Stigmatization: Hazard & Strategies

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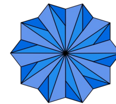
Objectives:

1. To offer attendees a practical analysis of stigmatization as a process, and components such as associated, anticipated, and self-stigma.
2. To advocate that stigmatization is a hazard to quality of life, coping, and clinical outcomes which needs more deliberate attention in our mental health care systems, including CSC.
3. To recommend practical strategies for protecting one's well-being from the corrosive effects of stigmatization for people experiencing psychosis and other mental health concerns, their family members, and mental health care providers.

Stigmatization

- The devaluing of a group of people as “other” and “less than.”
- “Stigmatization” as a term focuses us on it as a social process.
- It is not something that a person “has” (a stigma) but rather something we do to each other (stigmatize).



- There are many unique details across the diversity of identities, people, intersectionalities, and situations in which it happens.
- <u>And</u> some common basic structures that are useful to know.
- Looking at these can help us understand stigmatization better and identify angles for awareness and intervention.

3 Steps of Stigmatization

1. **BIAS** = Cognitive, Beliefs

   Negative stereotypes and assumptions a person holds about a group or identity.

2. **PREJUDICE** = Emotional, Feelings

   Which lead them to view that group negatively; feel distaste, aversion, fear, dislike, hatred towards them.

3. **DISCRMINATION** = Behavioral, Acts and Policies

   And to treat people in that group disrespectfully, dismissively, avoidantly, unfairly, fearfully, hostilely.

5 Ways Stigmatization Manifests

1. **Societal Stigmatization**
   = messages, animosity, disrespect, discrimination commonly known to come from (some) society members

2. **Anticipated Stigmatization**
   = expecting to be un-welcome, disrespected, treated badly

3. **Experienced Stigmatization**
   = what you yourself have experienced

4. **Internalized Stigmatization (aka "self stigma")**
   = when you absorb societal stigmatization into your own self concept, believe the messages to be true of yourself.

5. **Associated Stigmatization**
   = the prejudice and stereotypes someone faces because they are associated with someone in a stigmatized group

"stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems" (Meyer, 2003, building on Dohrenwend)

…as dangerous to one's well-being as airborne pollutants are to one's lungs

In Sum:

Stigmatizing messages are negative assumptions, stereotypes & judgements

that people with mental illness, their families, mental health workers and everyone are exposed to frequently,

Often accompanied by animus & rejection.

With many negative effects

Experiences:
exclusion, discrimination, neglect, rejection, violence

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

Behaviors:
isolate, withdraw, rebel, give up, avoid, resist, defy, adhere

Q: Questions so far?

Stigmatization & CSC

1. **Stigmatization contributes to DUP and is barrier to help:**
   = Families and individuals strive to avoid stigma, labels, association
   = Many people don’t know what is factually true or not
   = Services & information are often hard to find, under-resourced

2. **Young People with First Episode Psychosis are often concerned about and report feeling stigmatized**,
   = Especially by family members, peer social networks, employers.
   = Although many don’t agree with the stereotypes, etc
   = This is an opportunity for prevention and resilience promotion

3. **As are their parents, other family, and sometimes providers.**

4. **MH programs can have procedures & norms that feel stigmatizing:**
   intake processes, questions & repeating, stated rules v real practice

Stigmatization & CSC

4. Effects of stigma are broad and negative @ a crucial time

= Stresses friend, family, self, relationships

= Feeling that one must hide, conceal, avoid is hard & harmful

= Many try to protect family from worry, self from judgements

= Discrimination can be very real and harmful: social, job, school

5. CSC Clients and their Family members commonly report that stigma delayed and complicated their engaging with services.

6. And fear when approaching mental health services

7. What helps?

= Personal patience, acceptance, & self-compassion

= Which is fosterd by accepting, warm, respectful relationships

= Sources of self-worth & positive regard outside mental health

= Affiliating with compatible peers who have similar concerns

Q: What of this resonates? Or does not?

Stigmatized Social Identities
race, gender, class, ethnicity, religion, etc

Stigmatized Health Conditions
mental health, physical health, addictions, etc

STIGMA

Stigmatized Life Situations
family, housing, employment, legal, etc

Other Stigmatized Areas
ideas, values, life choices, etc.

