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Follow-up Q & A Webinar: The Role of Shame in Opioid Use Disorders

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- No Disclosures

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Target Audience

- The overarching goal of PCSS-O is to offer evidence-based trainings on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.

- Our focus is to reach providers and/or providers-in-training from diverse healthcare professions including physicians, nurses, dentists, physician assistants, pharmacists, and program administrators.

Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Define shame and differentiate between shame and guilt
  - Identify the relationship between shame and OUD
  - Discuss shame as it relates to particular subsets of people with OUD including:
    - People who inject heroin
    - Opioid-addicted pregnant women and mothers
  - Recognize indicators of shame in patients

Outline

- Definition of shame
- Case examples
- Recognizing and understanding shame in patients with OUD
- Treatment implications

What is shame?

- I feel intensely inadequate and full of self doubt
- I have an overpowering dread that my faults will be revealed in front of others
- At times I feel so exposed I wish the earth would open up and swallow me

What is shame?

"A powerful, but unquestioned, conviction that in some important way one is flawed and incompetent as a human being… The self-condemnation and self-loathing that shame precipitates are part and parcel of a pervasive, persistent, and destructive set of emotions that grips the sufferers with a crippling sense of terror and pessimism, preventing them from living harmoniously and confidently."

(Goldberg, 1991)

What is shame?

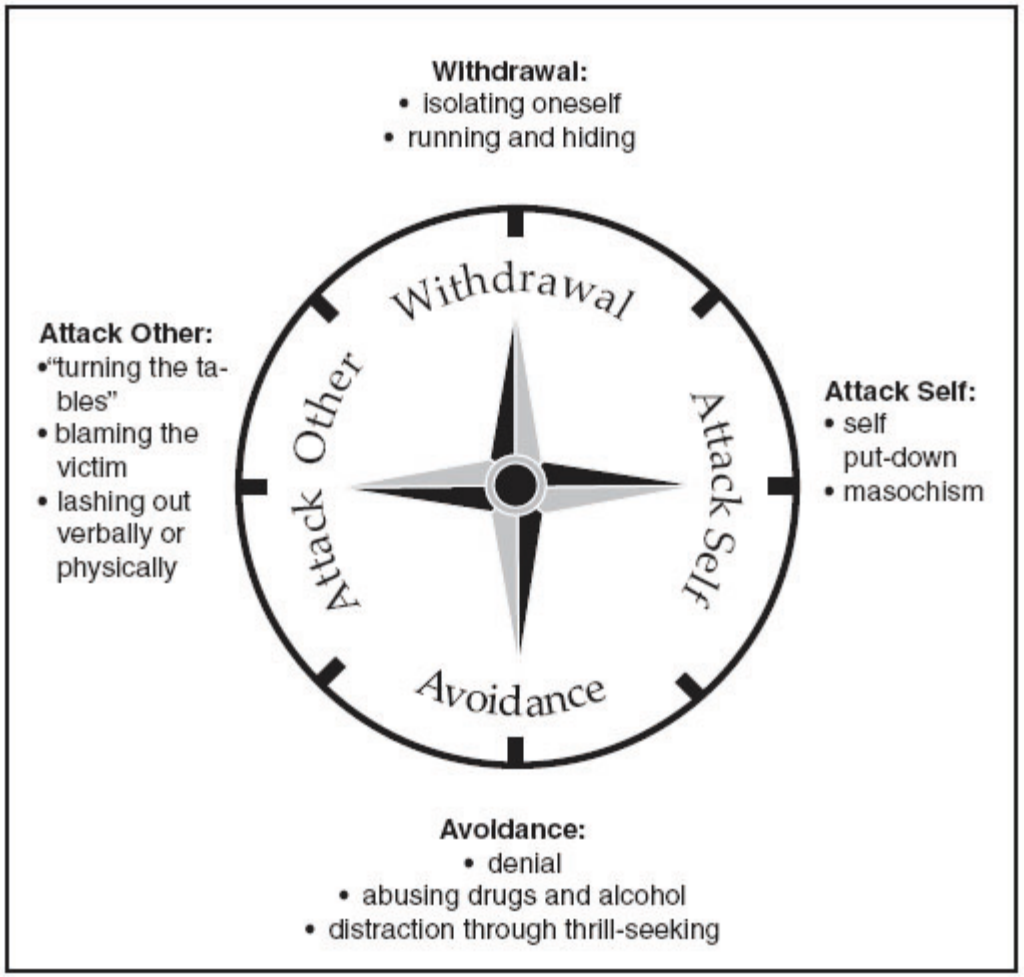
- Exposure of a flawed self
  - Internal or external
- Competence: an expression of the ability, fitness, and capacity to live effectively and well
  - Shame involves feeling incompetent
- Primitive emotion that's adaptive function has been lost (Darwin, 1872)

