

Results of a Pilot Randomized Trial of a Group Intervention to Reduce Self-Stigma in Veterans with PTSD

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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.

ESS-P Sessions

- 1: Introduction to Stigma and Internalized Stigma
- 2: Cognitive-Behavioral Strategies, the 3 C's, Part 1
- 3: Cognitive-Behavioral Strategies, the 3C's, Part 2
- 4: Strengthening and Diversifying One's Self-Concept
- 5: Increasing Connection and Belonging, Reducing Alienation
- 6: Increasing Belonging with Family and Friends
- 7: Responding to Stigma-based Discrimination
- 8: Course Review
- 9: Crafting Your Own Next steps

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Methods

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

Procedures

- 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

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

**p≤.01, *p≤.05

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 ISMI total score of 2.55 ± .54 at baseline,
- There was a significantly greater decrease in self-stigma (ES=-.081) 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 functioning and relationships, 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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