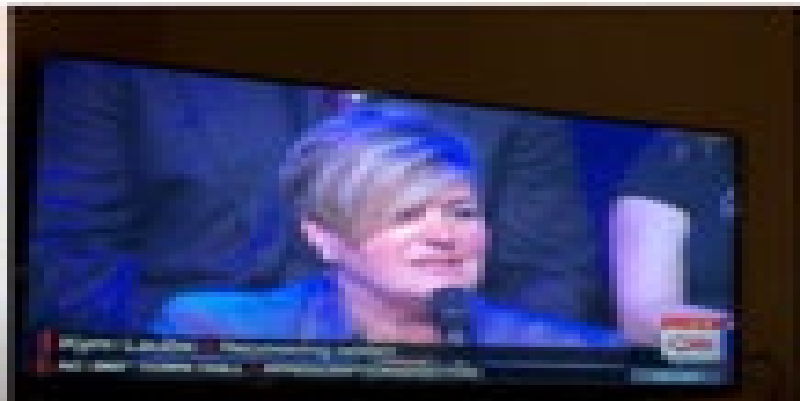
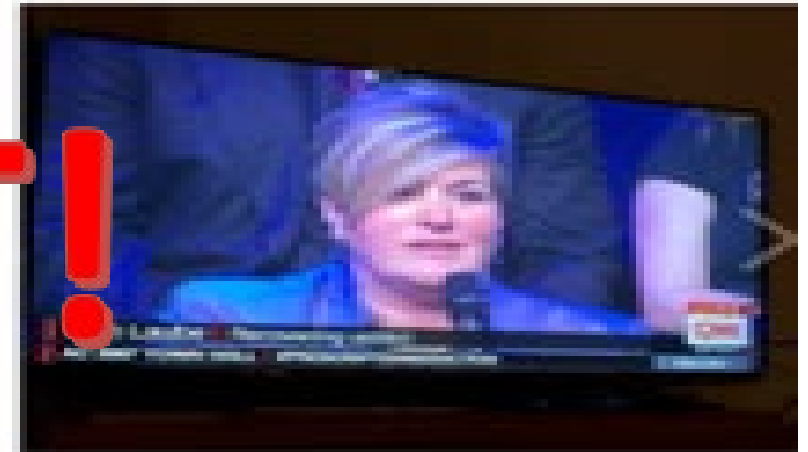
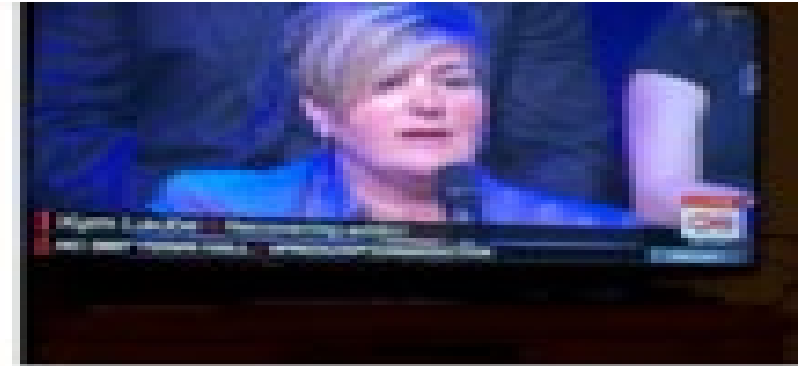
JUST WANTED IT RENAMED





Sometimes we can get so
focused on the
environment we miss the
personal toll and the face of
who we are working for, and
the negative perception of
SUD.

Me, Anderson, and the Football team





Call to Action:

Promote awareness,
choose language carefully,
and support inclusive
policies.



Although Most Stigma Reduction is Being Focused on People Who Already Use Drugs, There is also Great Stigma with Prevention

- It doesn't work.
 - Everyone will use substances anyway.
 - It's a right of passage.
 - Most kids who use don't end up with SUDs.
-
- **We know how to plan, implement and evaluate bona fide substance use prevention and have markedly reduced population levels of use.**
-

CHANGING LANGUAGE IS ESSENTIAL! ...

Don't Say:

- Habit
- Abuse
- Opioid substitution
- Replacement therapy

Instead say...

