

EASE-ING Self-Stigma: Self-Stigma Training for Practitioners

V3: 90 minutes

Handouts needed:

- Sign in sheet,
- Handout copies of slides,
- Education (Myths/Facts) handout
- Awareness handout (SMI),
- Shift (Perspectives) handout (Thought Record),
- Empowerment handout (Facets of myself),
- Evaluation Form
- Action postcards.

Handouts are marked with [H] in the outline below.

1. Introductions & Overview (slides 1-2) (assume start 5 min late, and this takes 10 min = 15 total)

Slide 1

First, Presenters introduce themselves briefly

Second, briefly acknowledge the authors, mentioning Clare Gibson as the originator.

Third, ask Attendees to briefly introduce themselves, including something they specifically hope to get out of today's workshop. Go around the room.

Slide 2

Review workshop goals on the slide, and briefly orient Attendees to the workshop format:

"We'll first briefly define the problems we're addressing, then introduce the EASE principles, and then go into each one in more detail with some examples of how one could use them."

Workshop rationale:

"VA Staff" of all positions and disciplines are important agents for change, in reducing the harm that societal stigma causes to people with mental health problems. So this workshop was developed to offer some principles and applications we hope others will find useful to put into action in their work.

MOVE ON TO NEXT PART ↓ NO LATER THAN 15 MIN AFTER WORKSHOP BEGAN

2. Brief Intro to / Reminder about Public Stigma (slides 3-4) (5 minutes)

Slide 3

- Draw their attention to the definition of Public Stigma on the slide

- I am sure we all know too well a good number of common stereotypes and biases regarding mental illness (list a few, or have Attendees do so).
- And, we know that people encounter these stereotypes and biases from many different sources (list a few (media, authority figures, family , strangers) or have Attendees do so)
 - It is important to note that people with mental illnesses often report experiencing stigma from healthcare providers.
 - That makes our role (your role, staff) all the more critical in dismantling stigma and offering counter messages.
 - Offer an example or two from your experience, or from the list below:
 - overhearing staff talk about clients in stereotypical ways,
 - being told that you'll never be able to reach a personal goal because of one's illness.
 - patients with a substance abuse diagnosis, who are in distress and requesting PRNs are labeled as "drug seeking" and their pain goes unaddressed.

Slide 4: (effects fill in as you click)

- In addition to being unfair, public stigma has consequences for people's health and recovery.
- Its messages can lead people to isolate, serve as a barrier to treatment, and cause feelings of hopelessness, shame and anger – which then lead to poorer health, motivation, resilience.
- Give an example – your own or choose from the below:

Example 1: A middle-aged woman had multiple physical health issues that required frequent attention, sometimes at the ER. One ailment included risk of stroke and severe vision loss if not attended to. When she would experience physical red flags (blurry vision, etc.) she would often put off or not go to the ER because of experiencing serious stigma in the past when **medical professionals learned of her history of mental health diagnosis and treatment in addition to her severe physical concerns**. These past experiences shaped her behavior more powerfully than well-meaning assurances by her mental health team. She would get medical treatment promptly as needed when there was a medical provider, mental health provider, or family member she trusted who could directly assist in the process with unfamiliar medical settings.

Example 2: A Veteran who avoids his spouse and children because he is fearful he will harm them (internalized stigmatizing message that he is dangerous) despite no evidence that this is a real risk. Numerous Veterans like this seem to have internalized the message that Veterans with PTSD (or all veterans) are all "ticking time bombs" prone to losing control, even though this is not true.

Note that many identities and experiences are stereotyped or looked down on by (parts of) society – homelessness, certain sexual orientations, racism, sexism, etc. Feel free to highlight ones especially relevant to the setting you are presenting in. The principles and strategies discussed here today can also be used with other kinds of oppressions, although we are focusing on mental illness stigma

MOVE ON TO NEXT PART ↓ NO LATER THAN 20 MIN AFTER WORKSHOP BEGAN

Slide 5: Definition of Internalized Stigma

Another nasty effect of Public Stigma can be Self or Internalized Stigma – when you start to believe the negative stereotypes are true of yourself.

If anyone hears a given message frequently, without enough counter messages, especially from respected sources, they may start to believe it, to absorb it. People sometimes cannot help but absorb society's prejudices even about groups to which they belong.

It is like breathing in pollution along with the air – not the person's fault, and often impossible to avoid in certain environments, but the person is left with the effects.

