Shine a Light on Stigma Podcast

Transcript - Episode 1: Why stigma?

Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.

This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.

Before we jump into this episode: a note about our content. This episode contains a brief discussion of gun violence and suicide as well as a description of an opioid overdose event.
The 988 Suicide & Crisis Lifeline is a United States-based suicide prevention network of over 200+ crisis centers that provides 24/7 service via a toll-free hotline with the number 9-8-8.

Brittany Rodriguez: Hi, welcome to the podcast. I am Brittany Rodriguez. I am a registered nurse with a critical care background. And I'm here representing Telligen Quality Improvement Network.

Mia Croyle: And I'm Mia Croyle. My background is in clinical mental health counseling, and I'm here representing the Superior Health Quality Alliance.

Brittany: So glad you're here. We are ready to get started.

Brittany: We named this episode. Why, Stigma and I was really wanting to just start out this episode talking about how you got here. Why is stigma important to you, and why are you doing this podcast?

Mia: Okay. Well, you know, like I said, my background is in clinical mental health counseling. and I've been working in behavioral health for more years than I care to admit. I was even alive at this point. But you know, since the early 2000s, and one of my one of my early jobs was with the Community Mental Health Center, and we provided services to several of the small rural hospitals in the counties that we served. They didn't have any behavioral health folks on staff. And often they would have people in their emergency departments who needed some sort of evaluation for behavioral health concerns, whether that was mental health or substance use. And so, I was sort of on a team that was on call we covered 24-7. We covered those EDs, and you know, I will tell you I very much at that point thought "I'm a mental health person like I'm not, I had zero interest in what we called it at the time 'chemical dependency'. I was like, 'I can't relate to those people', that's something 'other' that I'm not sure I want to get into. But you know we served who was there in the ED, and I did those evaluations, and there was one night when I was on call for the weekend, and I was at one of our small rural hospitals, and I got a page to go to another one, which wasn't uncommon on the weekends. When I called them, they told me 'We've got this guy here, he's making statements that he's going to kill himself, but we don't thinks it's anything significant – he's just a drug seeker. We know him. He's been in here before, and he's finding out that he's not going to get drugs from us today, and that's when he made those statements. So, we don't really think it's anything.'

Mia: And so, even though they didn't think it was anything I had to do an evaluation. So, I said, Well, let me finish up here and I'll be over. As I was driving. I got another page from them, and I thought that's odd that they're paging me again, but I was close, so I just waited till I got there, and when I got there I found out that the patient was no longer there waiting for me to see them because they had shot themselves in the head in the emergency room. And it was really, you know, an aha moment for me. I knew that people with substance use disorders were suffering, but I guess I hadn't really ever thought about what that suffering was like, and how terrible it was to have this chronic disease. And the amount of suffering that someone might go through. I mean that really changed the trajectory of my career.

Mia: For about the past 15 years I've been working on helping places like primary cares and general health care settings do a better job at screening people early on in their use patterns to hopefully identify early and intervene early with, you know, problematic substance use. And one of the things that I have found a continual frustration is just that you know the othering of these people. I hear often from like from providers, from clinics, clinic managers, I hear 'We don't want our patient population to shift. We don't want to only treat those people.' When in reality those people are already on their patient load, they might just not be doing a great job of identifying them early on.

Brittany: Right, because these people so often are looking just like us. Sometimes you wouldn't know it, but it's someone who's down the street. It's, you know, the teacher at school, the banker you go see for your loan.

Mia: Yeah, all that kind of stuff. So you know that's really my Why – just the frustration with the amount of empathy for how much these people are suffering, and the frustration that I've had over the years, I think, in large part due to stigma, around not being able to get the movement I'd like to see in our health care settings about addressing this and doing some of the things that we have evidence. Lots of good evidence around that help.

Brittany: Right, I mean, we've known in science for our the last 70 years that addiction is a disease, but systematically we are still treating it as if it's a lack of willpower, a personality trait right? And it reminds me of this study that was put out by the Associated Press. It was a NORC study, and they found that it was 44% of Americans surveyed, and they said that opioid addiction just indicated a lack of will power or discipline. And then a third of those people just said it was a character defect or a result of bad parenting.

Mia: Oh, that's so hard to hear.

Brittany: It is. But then I think when we really think about it, and about those, you know, maybe conversations at the nurse's station or outside of the patient's room. Those little comments like it's all of these small, nuanced things, and that's stigma. And whether we want to believe it or not, that's exactly what you were saying in your story of your Why. Another part of that study was that four in five people, so that they were unwilling to associate closely with someone with an opioid addiction.

Mia: Four out of five. Wow! I mean when you think about it, sort of like what I was saying about primary care settings, they probably already are associating with those individuals, and probably just don't know it. When we think about how broad reaching the impact of the opioid epidemic has been on our population, they probably do know someone or are associating with someone who's actively using or who's in recovery.

Mia: Those systems of stigma. It's like a catch 22, because – because of stigma we've designed our care system in certain ways, and then because our care system is designed in those ways. It perpetuates the stigma. So it really it's a hard it's a hard thing to change.

Mia: I wonder, Brittany, what's your Why.

Brittany: yeah, I feel like I found this. my Why, and what has motivated me since the moment was from when I was in the ER as a nurse, and I remember a very distinct situation. I could remember the fine details of it. And that's what I'm going to share, because I think it really paints a picture of that moment of that shift within myself.

