Introduction

• Concerns about stigma and self-stigma can pose significant barriers to the recovery among Veterans with Posttraumatic Stress Disorder (PTSD). Yet, to date, there are no empirically tested, evidence-based interventions to minimize the negative effects of stigma and self-stigma for such Veterans.
• Using information obtained from qualitative interviews, we adapted an existing self-stigma intervention (Ending Self-Stigma) for use with Veterans with PTSD (Ending Self-Stigma for PTSD; ESS-P).
• A pilot randomized trial was conducted to examine feasibility, acceptability, and preliminary efficacy of ESS-P in reducing self-stigma and improving sense of belonging and perceived recovery in Veterans with PTSD.

Ending Self-Stigma for PTSD Intervention

• ESS-P is a 9-session group intervention that aims to help Veterans with PTSD learn tools and strategies to address stigma and self-stigma.
• Group sessions of 6-8 Veterans are held once a week for approximately 75-90 minutes. Each session introduces and practices a new strategy to help group members address self-stigma.

Participants

• Participants were 57 Veterans with a diagnosis of PTSD receiving VA outpatient mental health services.
• Participants were mostly male (95%), identified as African-American (49%), and were not currently in a relationship (80%).
• Mean age of participants was 53.6±11.0 years.
• Mean years of education was 14.2±2.3

Methods

• Participants completed baseline and post-treatment assessments lasting approximately one hour that measured clinical symptoms (PTSD and depression), self-stigma, recovery, and sense of belonging.
• Upon completion of the baseline assessment, participants were randomly assigned to ESS-P or enhance treatment as usual (eTAU; written materials on stigma and self-stigma).
• Chart reviews were conducted for the 3 month prior to and 3 months after participation to assess participation in mental health services.

Table 1. Outcomes of ESS-P Pilot Randomized Trial

<table>
<thead>
<tr>
<th>Comparison</th>
<th>ESS-P at Pre M±SD</th>
<th>ETAU at Pre M±SD</th>
<th>ESS-P at Post M±SD</th>
<th>ETAU at Post M±SD</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Measures</td>
<td>48.6±15.7</td>
<td>56.2±14.2</td>
<td>41.5±15.0</td>
<td>49.2±18.6</td>
<td>-0.32</td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>27.2±11.7</td>
<td>31.4±13.6</td>
<td>20.0±10.3</td>
<td>30.6±15.3</td>
<td>-0.76**</td>
</tr>
<tr>
<td>Internalized Stigma of Mental Illness Scale</td>
<td>2.5±0.6</td>
<td>2.6±0.5</td>
<td>2.1±0.6</td>
<td>2.5±0.7</td>
<td>-0.81*</td>
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<tr>
<td>Alienation</td>
<td>2.7±0.7</td>
<td>2.8±0.7</td>
<td>2.1±0.7</td>
<td>2.7±0.8</td>
<td>-0.85**</td>
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<td>Social Withdrawal</td>
<td>2.8±0.7</td>
<td>3.0±0.7</td>
<td>2.4±0.9</td>
<td>2.8±0.9</td>
<td>-0.69*</td>
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<td>Stereotype Endorsement</td>
<td>2.0±0.5</td>
<td>2.3±0.5</td>
<td>1.7±0.6</td>
<td>2.1±0.7</td>
<td>-0.42</td>
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<tr>
<td>Discrimination Experience</td>
<td>2.4±0.6</td>
<td>2.6±0.6</td>
<td>2.1±0.6</td>
<td>2.4±0.7</td>
<td>-0.41</td>
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<td>Recovery-Related Measures</td>
<td>54.7±11.7</td>
<td>55.4±9.6</td>
<td>57.6±13.3</td>
<td>53.1±13.0</td>
<td>0.81**</td>
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<tr>
<td>Antecedents</td>
<td>16.1±4.9</td>
<td>15.6±4.7</td>
<td>18.2±4.5</td>
<td>15.7±5.8</td>
<td>0.61*</td>
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<tr>
<td>Sense of Belonging</td>
<td>39.4±7.0</td>
<td>37.1±4.5</td>
<td>40.2±6.8</td>
<td>38.0±6.9</td>
<td>0.21</td>
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<tr>
<td>Psych Experience</td>
<td>43.6±12.0</td>
<td>42.1±11.9</td>
<td>48.4±12.9</td>
<td>44.2±11.8</td>
<td>0.46*</td>
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<tr>
<td>Maryland Assessment of Recovery Scale</td>
<td>85.0±20.5</td>
<td>82.8±18.2</td>
<td>94.2±19.6</td>
<td>84.6±21.4</td>
<td>0.49</td>
</tr>
</tbody>
</table>

Results

Feasibility and Acceptability

• Of those that were approached 90% (63/70) agreed to participate and 81% (57/70) consented.
• ESS-P participants attended a mean of 4.10±3.26 sessions; 86% attended at least one session.
• Feedback from focus groups conducted after each ESS-P group indicated that participants found the group enjoyable, informative, and supportive and the content and format acceptable.

Preliminary Efficacy

• On average, participants reported a mean ISI1 total score of 2.55±0.54 at baseline.
• There was a significantly greater decrease in self-stigma (ES=-.81) and depression (ES=-0.76) and a significantly greater increase in general (ES=0.81) and social self-efficacy (ES=0.61) and psychological sense of belonging (ES=0.46) among ESS-P participants from baseline to post-treatment compared to control condition participants.
• There were no significant differences between groups in changes in recovery, PTSD symptoms or in mental health treatment utilization.

Summary and Conclusions

• On average, Veterans experienced moderate to high levels of self-stigma, suggesting the need for intervention.
• Greater declines in self-stigma among ESS-P participants appears to be driven by reduced feelings of alienation and social withdrawal. This coupled with increased sense of belonging and self-efficacy regarding social relationships/interactions suggests that ESS-P may be particularly helpful in addressing aspects of self-stigma related to interpersonal relationships, and often disrupted in Veterans with PTSD.
• ESS-P may be particularly helpful in reducing symptoms of depression, a common co-occurring condition among Veterans with PTSD which can have additive negative effects (e.g., poorer physical functioning, greater anger/aggression, suicide risk).
• Taken together, our results provide preliminary evidence for the benefits of ESS-P as an adjuvant intervention for Veterans with PTSD.

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