This can happen with all stereotypes -- internalized racism, sexism, and classism. Here we are talking about internalized mental health stereotypes, which are called internalized or *self*-stigma.

It is important to distinguish between the two because you reduce them in different ways. Public stigma is an umbrella term for the stereotypes, prejudices, and discrimination found in society while Self stigma is a personal experience one has to resist and resolve.

Brief Interactive example to Illustrate:

- ASK the audience to call out one common stereotype of veterans with mental illness.
- Then “translate” what one might think about one's self if you internalized this message
- For example, “The public stigma that people with mental illness can't contribute to society may become internalized to ‘I can't contribute to society.’ Or “I can't do anything that is worthwhile”
- Do a second example if seems appropriate and there is time.

Many people, present company included, work every day to dismantle public stigmas – like racism, sexism, classism, and mental health stigma. It is a worthy, long term, society wide effort.

In the meantime we CAN and SHOULD help clients (and ourselves) grown stronger in coping with stigma as it exists, including resisting and dealing with Self Stigma.

Not everyone with mental illness develops self-stigma... usually because they reject the prejudices as incorrect, or don't see them as applicable to themselves, or because they also encounter lots of counter messages. But many are affected

Slide 6: Self Stigma Effects

Highlight the many harmful impacts of self-stigma (on the slide), noting how they impact coping and recovery, and therefore are important to consider in our work with clients.

MOVE ON TO NEXT PART ↓ NO LATER THAN 25 MIN AFTER WORKSHOP BEGAN

4. EASE Principles Overview: Tools for your toolbox

(slide 7)

(5 min)

Slide 7 We'll present 4 categories of strategies you can use to help clients and others lessen stigma's impact

- First we'll give you a brief overview of the 4 EASE principles
- Then we'll go into more detail on each one with ideas for how to use or apply it in your work.
- But don't be limited by the uses we present... you can use the Principles to come up with additional applications that are best suited to your work, your roles, your clients, your setting.

- Give a very brief description of each principle: (examples below)
 - Educating people about the inaccuracy of stereotypes and myths vs facts regarding mental illnesses can have profound positive effects, dispel misinformation and incorrect assumptions.
 - Increasing awareness of the effects of public stigma, of what internalized stigma is, and how it had additional harmful effects – naming self-stigma as a problem -- helps people to be conscious of the hazard so they can guard against it or work to reduce it.
 - Shifting Perspective means to help people reevaluate their beliefs about themselves that may be inaccurate and self-stigmatizing. This is powerful in reducing / countering self-stigma.
 - Empowerment in this context is to help people counteract the effects of public and self-stigma by attending to and developing their diverse personal strengths to benefit themselves.

Brief Discussion:

"Before we get into the details of each.... You undoubtedly do things in your daily work to help reduce or counteract stereotypes and prejudice about mental illnesses, and to reduce internalized stigma within the Veterans who come to you for help. Many of these things likely fit into the EASE principles.

"That is, we have some specific applications of each to offer below, but EASE can also serve as a handy reminder to use tools you already have.

ASK: Given these short descriptions, what examples of things you do currently come to mind?
Allow brief discussion – 2 minutes – touching on the various settings, units, and disciplines represented in your audience.

Then during the sections below, REFER BACK to what people said during your discussion of each principle, to help you connect the principles and applications to the specific settings, roles, etc. of Attendees.

MOVE ON TO NEXT PART ↓ NO LATER THAN 30 MIN AFTER WORKSHOP BEGAN

5. Principle #1: Education (slide 8)

(10 MIN)

Slide 8 Education

It is helpful for clients to increase their understanding about the inaccuracy of stereotypes, especially what is true and what is myth/stereotype/slur. Many will say they already know the stereotypes are false, which is great. BUT, sometimes people actually believe some of them. AND even if they don't, consciously reminding one's self of their "falseness" can be important counter-messages to societal stigma. Like an antidote.

People benefit from developing a knowledge base about their mental illness / symptoms / problems that is founded in facts and not stereotypes. This knowledge needs to include that, what is true for them may differ from what is true for or claimed by others.

Since part of the reason people can internalize stigmatizing messages is that part of them believes the stereotypes are true (accurate, valid), differentiating myth from fact is especially important.

In your handouts we have several suggestions for applying this principle in concrete ways:

Example Technique #1: Use a "myths vs. facts" exercise (similar to an *Illness Management and Recovery Group*).