Shame vs. Guilt

- Shame = Focus on self
- Guilt = Focus on specific behavior (Tangney & Dearing, 2002)
- I made a mistake vs. I am a mistake
- Shame and guilt often fused
- Shame-free guilt found to be adaptive
  - In prison sample, guilt found to be correlated with lower rates recidivism; shame correlated with higher rates (Hosser et al., 2008)

Compass of Shame

(Nathanson, 1992)



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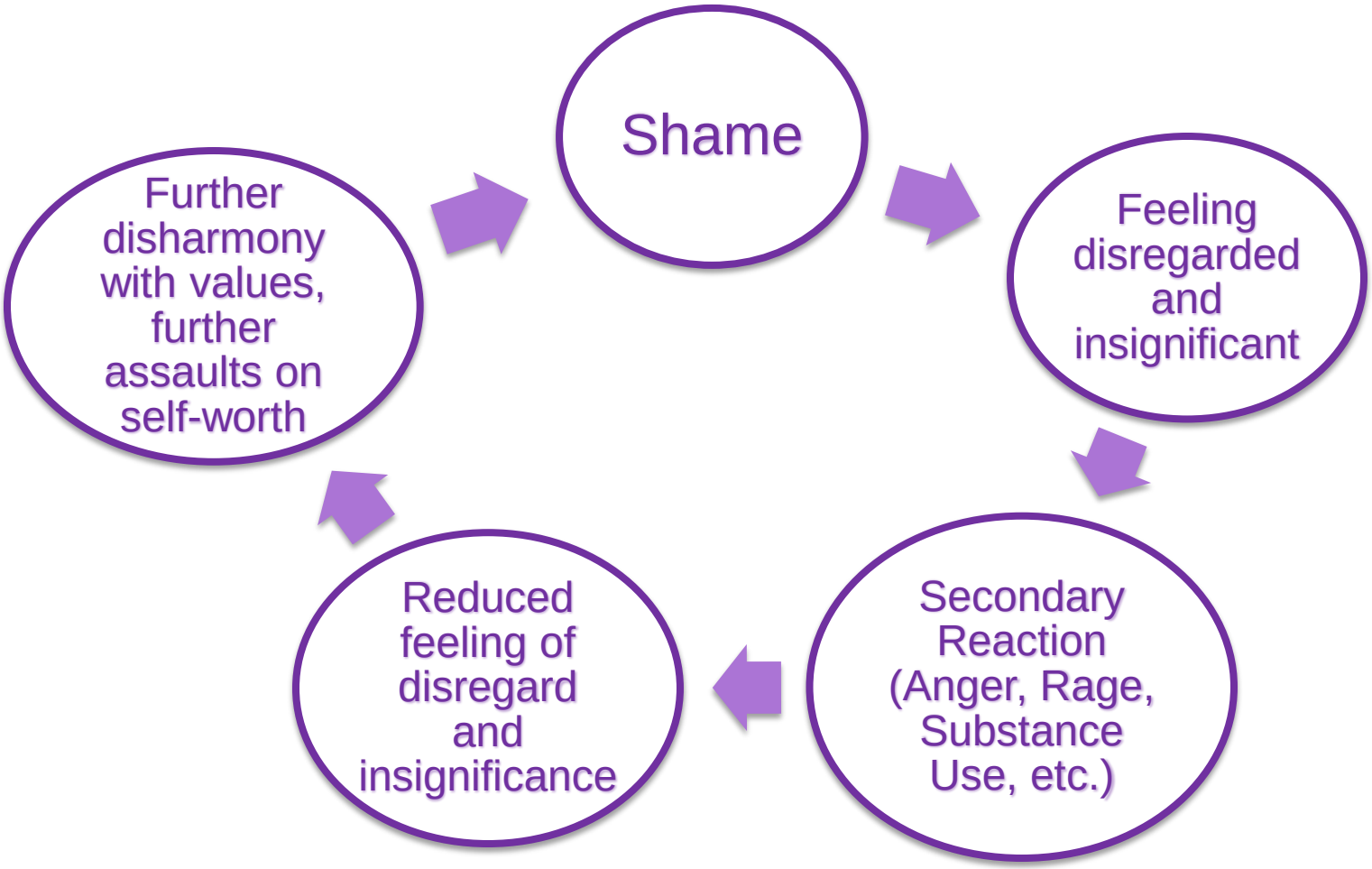
Secondary Reactions

- Anger
- Rage
- Resentment
- Jealousy
- Shamelessness
- Arrogance
- Self-glorification
- Aggressiveness
- Substance Use
- Self-harm

(Bursten, 1973; Horowitz, 1981; Rycroft, 1968)

Cycle of Shame



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Why aren't we better at working with shame?