- Substance use disorder
- Drug addiction
- Use (for illicit drugs)
- Misuse, use other than prescribed (for prescription medications)
- Opioid agonist therapy
- Medication treatment for OUD
- Pharmacotherapy

LET'S ALL CHANGE OUR WORDS

- Addict
- Alcoholic
- Drug Problem/Habit
- Drug Abuse
- Drug Abuser
- Clean
- Dirty
- Mentally Ill
- Person w/ SUD
- Person w/ AUD
- Substance Use Disorder
- Drug Misuse, Harmful Use
- Person with SUD
- Abstinent, Not Actively
- Actively Using
- Person with Mental Illness

WHAT WORKS

- Demystify Treatment
 - Many people, including treatment providers, tend to focus on the adverse consequences of addiction.
 - Providing detailed information about the phases, stages, goals, and objectives of treatment can demystify this process.
- Demystify Recovery
 - Many people mistakenly believe that recovery is a “yes/no” or “success/failure” concept.
 - Educate people about the complexity and dynamic nature of recovery.
- Humanize Recovery
- Demystify Relapse
 - Relapse is undesired but common among chronic disorders, including addiction.
 - Relapse does not represent treatment failure.
 - It does not mean that a client has rejected or failed treatment.
 - It does not mean that the treatment program has failed to provide treatment.
 - Relapse is considered an opportunity to examine and revise individual’s recovery program
- Celebrate And Promote Success
 - Evaluate program effectiveness by conducting outcome studies.
 - Publish the studies in journals.
 - Publicize the outcomes through public relations, community relations, and media events.