Draw Attendees' attention to, and briefly review the Myths/Facts Handout [H]

- You could use this as is, or use it as an example to create your own
- It can be just discussed as information, or more in depth regarding how each myth has affected a client or group.
- Lots of other more creative uses are possible too – a group could each draw a myth from a hat and give the factual restatement, for example.

Brief Discussion (2-3 min): "Have you done something similar with clients? How did it go? Was it helpful?"

- Reinforce positives they mention
- Offer practical suggestions, very briefly, for problems they encountered, if it seems appropriate.

Example Technique #2 Another more personal less "teachy" way of Educating people about myths vs facts is to gently and supportively correct people when they express false myths/ stereotypes and offer them more accurate information.

Below are two examples of doing this from our experiences.

Feel free to use either or both to illustrate this Technique, OR to use one of your own.

- (1) A person in one of the developers' Ending Self Stigma (ESS) groups had taken to heart that he was "crazy", which to him meant "defective" "permanently broken" and "hopeless" because of various messages he had absorbed about people who hear voices. In the class we talked about several facts that contradicted this -- how auditory hallucinations don't necessarily mean other parts of one's personality and thinking are broken; that there are strategies that can help reduce distressing voices; that his having a hard time finding a medication that works does not mean he is "hopeless; that many who hear voices lead productive lives. He found much of this hard to believe at first. But over the class the facilitator gently reminded /repeated relevant "facts" when things he said reflected internalized "myths" and he gradually opened up his thinking.
- (2) We've met several people who have given up on working because they have a mental illness, although they'd like to be doing something productive. Letting them know that many people with mental illness do work and can be very successful, that there are many types and schedules of work, and that there are satisfying non-work ways to do productive things helped to gently challenge these assumptions. This helps Veterans to consciously decide whether or not to try something, rather than just assuming passively that they cannot do it. Highlighting examples from their experiences that demonstrate their ability to contribute, can be particularly powerful.

IF TIME: Question: Other ways you use already or could use myth/fact Education to reduce self-stigmatization?

- o Good to learn from each other's experiences, exchange ideas.

MOVE ON TO NEXT PART ↓ NO LATER THAN 40 MIN AFTER WORKSHOP BEGAN

6. EASE Principle #2: Awareness (slide 9-10) (10 MIN)

Slide 9

A second critical principle to reduce self-stigma is to increase awareness of self-stigma as a problem.... As a potential "side-effect" of the prejudices of our current society, something to watch out for and learn how to avoid as it can have such serious negative effects.

Naming it brings it out into the open, as a problem or risk that can be dealt with. This can reduce self-blame and shame.

Naming something makes it easier to grab onto, grapple with, decide whether to accept or reject.

It is important to be clear about not blaming people for developing self-stigma. Differences between people who do and don't develop it (or to different degrees) are not ones of strength or intelligence. Rather they are differences in environment, what people have been exposed to, and how our minds respond. Like air

pollution – you breathe in the air and whatever comes with it, it is not your fault, though you are left to deal with the results.

Example Technique #1

- People may not be fully aware whether and how self-stigma is impacting them, and so may dismiss the more direct applications below.
- When a more subtle approach is needed, you can begin to engage someone in a discussion about self-stigma by listening to how they talk about their experiences and themselves, then supportively probing when you hear something that seems self-stigmatizing. And you can always offer counter messages by noting the person’s strengths, asking them to use their abilities to help you or others, and believing in their potential
- **Example:** Numerous people have told the EASE developers during Ending Self-Stigma (ESS) classes that they did not know about internalized (self) stigma before-hand, and therefore never thought to question some of their own self-assumptions. Naming it made it something one could think about and then decide how you wanted to deal with it.

Example Technique #2 (slide 10):

Among the more direct way to help clients become more **A**ware of self-stigma is using a measure called the Internalized Stigma of Mental Illness (ISMI) to start discussion with clients (or co-workers). **[H]** ISMI

- You have a copy in your handouts.
- And (In the VA), you can access the ISMI in “Mental Health Assistant” via CPRS.
- The ISMI is a 29-item measure with the five subscales you see here on the slide, often used in research
- In the usual use of it, a person is asked how much s/he agrees or disagrees with each statement.
- The ISMI is an excellent way to start a discussion with clients, and co-workers—to increase awareness and understanding about how stigma can show up in one’s thinking and one’s life.
- It also highlight’s areas of strength and resilience in the items or subscales where the person scores low

You could use it in any number of ways, with individuals or groups, such as:

- In a group discussing specific individual items
- Asking an individual client to complete the entire thing and then discuss answers with a counselor
- Considering just the items in one sub-scale, to focus on that topic, such as “alienation”
- Pointing out areas of strength reflected in lower scores on stigma items and higher scores on the stigma resistance items
- Completing it with a client every couple months to discuss changes over time
- Use specific items as prompts for journaling or self-expression projects.
- You can of course come up with many others!