"Pathological shame is both a crucial cause of human suffering, and at the same time, a silencing vehicle that keeps the misery a secret, unavailable to those who may be in a position to help." (Goldberg, 1991)

- Hard to recognize
- Often masked by other emotions and/or behaviors
- Shame comes with hiding

Transference and Countertransference Issues

- Transference
  - Entering treatment may be shaming
  - Power differential in the therapeutic relationship

- Countertransference
  - What are our own experiences with and reactions to shame?
    - Patient may exhibit anger, blame, demands
    - Clinician may feel insecure, inadequate

Assessment Tools

- Internalized Shame Scale (ISS; Cook, 2001)
  - Used with SUD populations
- Rosenberg's Self-Esteem Scale (Rosenberg, 1965)
- Test of Self-Conscious Affect (Tangney, 1990)

Recognizing Shame

Nonverbal Indicators

- Gaze directed downward or averted
- Head lowered
- Some people blush
- Shoulders slumped
- Chest narrowed
- Face touching

(See Keltner & Harker, 1998 for review)

Question

- Do you feel comfortable assessing for shame on the first medical assessment or do you wait for a coupe of visits?

- What's the best way to initiate a conversation about shame in a 15 minute medical visit?

Answer

- If shame is noted, particularly non-verbal, this can be noted
- Therapeutic relationship is important before delving into shame
- What is the goal of raising the topic of shame in the medical visit? Is it necessary to determine level of care? Would it change level of care or treatment recommendations?
- No “quick fix” for shame. Requires longer-term commitment
- However, a non-judgmental environment and stance can help with state levels of shame and stigma and lead to a more open and honest conversation

Shame and Substance Use

- SUD vs. general population or other MH problems (O'Connor et al., 1994)
  - SUD: Higher shame
  - SUD: Lower levels of adaptive guilt
- Higher levels of shame associated with relapse (Wiechelt & Sales, 2001)
- Higher shame-prone children more likely to use drugs at age 18 (Tangney & Dearing, 2002; Stuewig et al., 2015)
- Shame about past drinking predicts future drinking (Randles & Tracy, 2013)

Shame and Opioid Use

- Can be precursor and consequence; often cyclical
- Opioid use “protects” from the pain of shame
- People who use opioids and other drugs, highly avoidant of shame

Question

- How is it determined that shame predates OUD, and is not just a result of OUD?
- Often difficult to determine
- Patient's history may provide some hints
  - Attachment
  - Trauma/abuse history

Special OUD Populations

- **Heroin users** looked down on by people who use other opioids and other drugs
- **Injection drug users** looked down on by people who use heroin/other opiates/other drugs
  - Public vs. private injectors
- **MAT** in NA
- **Pregnant women and mothers**
  - MAT in pregnancy

Treatment Options

- 12-Step Programs
- Seeking Safety
- Matrix
- ACT

12-Step Programs

- Shame can interfere with a sense of belonging
  - Joining a group

- 12 steps: Shame can interfere or be improved
  - Step 4: Moral Inventory
  - Step 5: Admitting the nature of wrongs
  - Steps 8 & 9: Making amends

Seeking Safety

- Treatment for SUD + PTSD

- Focus on:
  - Compassion
  - Harsh vs. compassionate self-talk
  - Ways to increase compassion for self

Matrix

- Intensive outpatient treatment for people with stimulant use disorder (SAMHSA, 2006)
  - Can be applied to OUD
- Guilt and Shame module
- Differentiating between guilt and shame
- Asks patients to forgive themselves for past mistakes
  - Focuses more on guilt
  - Opens the discussion

ACT

(Luoma, Kohlenberg, Hayes, & Fletcher, 2012)

- ACT is not a quick-fix, but given time, a more effective treatment for shame
- An open, self-compassionate, values based approach

Case Vignette #1

- 60 y/o, African American, male Army veteran
- Polysubstance use (heroin, cocaine, etoh)
- PTSD (childhood physical, sexual; Military Sexual Trauma)
- > 30 arrests, prison 11 years manslaughter
- Wife and son died
- Self-reported anger, fear

Case #1 Questions

- What are the secondary reactions of shame in this patient?
- What issues may be contributing to his/her feelings of shame?
- What are some potential challenges the treating clinician might face?

Case Vignette #2

- 43 y/o, Latino male
- Chronic pain and prescription opioid use x20 years
- IV heroin use x3 years
- Married with 2 teenage sons
- Unemployed; wife = “breadwinner”
- Erectile dysfunction
- Wife: “I need a real man”

Case #2 Questions

- What issues may be contributing to his/her feelings of shame?
- What are appropriate treatment targets and goals?

Summary

- Shame = a conviction of a deeply flawed, inadequate self
- Shame vs. guilt
  - Self vs. behavior
  - Maladaptive vs. adaptive
- Nonverbal indicators of shame often more informative than self-report

Summary

- Shame is common among individuals with OUD and associated with use and relapse
- Within individuals with OUD, particular subgroups associated with shame include injection heroin users and pregnant women and mothers
- Shame should be a focus of OUD treatment

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- PCSS-O Mentors comprise a national network of trained providers with expertise in **addiction medicine/psychiatry and pain management.**
- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit:

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