EASE-ing Self Stigma

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Goals

- Build on your current understanding of public and self-stigma and its negative impact on well-being, psychological health, and recovery
- Learn 4 principles or strategies that can be used to “EASE” the effects of self-stigma for Veterans you work with
- Identify opportunities for how these strategies/tools could be used in your work
Public Stigma =

- Negative stereotypes and biases that others believe about people with mental illness

- The discrimination and disrespect this leads them to direct towards people they know or think have a mental illness
Common Stereotypes

People with mental illness are:

- dangerous, unpredictable
- not intelligent, not capable
- cannot make significant contributions to society or family
- cannot get better, will never recover
- weak, broken
So stereotypes are unfair, incorrect overgeneralizations. But people with mental illness are exposed to them frequently as if they are true. What effects does this have?

Experiences:
- rejection or distancing discrimination

Emotions:
- sad, angry, frustrated, dejected, demoralization

Behaviors:
- isolate or withdraw, rebel, give up goals
Stigma/Discrimination

- 55%-80% of people report that they had overheard hurtful or offensive comments about mental illness.
- As much as 77% reported encountering hurtful or offensive portrayal of mental illness in the media (e.g., tv, movies, books).
- 50-80% have been treated as less competent by others.
- About 1 in 3 consumers report having been turned down for a job after their mental health status was revealed.

Internalized Stigma =

When a person comes to believe that negative stereotypes about people with mental health problems are true of him or herself.

One type of psychological harm caused by experiencing stigma from others.
Internalized (Self) Stigma

Public Stigma messages → Believe them, absorb them, or don’t question them → Find yourself in that category → Stigmatizing yourself with untrue assumptions
## Self-Stigma

<table>
<thead>
<tr>
<th>Public/Societal Stigma</th>
<th>Internalized/Self Stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with MI are...</td>
<td>Therefore, I am ...</td>
</tr>
<tr>
<td>- Frightening, dangerous</td>
<td>- Violent, dangerous, scary</td>
</tr>
<tr>
<td>- Slow, not as intelligent</td>
<td>- Stupid, unable to learn</td>
</tr>
<tr>
<td>- Unreliable, incapable</td>
<td>- Always going to mess up</td>
</tr>
<tr>
<td>- Unable to contribute to society, family, etc</td>
<td>- Worthless to society, family, myself, etc</td>
</tr>
<tr>
<td>- Permanently Disabled</td>
<td>- Unable to reach my goals</td>
</tr>
<tr>
<td>- Less important than “normal” people</td>
<td>- Not worthy of resources, respect, not a full person</td>
</tr>
<tr>
<td>- Unable to get better</td>
<td>- Hopeless, broken</td>
</tr>
</tbody>
</table>
Impact of Self-Stigma

- Associated with more severe symptoms and worsening of symptoms (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 (Yanos et al., 2008)

- Less recovery oriented attitudes (self-direction, empowerment, hope, etc.) (Ritsher et al., 2003)

- Impedes treatment seeking, treatment engagement, and participation (Leaf, 1987; Sirey, 2001)
Self-stigma Intervention Principles

We can “EASE” Self-Stigma through:

Education
Awareness
Shift perspective
Empower
Education
# Myths and Facts

<table>
<thead>
<tr>
<th>FALSE MYTH</th>
<th>TRUE FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with mental illness are dangerous</td>
<td>People with mental illness are much more likely to be victims of violence rather than perpetrators. As in the general population, only a very small percentage of people with mental illness ever commit violent acts.</td>
</tr>
<tr>
<td>People with mental illness do not make</td>
<td>Abraham Lincoln, Catherine Zeta-Jones, Jim Carrey, Beethoven, Ernest Hemingway, Shawn Colvin, Brooke Shields, John Nash, Herschel Walker, are just some of the many accomplished people who have or had a mental illness. Non-famous people with mental illness make important contributions to society and their families and communities every day.</td>
</tr>
<tr>
<td>significant contributions to society.</td>
<td></td>
</tr>
<tr>
<td>People who have a mental illness cannot get</td>
<td>People can and do recover from and manage mental illness, when they have the proper tools and support. Many people with mental illnesses are in recovery and leading active lives. Sometimes, people with mental illness completely recover.</td>
</tr>
<tr>
<td>better.</td>
<td></td>
</tr>
</tbody>
</table>
Using Education