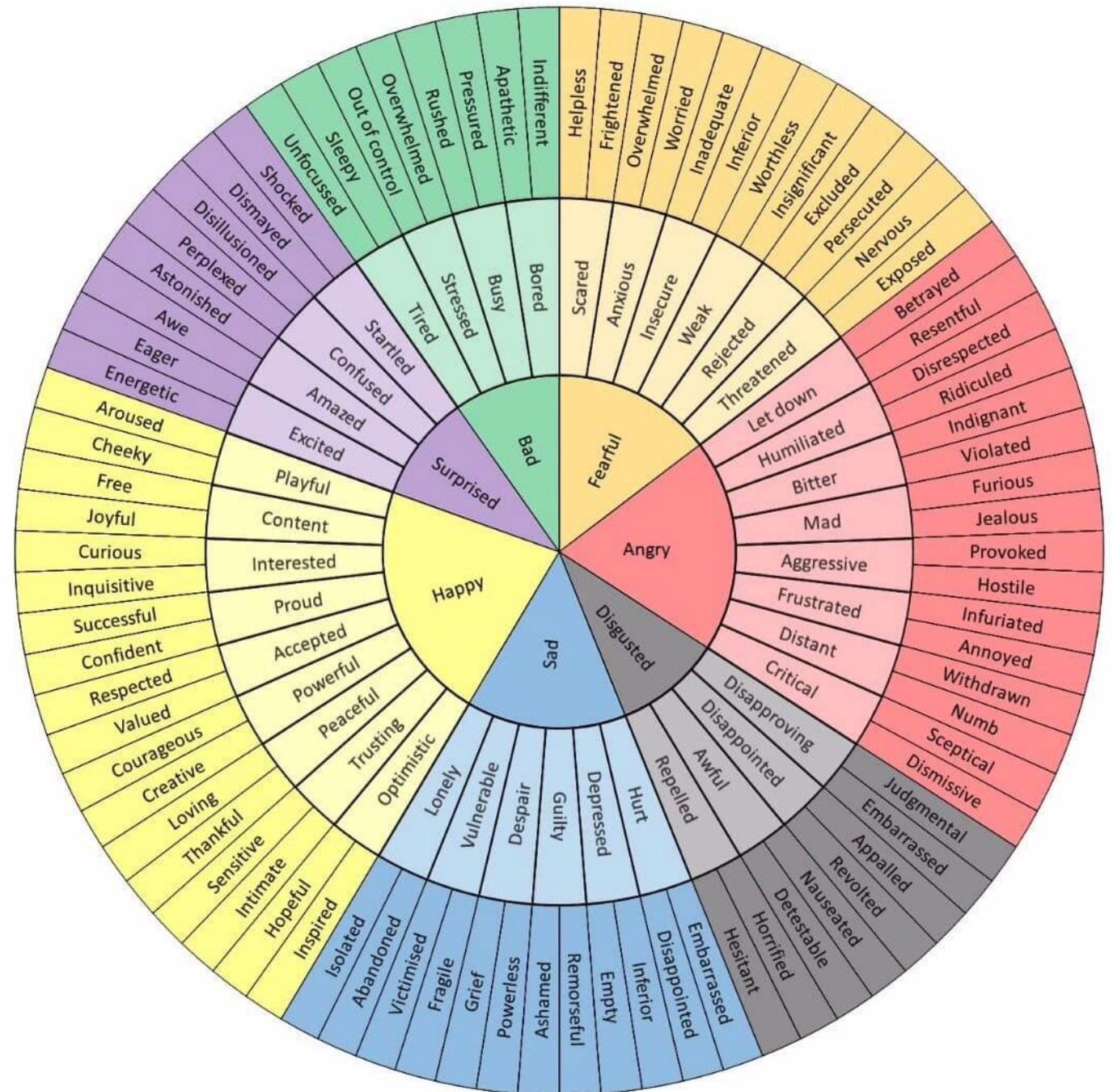
OUTWARDLY



NAME THAT FEELING

FEELINGS

- THE CORE FOUR-
- GOOD
- BAD
- HAPPY
- SAD



EMOTIONAL INTELLIGENCE

Ability to recognize and understand emotions in yourself and others AND your ability to use this awareness to manage your behavior and relationships.

It is very important to understand that emotional intelligence is not the opposite of intelligence, it is not the triumph of heart over head – it is the unique intersection of both.
David Caruso, Ph.D.



HERE'S THE SUPER COOL THING!



PERSONALITY FIXED SOMEWHERE BETWEEN
THE AGES OF 5-8

IQ CAPACITY IS SET TO LEARN AT 17
YEARS OLD

OUR EQ CAN BE DEVELOPED CONTINUALLY



Anger

Sadness

Rejection

Disconnected from loved ones

Anxiety

Fear

Pain

Confusion

Jealousy

Judged

Feelings of Worthless

Misunderstood

Powerless Shame

Hurt

Embarrassment

An iceberg floating in a blue ocean under a cloudy sky. The small tip of the iceberg is above the water line, while the much larger base is submerged. The letters 'IQ' are on the tip, and 'EQ' is on the submerged part.

IQ

IQ determines 20-25%
of business success

EQ

EQ determines 75-80%
of business success

TEACHER FOR LIFE:

- THINK BACK TO A LESSON YOU LEARNED WHICH HAS STUCK WITH YOU UNTIL THIS DAY?
- WHO WAS THE TEACHER?
- WAS IT THEIR IQ OR EQ THAT SPOKE TO YOU?

A recent TalentSmart study found that **90%** of top workplace performers score highly in emotional intelligence. Their research suggests you can be a top performer without emotional intelligence (i.e. on intellect alone), but it's unlikely.

People with high EQ make **more** per year than those with low EQ, and every point increase in emotional intelligence adds to the annual salary. These findings are **universal** – they account for workers in all industries, at all levels, in every region of the world.

Bar-On Model

Bar-On. Emotion makes up one of the four basic parts of personality (motivation, emotion, cognition, and consciousness). Bar-On placed EI in the context of **personality and well being** and asserted that emotional intelligence was comprised of **noncognitive capabilities, competencies, and skills** that helped an individual cope with environmental demands and pressures.

These competencies included: 1) **intrapersonal** (emotional self-awareness, assertiveness, self-regard, self-actualization, and independence), 2) **interpersonal** (empathy, interpersonal relationship, and social responsibility), 3) **adaptability** (problem solving, reality testing, and flexibility), and 4) **stress management** (stress tolerance and impulse control) [Bar-On, 1997].

SELF AWARENESS

- 1. Know your emotions

- 1. Know your emotions

SELF-AWARENESS

SOCIAL AWARENESS

- 4. Recognize & understand other people's emotions

SELF-MANAGEMENT

RELATIONSHIP MANAGEMENT

- 2. Manage your emotions
- 3. Motivate yourself

- 5. Manage relationships (others' emotions)

SELF AWARENESS

How we think about ourselves and who we are

Self Awareness includes our:

- Culture
- Thoughts
- Feelings
- And what we believe we are capable/ potential

And how all these can influence our behavior and beliefs

SELF- MANAGEMENT

INTRAPERSONAL



Self Management

- Ability to manage our emotions, thoughts, and actions in different situations, in a manner where we can:
 - Achieve our goals
 - Cope with stress and anxiety
 - Persevere through challenges
 - And take action to create positive change