Brief Exercise:

1. Choose an item from the ISMI (Suggested: Alienation item or Social Withdrawal item on Slide 10)

2. Ask attendees something like “If we were using this item for discussion in one of your groups, how do you think Veterans you work with would respond to it? (encourage attendees to call out a number of different responses or comments)
3. Then choose one of the comments offered that you think fits the purpose and ask something like “So if =X= was how several Veterans responded, what could be your response? Where would you want to take the discussion next?”
4. Nudge, shape, comment on their suggestions so they get an accurate and productive example of using this technique.

MOVE ON TO NEXT PART ↓ NO LATER THAN 50 MIN AFTER WORKSHOP BEGAN

7. EASE Principle #3: Shift perspectives (slide 11-12) (10 MIN)

Slide 11:

“The third principle is helping clients Shift their perspective about these internalized messages. That is, helping them to reevaluate the thoughts and beliefs they hold about themselves. Rather than buying into these beliefs, they can examine them, consider their impact, see them in a fresh light for what they are, decide if they’re worthwhile, and if not, adjust their thinking to more accurate and constructive thoughts”

Many of you probably have some background in cognitive behavioral therapy, and its core principles, that one’s thoughts, feelings, and behaviors all affect each other. And that this means that changing one can lead to changes in the others. This is where the “shift” principle comes from.

On a click, the cloud/hand image will be covered by the CBT thought-feeling-behavior triangle

- By helping someone understand how all three are connected, we can help them make conscious decisions that can improve various kinds of problems. This applies readily to internalized stigma.
- For example, if someone believes that their mental illness means they are incapable of improving things in their life, they will likely feel despondent and helpless. In turn these feelings are likely to lead them to not try to problem-solve to reach goals, or to give up very quickly.
- **For example, many of us have talked with Veterans like this one:**
A Veteran, who has completed 2 years of college in electrical engineering, is very bright and capable of the work, with a lot of potential. However, he believes that he couldn’t handle the stress of school and does not want to try even enrolling because he believes if he got stressed out he would get re-hospitalized and end up homeless on the streets.

Here are a couple specific applications of this principle:

Example Technique #1:

1. People first have to be aware of negative automatic beliefs about themselves that are caused by societal stigma about mental health and illness. You can assist this by facilitating a supportive conversation about the question *'Are you ever ashamed or embarrassed to have a mental illness?'* Sensitively discussing their responses can help people differentiate things they regret from global internalized over-generalizations about worthlessness or internalized messages.
2. Then if someone does recognize habitual self-stigmatizing thoughts, you can help them talk through whether or not they think those thoughts are helpful and valid/accurate. And then you can help them to decide whether they want to keep thinking them, and how to consciously decide to practice thinking more accurate and healthful substitutes each time the negative habitual ones creep in.

Brief Exercise to illustrate this:

1. ASK attendees something like: Have you ever passed someone you know in the hall or on the street and they don't acknowledge you at all? And you kind of wonder why? Maybe various possibilities go through your mind, even worries about "did I offend them" or something similar?
2. This happens to everyone. And we have found that the ambiguity of the situation often pulls for self-stigmatizing assumptions among Veterans we work with.
3. ASK: What attributions might someone have about why this happened that would lead to self-stigmatizing thoughts and emotions? (Ask for one or two examples, and reinforce them).
4. Looking at the Triangle, if that thought is allowed to stand unquestioned, what emotions might the person feel? And what behaviors could this lead them to? (Comment briefly on responses).
5. As you can see, the attributions/thoughts in response to the ambiguous situation really define that experience for the person.
6. How likely is it that =X= stigmatizing attribution is really what was going on? What are other more likely reasons this happened? (preoccupied, in a hurry, not wearing ones' glasses, distracted)
7. Pick one, and lead attendees around the triangle again. "If we consider that =X= is plausible or likely, then what might the person think? Feel? Do? (highlight the difference)

Example Technique #2:

Slide 12: shows that the same thing can be done, using the thought record/worksheet form, with an individual, or group

Walk briefly through the example shown. [H] Shift Handout

On click, an oval will highlight the change in the change it column of Slide 12

- Highlight the process of substituting a more **helpful** and **accurate** thought, and describe the resulting better outcomes.
- Note that some attendees may be familiar with the "3 C's" which is a formalized three step process for doing both the above techniques (Catch it, Check it, Change it). Others may be familiar with "thought records" which is a related way of helping someone do similar things, from a different variation of CBT.