- Use myths/facts worksheet as part of group/individual meetings to elicit discussion about stigma
  - Help individuals come up with counter-examples of misconceptions about mental illness they have heard or experienced
Awareness
Internalized Stigma of Mental Illness

- Internalized Stigma of Mental Illness Scale (29 items)*:

- Short form (10 items)

*Available in Mental Health Assistant in CPRS*
ISMI\textsuperscript{1} Subscales

- **Alienation**
  - “I am embarrassed or ashamed that I have a mental illness.”

- **Stereotype Endorsement**
  - “Mentally ill people tend to be violent.”

- **Perceived Discrimination**
  - “People discriminate against me because I have a mental illness.”

- **Social Withdrawal**
  - “I avoid getting close to people who don’t have a mental illness to avoid rejection.”

- **Stigma Resistance**
  - “Living with mental illness has made me a tough survivor.”

\textsuperscript{1} Ritsher et al. (2003)
Using Awareness

- Use ISMI questions as way to engage Veterans in discussion about stigma and self-stigma as part of group or individual meetings
  - Can fill out questionnaire in group setting and discuss
  - Can discuss individual items in group setting

- Can use ISMI scores as additional clinical data to identify potential barriers to care or to identify individualized treatment plan goals
Shift Perspective

Thoughts

experiences

Actions

Feelings
## Shifting Perspective

<table>
<thead>
<tr>
<th>Event</th>
<th>Feeling</th>
<th>Catch it</th>
<th>Check it</th>
<th>Change it</th>
<th>New feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>On my way to therapy</td>
<td>I feel shame.</td>
<td>All I am a mental patient.</td>
<td>This thought makes me feel bad and is not true. Its not a useful thought</td>
<td>I am more than my diagnosis. Therapy helps me reach my goals</td>
<td>Hopeful</td>
</tr>
<tr>
<td></td>
<td>What is the thought that leads to this feeling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Shifting Perspective

- Use the thoughts, feelings, behavior triangle help Veterans understand how they are interconnected and how to intervene to stop the cycle.

- Can be used when discussing treatment plans/goals. Help identify and address stigmatizing thoughts that might get in the way of reaching goals.

- May be better suited for:
  - individual session format
  - use with individuals with prior experience with CBT
  - a way to “plant a seed” that can be nurtured in next phase of care
Empowerment
Facets of Myself

What are some positive personal qualities that you like most about yourself?

What are some things you are proud of yourself for?

What are some things you enjoy doing? now or as a child, alone or with others

What are some values you try to live by?

What are some additional positive ways you could finish these sentences:
I am ......
I am ......
I am ......
Using Empowerment

- Can be done individually or in group format

- Challenge: reluctance/difficulty with identifying strengths
  - Can point out strengths observed
  - In group setting can encourage group members to identify strengths in each other
  - May notice certain prompts work better than others

- Choose one area that the individual wants to strengthen and help them identify steps to reach that goal
Other Ways to Use EASE Strategies

- Educate colleagues/staff about instances of stigma observed in your program and stigma’s impact on Veterans.
- Use ISMI with staff to raise awareness about types of self-stigma Veterans may experience.
- Help colleagues shift-perspectives by gently challenging hopelessness about Veteran outcomes with success stories.
- Be empowered to problem-solve as a group around options for addressing stigma.
Other Resources for Addressing Stigma

- EASE-ing Self-Stigma training and materials
  - https://www.mirecc.va.gov/visn5/

- Groups/services to address stigma and self-stigma
  - Ending Self Stigma group (check to see if available at your VA)
  - Shortened version of ESS (could be used on an inpatient unit)

- SAMHSA Illness Management and Recovery curriculum
  - Topic 2d: Strategies and Resources for Responding to Stigma
    - http://store.samhsa.gov/shin/content/SMA094463/PractitionerGuidesandHandouts.pdf

- Consult with your Local Recovery Coordinator

- Consultation from VISN 5 MIRECC available to support ways to implement these strategies in your program
In closing...

Education
Awareness
Shift perspective
Empower
For More Information

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Questions?