

The Norman Knight Nursing Center for Clinical & Professional Development

## PCAs Quick Reference: Nursing Care of Patients with Substance Use Disorder: Moving from Stigma to Compassion

<u>What is Substance Use Disorder (SUD)</u>? An addiction to drugs/alcohol that is a chronic medical brain-based disease. It is relapsing and treatable.

What is Stigma? An attribute, behavior or condition that is socially labeling, stereotyping, bias, prejudice, prevailing negative attitude and judgment that may lead to shame, social rejection, disruption and fracture of family and other crucial relationships, exclusion, marginalization and isolation. Stigma is a barrier to seeking help.

<u>What do you need to know?</u> Caring for a patient with SUD is complex due to clinical challenges and personal risk that nursing staff often feel unqualified to address. We need to face our fears with honesty and courage to explore and challenge our own belief systems, judgments, attitudes and perceptions. We must be aware of our own fears, anger, sadness, overidentification, manipulation, resentment, irritability and more.

Nurses and PCAs can decrease stigma by challenging widely held beliefs, initiating conversations, listening and engaging non-judgmentally, developing therapeutic relationships and influencing positive outcomes.

## What can the PCA do (under the direction of the RN)?

Watch your language; words can be hurtful. Use "person first language" i.e. person with substance use disorder instead of alcoholic or drug addict. Avoid words like "frequent flyer", "clock watcher", "dirty urine".

**Educate peers** if you hear, "He did this to himself", "She's taking time from my other patients who really need me."

**Practice Relationship-Based Care**: My respect for the patient allows me to be available to him/her. Have respect and loving kindness for yourself and others (Watson's Theory of Human Caring).

## When there is conflict: Strategies to stay engaged:

Stay calm, centered; try not to personalize, expect and ask for mutual respect, keep the focus on the patient's health and safety, avoid arguing, draw in the RN to diffuse and resolve issues, and reframe a difficult encounter to learn more about your patient and yourself – your vulnerabilities and "buttons".

**Use Therapeutic Communication** and be an advocate by supporting recovery **Motivate change through connection-** express empathy and acceptance. The patient must be motivated to change and cannot be forced to consider it. *Instill hope*.