- Emphasize that these are just a few ways to help someone shift perspectives---encourage the group to utilize their expertise and experience in their own work to use methods that help their clients.

MOVE ON TO NEXT PART ↓ NO LATER THAN 60 MIN AFTER WORKSHOP BEGAN

8. EASE Principle #4: Empowerment

(slide 13-14)

(10 MIN)

Slide 13:

“The final principle is Empowerment. Stigma is disempowering- and can be damaging to one’s sense of self... making one feel less valuable, less capable, less multidimensional.. even narrowing one’s self-identity to just “a patient” or “ a schizophrenic” (= identity engulfment or eclipsing)

We can help people gain or regain personal power by exercising their personal strengths in the service of their health and life goals. Using a strengths-based approach in our work with them encourages people to notice, value, use, and further develop their personal strengths.

There are many ways this can be accomplished. In tiny ways, like the words we choose in conversation. ..and in larger ways, like deliberate strategies and exercises we teach or lead in groups or individual sessions.

Brief Exercise

“I’m going to read a brief description of a Veteran with mental illness. As I do, please form an image of the Veteran in your mind.”

(Start off with more stereotype-eliciting aspects of the description)

- a. Robert is 63 years old, a Vietnam Era Veteran.
- b. His VA diagnoses are PTSD and Depression, including several hospitalizations
- c. He lives alone in an apartment
- d. He smokes about a pack of cigarettes per day
- e. He was arrested twice in the past for disorderly conduct after fighting.

What is the image most people would get about Robert so far? Just call out a word or two.

OK, now I’m going to finish the description, please continue to form your image of Robert with this new information:

- a. After his service, Robert completed his bachelor’s degree, and some years later, an MBA
- b. His most recent job was as a sales manager for 12 years, ending last year when he retired.
- c. Although he prefers to spend quite a bit of time alone as it makes his PTSD symptoms easier to deal with, he does not like to feel isolated. So Robert is active online, stays in touch with family by

phone email and Facetime, and pushes himself to attend family and friend functions and to get out of the house.

- d. Currently he is volunteering 10-20 hours per week helping to write project grant proposals for two local nonprofits whose mission he feels strongly about.
- e. He has several close long-time friends who watch out for each other and will call, email, or come by. They check in if they have not heard from each other in a while.

Again, call out some words that describe your image of Robert?
How did it change from part 1 to part 2?

As you can see, what words and details we use to describe a person has great power. We want to help Veterans strengthen in themselves a multi-faceted positive self-image, not defined by their diagnosis or difficulties.

Feel free to use this exercise yourself in your work!

The key is to help people identify and reinforce their own strengths, values, talents, and positive parts of themselves. No one can empower another person. But we can assist them in empowering themselves.

Doing so helps people be more resilient against all kinds of stresses and insults, including societal stigma, because they have those personal strengths more readily available to draw on.

This then also helps people be less vulnerable to internalizing prejudices against themselves, and more energetic and engaged in their illness management, services engagement and personal recovery.

Example Technique: **[H]** Facets of Myself

Like the other principles the ways to facilitate empowerment are many, and you may create new ones.

But one powerful one we've been using is called Facets of Myself

Slide 14:

- Ask audience to look at their blank handout and take 3 min to fill it out as completely as possible.
- Then spend a few minutes discussing what the experience of doing so was like. Hopefully at least one person will say (a) that it reminded them of things they like about themselves, and (b) that it was hard.
- Respond to their comments in ways that connect their exercise with using the handout with clients.
 - This is one simple exercise we have used in groups to help people be more aware of their own strengths and personal resources.
 - Often it can be hard, especially at first, for some people to fill out any of this... an indicator that these positive aspects of self may have been relegated to a back room, or eclipsed by their struggles with symptoms and problems, or by roles/identities of "ill person" "patient" etc.

