



**RECOVERY  
WORKFORCE  
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2014 Annual Conference

Ending Self Stigma: An Intervention to  
Reduce Self-Stigma and Enhance  
Recovery

**BALTIMORE  
MARYLAND** **JUNE 22-25**



Psychiatric  
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Ending Self-Stigma: An Intervention  
to Reduce and Enhance Recovery

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**Definitions of Stigma**

- Historically: a mark with which others try to shame or disgrace a person
- Goffman (1963): "spoiled identity" via societal prejudice
- Societal Stigma re Mental Illness:  
The negative regard that people with mental health problems face because of negative stereotypes and biases that others believe.

Hinshaw SP (2007). *The Mark of Shame*. New York: Oxford University



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# What is *Internalized Stigma*?

- when a person absorbs stigmatizing messages about people with mental health problems
- from strangers, staff, family, peers, media of all kinds, health care programs, societal leaders & institutions,
- And comes to believe they are true of one's self.

= stigmatizing yourself




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# Effects of Societal Stigma & Internalized Stigma

- Experiences:**  
rejection or distancing by others, disrespect, disregard, blocked opportunity, discrimination
- Emotions:**  
sad, angry, frustrated, dejected, demoralization, depressed, worthless, resolved, helpless
- Behaviors:**  
shrink inside, isolate or withdraw, rebel, silence, not try new things, avoid help/people/services, give up goals




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# Self Stigma and Recovery

- More severe symptoms—particularly psychotic symptoms, anxiety and depression (Ersoy, 2007; Lysaker et al., 2007; Ritsher & Phelan, 2004)
- Lower self-esteem, self-efficacy, and self-agency (Ritsher & Phelan, 2004; Lysaker et al., 2008)
- Greater social avoidance, avoidant coping and fewer social contacts (Lysaker et al, 2007; Yanos et al., 2008)
- Less recovery oriented attitudes (self-direction, empowerment, hope, etc.) (Ritsher et al., 2003)
- Impedes treatment seeking, treatment engagement, and participation (Interian et al, 2007; Leaf, 1987; Sirey, 2001)




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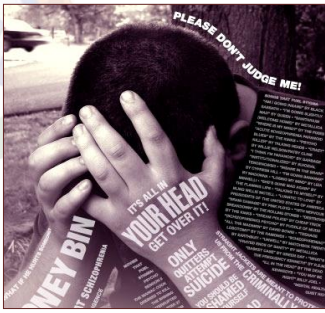
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### Withdrawal

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### ESS

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- Stigma research & theory
- Mental Health recovery & empowerment work
- Cognitive-Behavioral Therapy practices
- First person life experiences
- Clinical care experiences
- Participant input during pilot
- Weekly 90min classes
- Peer &/or Staff led
- Manualized
- Interactive format
- Very personalized
- Class & home practice
- Each session offers different strategy, emphasizing choice & practical approaches

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## Brief description of ESS

Each session follows a basic structure:

- 1) review of home practice from previous session,
- 2) review of the material presented in previous session,
- 3) introduction and discussion of a new skill / strategy
- 4) in-class practice of the new skill / strategy
- 5) discussion of home practice for the next week based on this class



Focus is on what participants *want* to do, what would be rewarding, enjoyable – no "shoulds"

All classes include discussion, personal experiences, reflection and interaction among group members




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## ESS Sessions

1. Recognizing That Stereotypes are Not True
2. Cognitive-Behavioral Strategies for Dealing with Stigma, Pt 1
3. Cognitive-Behavioral Strategies for Dealing with Stigma, Pt 2
4. Strengthening and Diversifying One's Own Self-Concept
5. Increasing Belonging in the Community
6. Increasing Belonging with Family/Friends
7. Effectively Responding to Stigma and Discrimination
8. Review of Strategies/Tools
9. Planning Next Steps




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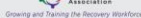
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### Strategy #1: Myth / Fact



What are

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Strategy:  
Remind yourself  
these are  
**FALSE** myths



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#### Public / Societal Stigma

#### Internalized / Self Stigma

People with MI are...

