

Ending Self Stigma: A Skill-building Approach to Reducing the Impact of Self Stigma

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Internalized Stigma :

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

= stigmatizing oneself

Stigma is Social Pollution



Self Stigma can lead to additional...

- Distress, anxiety, depression, psychosis symptoms
- Eroding of self-efficacy, self-esteem, agency
- Social isolation
- Avoidant coping
- Demoralization, reduced hope and empowerment
- Discomfort using helpful resources, mental health services



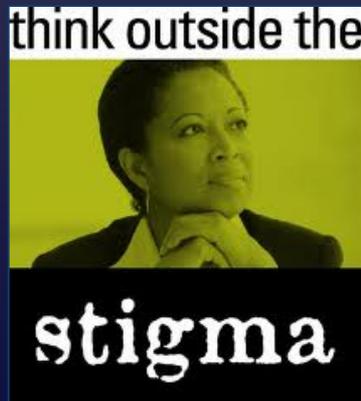
ESS

- 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

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



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

ESS Sessions

1. Recognizing That Stereotypes are Not True
2. Cognitive-Behavioral Strategies re Self Stigma, Pt 1
3. Cognitive-Behavioral Strategies re Self 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

ESS: Two Randomized Trials

NIH R01 / 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 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)

ESS Community Study Aims:

- To see if taking part in one 9-week ESS course, in addition to usual services and activities, will reduce participants' levels of self-reported internalized stigma
- And whether it will promote other psychosocial outcomes (i.e., recovery orientation, self-efficacy, self esteem, engagement in treatment services)
- Compared to changes in self report from clients of the same programs taking part in their usual services and other activities.

ESS Community Study Procedures

3 Interviews:

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

Possible 4th Interview

- Some participants invited for 4th interview after 6 month f/u
- Randomly chosen + drop outs + champions
- Qualitative interview regarding their experiences with stigma, coping strategies, and their involvement in the groups

ESS Community Study Participants

- 268 people total, clients of 5 psych rehab programs
- 61% men, 39% women. Ave age 44.7 ± 12.3 years
- 46% African American, 44% Caucasian, 7% Multi-racial
4% Hispanic/Latino/a, 1% Asian, 1% Native American
- 42% have one or more children
- 5% currently married or in long term relationship
- Primary Psychiatric Diagnoses:
31% Schizophrenia, 27% Bipolar
22% Schizoaffective, 9% Depression, 12% Other

Community Study Results

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

YES, a modest amount

Measure #1: Self-Stigma of Mental Illness Scale

SSMIS	ESS Group Baseline	Control Baseline		ESS Group Post	Control Post	p	Effect Size
Awareness	58.6 ± 19.4	56.0 ± 20.6		55.8 ± 21.5	55.8 ± 21.5	.751	.035
Agreement	32.8 ± 16.1	30.4 ± 15.8		28.4 ± 14.5	32.6 ± 17.4	.006	-.312
Apply to Self	24.1 ± 14.6	23.2 ± 13.2		20.5 ± 12.9	23.5 ± 12.9	.004	-.299
Judge Self	20.7 ± 13.6	21.2 ± 14.8		18.2 ± 12.1	20.0 ± 13.6	.204	-.132

(each scale can range from 10-90)

Community Study Results

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

YES, a modest amount

Measure #2: Internalize Stigma of Mental Illness Scale

ISMI	ESS Group Baseline	Control Baseline	ESS Group Post	Control Post	p	Effect Size
Alienation	2.3 ± 0.7	2.4 ± 0.7	2.1 ± 0.6	2.3 ± 0.6	.041	-.185
Stereotype Endorsement	2.0 ± 0.5	2.0 ± 0.5	1.8 ± 0.4	1.9 ± 0.5	.618	-.051
Discrimination	2.4 ± 0.6	2.5 ± 0.6	2.3 ± 0.6	2.3 ± 0.5	.565	-.001
Social Withdrawal	2.4 ± 0.6	2.4 ± 0.6	2.2 ± 0.6	2.2 ± 0.6	.996	-.001
Stigma Resistance	2.2 ± 0.4	2.0 ± 0.4	2.0 ± 0.5	2.1 ± 0.4	.021	-.266

(each scale can range from 1 to 4)

Recovery Orientation (MARS) self ratings by ESS participants showed significant, modest increase compared to those of people in the control condition.

Effect size .177, $p=.037$

But both groups' baseline scores around 100 of 125 to start!

6 months later, ESS and control group participants were no longer different from each other on any measures:
the benefits did not sustain.

Why?

initial qualitative results

First, our qualitative results suggest that our quantitative study may miss important impacts for some people

“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.”

Second,

- perhaps ESS is not the right approach
- or is missing important ingredients, or is not potent enough

Third,

- Sample includes many people not interested in self stigma.
- ISMI & SSMIS self-ratings are not very high to begin with
- ESS should be offered to those who need or want it

Fourth,

- The measures we used may not be good enough
- Or may miss some important effects for some people
- Qualitative interview analyses underway

- Mechanisms of Self Stigma development and avoidance
- Towards prevention
- and increasing ESS potency re tailoring, revision / addition, and delivery modes
- Amy and Anjana will cover others

Next Steps