Brittany: It was a Monday night. I was working the night shift at the time, and it was late. People were tired. But I knew it was my rotation to take a new patient. It was my turn, and over the radio I heard '27-year-old male potential overdose, first dose of NARCAN given, bagging, be there in seven.' So, I started prepping the room. I grabbed IV kits, I grabbed fluids, oxygen tubing, and by the time I got ready they were already rolling him in. So I immediately got to work. I immediately started providing care and then the next dose of NARCAN. While I'm working I look down at his hands, and you know nail beds are dirty. They're calloused as if he'd been outside. His clothing was disheveled. He was a mess, and everyone knew that. Everyone was putting on gloves and touching with fingertips and just being really careful, and that stuck in my mind was how I was watching the physical way that people were interacting. But I kept working. I'd moved on and kept going. And then I look down at his arm. We are getting him changed into a gown, and I see a little girl's name and a birth date. And that birth date was only a few years prior. And I looked back down at those hands that I had noticed these things about, and he had a ring on his left finger on his left hand. And it hit me. Gutted me that this is someone's son. This is someone's dad. This is someone's husband. And as a new mom I just immediately put myself in that family's shoes – worked harder, faster, just more, my heart beating quicker.

Brittany: Then he woke up. He started moaning. And you know that, Mia, waking up from NARCAN, immediate withdrawals. You wake up. It's not a fun way to wake up. And he woke up in the middle of it. But he just immediately started apologizing. I'm so sorry. Is my family here? I'm so sorry. And I stopped him, I grabbed his hand, and I looked in his eyes, and I said, Stop apologizing, I'm choosing to be here. I want to help you. You're okay. And we kept going. And then I get a call over the radio, and they're saying, hey, his family's here. They want to come back and health care, and especially in the ER and the ICU we often are wanting to get all of our things done before family comes back. It is hard doing things when there's more hands in the pot. More emotions that are high. It's difficult, but I knew he was stable. I knew he was awake at this point and I thought it was important. I thought they need to be here. I would want to be here. If I were the family. I would want to be back here. And so, I said, yeah, come on back. And so, I got him ready, and I started walking out of the room. And then all of a sudden I see this woman turn the corner. And she had short brown hair, and she just had that look in her eye. They were just sad and tired. You know what I'm talking about just when you look at someone, and you can see just kind of the hurt in them. And she grabbed my hands, and she said, Thank you. That's my baby. And I will never stop fighting for him.

Mia: Oh, that just gives me chills.

Brittany: It did for me in that moment, and I knew exactly what she was talking about, right like. I knew she was fighting for her child and addiction. Which is a disease. And it's as if she knew that, she understood that, and as a parent. And it was in that moment that was really the pivotal moment for me that was just sobering. It was, this is a human who deserves care, who is valuable, who is worth saving. And with that being said, the treatment I gave him the way I cared for him, that standard of care, you know every nurse, every provider, would have done that. But really, I think the difference is just how I treated him as a human. It was that social interaction. It was the social cues like I wasn't scared to hold his hand, and to look him in the eye, and to tell him he was valuable, and his mom perpetuated that same, I guess, embodiment of love and care. And I think really that is what stigma is, that's stigma. It's not necessarily not being willing to get the care or not being willing to do it or to say, okay, yeah, here's your prescription. Here's your whatever. But it's how we do it. It's the, you know, unspoken things the way we look at people things like that. So really, that's what motivated me to really dive into this work, and has motivated me even more to be a part of this podcast, and that was, I think, the moment.

Mia: Yeah, wow, I mean to hear you tell that story is so powerful. And you really, I can tell. It made an impression on you, because you have so many of the details like just really have stuck with you over time. And you know, I think, as you were talking. I was just thinking, you know that's the difference between providing the standard of care and providing healing. And it seems like you in that moment were able to make that shift from not just being a really competent nurse who's doing all the things they're supposed to do into being someone who's working to facilitate healing in that moment.

Brittany: Yeah, and that's heart. I have sympathy, empathy right for that, because I know especially post-COVID, the nurses are burnt out. They're busy. They're short staffed. And even providers at all levels, really. And so I get it, but now what's the next step, how do we fix this? How do we move from just providing care to providing that healing environment.

Mia: Yeah, absolutely. And you know when I think about how complex this barrier of stigma is, it makes me think about the difference between a technical change and an adaptive change. A technical change is something you can easily just sort of like educate, or take one or two actions, and you've got it solved. An adaptive change is really about that culture shift, that mindset shift – that's a lot harder, and you know, to give it a concrete example of what that difference is, like, a technical change would be if I have high blood pressure, taking a medication to lower that blood pressure is a technical change. An adaptive change is you know, changing my lifestyle so that I'm eating healthier, I'm exercising more. I have less stress in my life, all those changes.

Mia: And when you think about how complex those kinds of changes are, I think that's why stigma can't just be a one and done. But it's going to be an ongoing conversation. And really, that's what we hope to do with this podcast is, bring that conversation to you. And we also want to include you in the conversation as much as possible. And one way you can join in the conversation is to send us an email. And we've shared our Why in this podcast we'd love to hear your Why, why are you tuning in? Why is stigma something that you're interested in. And we'd also love to hear your questions ideas for future episodes, anything you want to tell us. So, Brittany, why don't you give us the email address that they can send those thoughts to.

Brittany: Yeah. So, reach out at stigmapodcast@telligen.com. And we are excited to hear from you guys.

Mia: Yeah, we've got a great show planned coming up. Next time we'll be talking about some resources that are available to help you both learn a little bit about stigma and ways to overcome it and share that information with others, and we'll look forward to talking with you, then.

Brittany: see you later.

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