SOCIAL AWARENESS

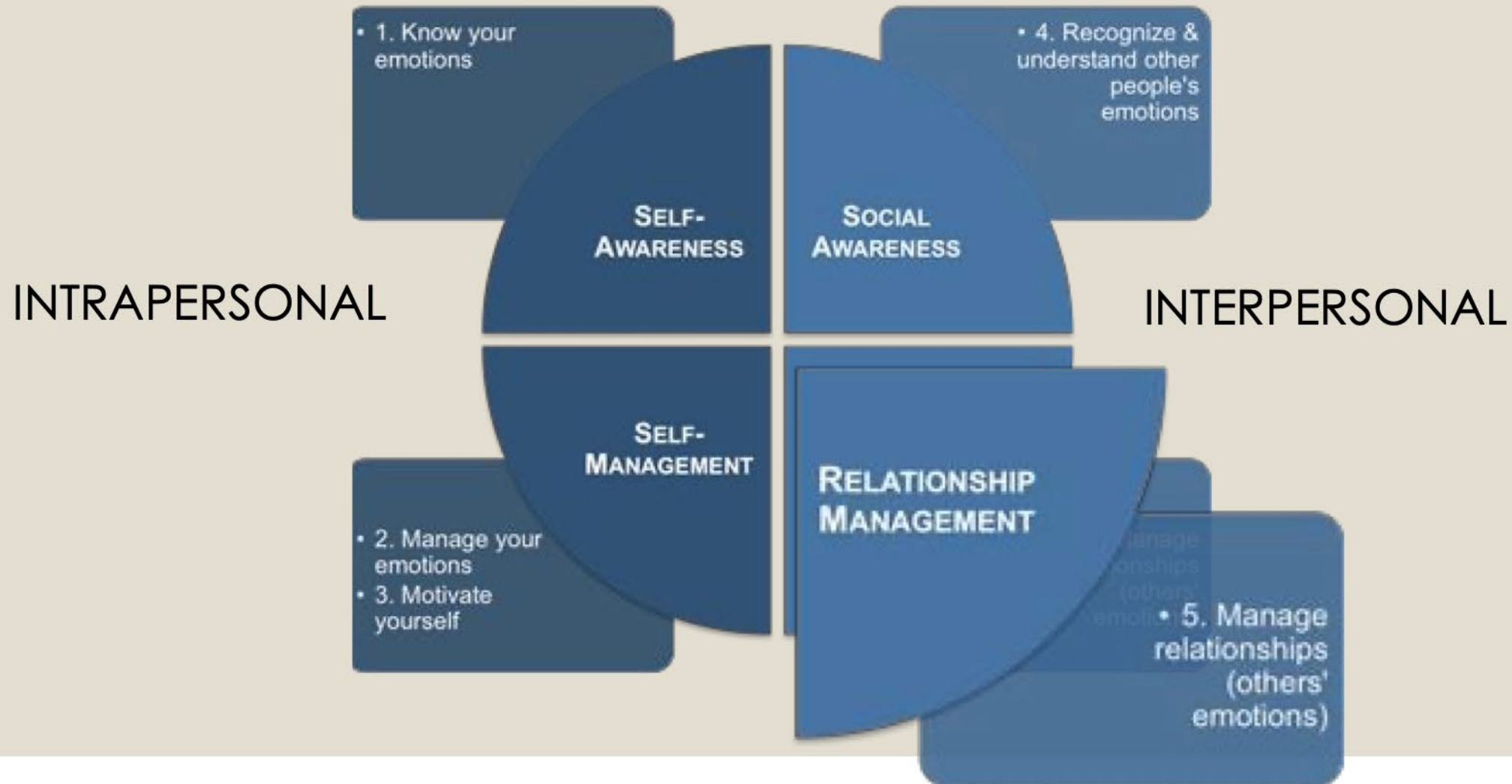


Social Awareness

How we understand others,
how we learn to take
different perspectives,
empathize, and understand
broader norms and systems



RELATIONSHIPS



Relationship Skills

- How we connect and engage effectively with others and how we form lasting connections. This includes:
 - Communicating clearly
 - Solving problems together
 - Managing conflicts and disagreements
 - And standing up for ourselves and the rights of others



GLOBAL LEADERSHIP FOUNDATION

- 40 QUESTIONS
- CLOSE CALL
- 10 MINUTES
- <https://globalleadershipfoundation.com/geit/eitest.html>





REACTIONS?

WHAT IF

OUR PARTNER/
SPOUSE/
KID

TOOK IT FOR US

self compassion

Abstract teal swirls and loops on the right side of the image, partially overlapping the text.



YOUR TURN



What would this friend say to remind you that you are only human?

What would they say when you are judging your imperfections harshly?

Write what a kind, wise, forgiving friend might offer as an alternative perspective to the situation and how you might think about things differently.

If you are having trouble finding the words, that's okay - it takes some time



HUGS^{inc.}



KYM LAUBE
631 288-9505
kym@hugsinc.org

Facebook
X
Instagram