- ALSO: people have told us they posted their filled out sheet in their bedroom or bathroom or inside their calendar or a cabinet door as a reminder to remember and nurture those strengths and parts of themselves. Encouraging this would be a way to take this exercise further.
- ALSO: Advanced discussion using this could be to consider which of the things each person (individual client, or group member) wrote down that s/he wants to use more in the service of their goals or life enrichment and how they could do that. And/Or which s/he wants to grow further + several steps towards that.
- After doing the above summary, tell a STORY or two about times we've used this in group. Two are below, or use your own:

Story 1: Even on inpatient units people can connect with their prior accomplishments and abilities for future accomplishment. For example, a Veteran with numerous symptoms who was minimally engaged in group participated much more when it came to discussing activities that she enjoyed and was proud of, in her case baking and cooking for others. This led another quite ill Veteran to discuss some elaborate meals he had planned and cooked for his friends and family, even using both his and his neighbor's kitchen to cook multiple dishes at the same time.

Story 2: During Ending Self Stigma (ESS) Group, a Veteran shared that he used to study at the local public library, reading deeply on science and history. He said it made him feel well informed and well rounded, and gave him things to talk about with others. But during a several-year rough time with his illness this was interrupted and he had not gone back to it. As an ESS exercise he tried it... and it was just as fulfilling as it had been. He marveled at how it just got left on the back burner for no reason, until he really gave it thought. Moreover, in later weeks he shared that this experience had led him to try several more things that he had put on the back burner in recent years... and that he found them a rewarding (re) addition to his life.

MOVE ON TO NEXT PART ↓ NO LATER THAN 70 MIN AFTER WORKSHOP BEGAN

9. EASE Wrap Up / 10 min for additional Questions (Slide 15) (10 Min)

Just to draw it all back together again, the EASE developers crafted the EASE acronym - Education, Awareness, Shifting perspective and Empowerment- to help us and you remember and organize different ways to help clients reduce and resist self-stigma and other effects of public stigma about mental illnesses.

Tell several quick stories of how we've seen these principles work with veterans

- Use your own examples, or any/all of the ones below
- A Veteran who did not enter community stores out of a belief that she was not wanted there was able to change her viewpoint to that she deserved to be there and use community amenities even if some people were stigmatizing.

- Another called up an old friend she thought of often but had not talked to in years out of an assumption that the person was now “above” her socially, due to her mental illness and the other person’s not having one.
- Several clients of a local program were able to talk with their program about less stigmatizing ways to provide transportation than the obviously marked “short bus” vans.
- One Veteran credits the encouragement to reassess self-assumptions and filter out stigma to energizing her to reassess her goals and plans. She is now a paid Peer Specialist.

What questions do you have? Or what do you want to hear more about?

Discussion as time permits

MOVE ON TO NEXT PART ↓ NO LATER THAN 80 MIN AFTER WORKSHOP BEGAN.
PLEASE DON'T SHORTCHANGE THE POST CARD AND EVALS BELOW BY LEAVING THEM NO TIME

10. Before we go – an invitation from us to you: Action Post Card (leave on slide 15) (5 MIN)

It is our hope that you will consider adding these principles and an awareness of the impact of self-stigma to your work however you see fit.

Please feel free to share these ideas and materials with anyone who is interested, staff and clients and others.

BUT we know it is often hard for any of us to carry ideas from a brief workshop like this into our everyday practice once we leave here – tasks and responsibilities crowd in.

So, we invite and encourage you to take the blank post card in your packet to send yourself a reminder of an action step or practice you want to try or look into in the days or weeks to come.

Three steps:

1. Write your mailing address on one side – work or home as you prefer.
2. On the other side, write yourself whatever note you want to be reminded of in a week. “I am going to show the ISMI to X group and see where the discussion leads” or “I am going to ask our staff meeting to do the “imagine the person” two different descriptions quick exercise. Or whatever!
3. Give us the post cards. We’ll add the postage for you and drop them in the mail. They’ll arrive within the week and will give you a positive reminder.

MOVE ON TO NEXT PART ↓ NO LATER THAN 85 MIN AFTER WORKSHOP BEGAN

11. Evaluations and Final Word (leave on slide 15) (5 MIN)

Final two points:

- (1) Please contact us if we can be of any help in your using these ideas and materials.
Or if you have questions that did not get answered in the short time we had.

We also may be able to do a workshop for other staff or Veterans.

There is contact information in your packet and on the first slide.

- (2) Please take these last few minutes to fill out the evaluation form that is in your packet and either leave it at your seat or set it up here at the front as you leave.

Thank you!

DONE BY 90 MIN MARK