Therefore, I am ...

- Frightening, dangerous
- Slow, unintelligent
- Unreliable, incapable
- Unable to contribute to society, family, etc
- Permanently Disabled
- Less important than "normal" people
- Unable to get better

- Violent, dangerous, scary
- Stupid, unable to learn
- Always going to mess up
- Worthless to society, family, myself, etc
- Unable to reach any of my goals
- Not worthy of resources, respect, not a full person
- Hopeless, broken



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Stigma is Social Pollution



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### Strategy #4: Strengthening Your Self Concept



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### Strengthening Parts of Your Self



- Ask yourself these questions:
  - What do I like about myself, past or present, that I haven't thought about lately?
  - What interests do I love / value but am not currently pursuing?
  - What dreams /skills / hobbies have I put on the back burner or given up because of having a mental illness?
- Choose one you want to strengthen.
- Decide one modest step you *want* to take to strengthen this one a bit or get closer to it.

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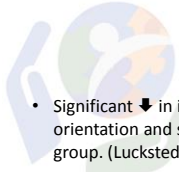
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## Pilot Study



- Significant ↓ in internalized stigma and ↑ in recovery orientation and social support, but small study with no control group. (Lucksted et al, 2011)
- Participants liked it, found it useful..

*I'm more aware of how stigma impacts me, and the class gave me an ability to counteract it.*

*I learned what stigma is...about the myths of mental illness...how to protect myself mentally.*

*It is a useful tool to help people*

*I'm not thinking that I'm "just existing" anymore. I appreciate what I have*




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## Now: Two Randomized Trials



### NIH / Community: Alicia Lucksted, PI

- 5 psychosocial rehabilitation settings in Maryland
- Randomized to ESS or minimally enhanced TAU

### VA HSR&D Merit: Amy Drapalski, PI

- Outpatient mental health clinics/programs at 3 VA Medical Centers
- Randomized to ESS or "health & wellness" control group

Both: psychological and behavioral outcomes via social cognition models of self stigma (Corrigan, et al)




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## Study Aims, for both



- To see if a 9 week ESS group will reduce participants' levels of internalized stigma
- To see if the 9 week ESS group will help promote other psychosocial outcomes (i.e., recovery orientation, self-efficacy, self esteem, engagement in treatment services)




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# Study Procedures



### 3 Interviews:

- Baseline, Post, 6 month follow-up
- Participants randomized to ESS or control at end of first interview
- Objective measures: sense of belongingness, self esteem, self efficacy, experiences with discrimination, self stigma

### Possible 4<sup>th</sup> Interview

- Some participants invited for 4<sup>th</sup> interview after 6 month follow-up
- Randomly chosen + drop outs + champions
- Qualitative interview re their experiences with stigma and their involvement in the ESS group



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Full Sample Demographics at Baseline	Mean ± std or Percentage	N
Age (range 18-70)	44.7 ± 12.3	268
Highest Education (in years; range 5-18)	11.9± 2.1	267
Age 1st Tx for Emot or MH Prob (range 4-62)	22.1± 11.6	264
Gender	61% Men, 39% Women	268
Racial Identity		
White / Caucasian	43.7%	117
African American / Black	46.3%	124
Am Indian / Alaska Native	1.1%	3
Asian	1.1%	3
Multi-Racial	7.1%	19
Declined to say	0.7%	2
Hispanic, Latino, or Spanish	4.1%	11
Currently Married or in LT Relationship	4.9%	13
Ever Married or in LT Relationship	27.6%	74
Have one or more children	41.8%	112
Veteran	5.2%	14
Psychiatric Diagnosis		
Bipolar	27.1	70
Depression	8.9	23
Schizophrenia	30.6	79
Schizoaffective	21.7	56
Other Psychosis (NOS & Depr)	9.7%	26
Other Dx	1.6%	4



ESS  
Community  
Study  
  
Participant  
Demographics



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# Community Study Results



Did ESS reduce people's self ratings of internalized stigma?

YES, a modest amount

Source #1: ISMI

ISMI	ESS Grp bsln ave	Cntrl Grp bsln ave	ESS Grp post ave	Cntrl Grp post ave	p	Effect
Alienation	2.3 ± .7	2.4 ± .7	2.1 ± .6	2.3 ± .6	.044	-.184
S. Endorsement	2.0 ± .5	2.0 ± .5	1.8 ± .4	1.9 ± .5	.580	-.056
Discrimination	2.4 ± .6	2.5 ± .6	2.3 ± .6	2.3 ± .5	.514	-.065
Soc Withdrawal	2.4 ± .6	2.4 ± .6	2.2 ± .6	2.2 ± .6	.952	-.006
Stigma Resistance	2.2 ± .4	2.0 ± .4	2.0 ± .5	2.1 ± .4	.019	-.268

(scores range from 1 – 4)



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## Community Study Results



Did ESS reduce people’s self ratings of internalized stigma?

**YES, a modest amount**

Source #2: SSMI

SSMIS	ESS Grp bsln ave	Cntrl Grp bsln ave	ESS Grp post ave	Cntrl Grp post ave	p	Effect
Awareness	58.6 ± 19.4	56.0 ± 20.6	57.6 ± 19.9	55.8 ± 21.5	.726	-.038
Agreement	32.8 ± 16.1	30.4 ± 15.8	28.4 ± 14.5	32.6 ± 17.4	.001	-.339
Apply to Self	24.1 ± 14.6	23.2 ± 13.2	20.5 ± 12.9	23.5 ± 12.9	.019	-.220
Judge Self	20.7 ± 13.6	21.2 ± 14.8	18.2 ± 12.1	20.0 ± 13.6	.403	-.081

(each scale can range from 10-90)



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## Community Study Results



Recovery Orientation (MARS) also showed significant, modest sized increase compared to controls.

“I think it’s good to address it, the internalized stigma. I see myself as having learned from the other people in the group and also sharing things.”

“I liked when we actually learned about what is stigma and the ways to deal with it.”

“I noticed, ‘Hey, yeah; I do this already.’ So I learned, re-learned actually, how to deal with my inner stigma.”

“being stereotyped is not cool .... I wanna help myself, my family, my friends and my children understand stigma so that I won’t go back out there again.”



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## Considerations for Delivering ESS



- Designed for small-ish, interactive, closed groups
- Anyone with good group skills can facilitate
- Designed for nine 90 minute weekly sessions, but can adapt to other
- Works well in various kinds of programs
  
- People who are not at least curious about stigma’s effects are usually bored
- Attendance is important to get the best benefit
  
- We are working on individual and online formats
- And on tailored curriculum for people with PTSD : others in future

“the class...really backed that down that you’re not separate, you have something that is different than other people, but other people have something that differentiates each one of them. ....And so I really started thinking about whether I really am somebody who should be excluded from normal activity.”

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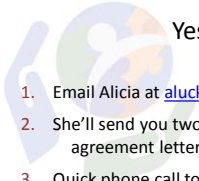
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### Yes, you can use ESS in your program!



1. Email Alicia at [aluckste@psych.umaryland.edu](mailto:aluckste@psych.umaryland.edu)
2. She'll send you two things to read: summary of classes & agreement letter
3. Quick phone call to discuss plans, questions, etc.
4. You return the signed letter, then we send you the Manual and Tips for Facilitators
5. AND we'll send you new things as we develop them: catalogue of supplemental exercises in July + more polished & streamlined manual in the Fall
6. All we ask is occasional informal feedback; You are NOT part of any research study, or are any participants.




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### Questions & Discussion



[ESS] made me stop and think that, well, you've internalized this, so you put it into your mind so much that you believe what other people believe....

And for the longest time I just didn't care.  
But then the more I started learning the information... this is *stigma*, this is what it is.... It's just the wrong outlook on people.

And I had to come to grips with it.  
I had the wrong outlook about me!

**VA study results in about 6 months!**




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