People often deal with multiple types of stigmatization, at heavy cost.

Within their ever-changing constellation of circumstance and identities, marginalization and privilege.

Stigmatized parts of one's life can also confer considerable strengths & value

COMPETENCIES

RELATIONSHIPS

mindsets

autonomy striving

views

YOUNG ADULT DEVELOPMENT

goals

skills

values

self-regulation

knowledge

AGENCY

INTEGRATING IDENTITIES

Inspired by https://www.afterschoolnetwork.org/post/foundations-young-adult-success-developmental-framework

So what can we do?

1. General Principles
2. Anticipated Stigma
3. Internalized Stigma
4. When you see it happening

Get it out on the table.

Name stigmatization as a hazard

Talk about it, its realities for you

It is easier to deal with something that has a name

Silence feeds Shame

3 Avenues of Change

Three broad avenues for eroding stigmatization:

1. **EDUCATION**
   = Name it, talk about it, as a hazard to clients & families
   = Information to correct ignorance and inaccurate ideas

2. **POSITIVE CONTACT**S
   = peers and role models who break stereotypes and fears
   = stories that don't sugar coat but show "recovery stories"
   = making sure to define "recovery" "success" etc diversely

3. **ADVOCACY**
   = Speaking up to change unjust situations "stigma busters"
   = bystander activation re injustices including MH stigma
   = peer support both formal roles and informally

An Example of Each in CSC

EDUCATION

CSCs partnering with research & edu groups to provide up to date info accessible forms to staff, clients, families, public

POSITIVE CONTACTS

Peer Specialists in CSCs

Inviting Alumni back to share success stories

Vocational Mentoring Programs

ADVOCACY

People asking to change intake materials to be less intimidating

CSC staff, clients, families taking active stand against stigma and encouraging others to do so

Q: Any examples of what you use?

So what can we do?

1. General Principles
2. **Anticipated Stigma**
3. Internalized Stigma
4. When you see it happening

Anticipated Stigma

= expecting to be stigmatized

is a logical expectation in many times and places,

and often self protective.

but can be inhibiting & isolating when global or met with insufficient coping resources

Q: What are YOUR experiences with it?

Right-Sizing Anticipated Stigma

1. **Mentally walk thru what you or others assume about self, others, a given situation, what will happen, etc.**

Consider: Assumptions and predictions are not facts.
What additional information would be useful?

2. **Try a "personal experiment" perspective: make a best plan, try it, gather info, reflect, regroup, adjust, try again if desired.**

Each is not a success or failure but a chance to understand better
The outcome is not the point. Experimenting, trying it = success.

Listen to your concerns, but also try welcoming uncertainty, not knowing, and opportunity.

To whom when

PROs & CONs

different WAYS

Diverse Situations

Testing the Waters

Societal stigma says that mental illness is shameful and should be secret.

Untrue!
Yet many have absorbed this.

Being thoughtful about disclosure is sensible. Stigma exists and people can be ignorant.

Disclosure does not have to be all/nothing, always/never, everyone/no one.

Q: Disclosure & Anticipated Stigma Issues for Discussion?

So what can we do?

1. General Principles
2. Anticipated Stigma
3. Internalized Stigma
4. When you see it happening

Resist & Reduce Internalizing Stigma

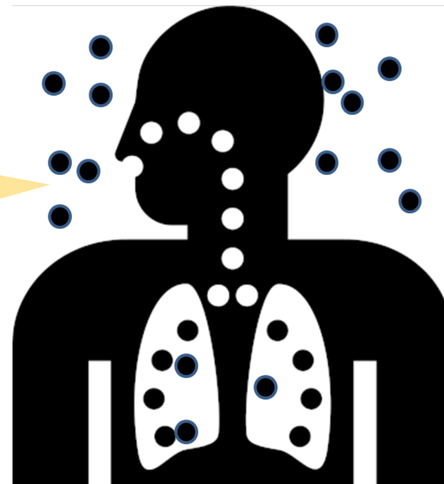
Find good mental health information, so you know myths from facts.

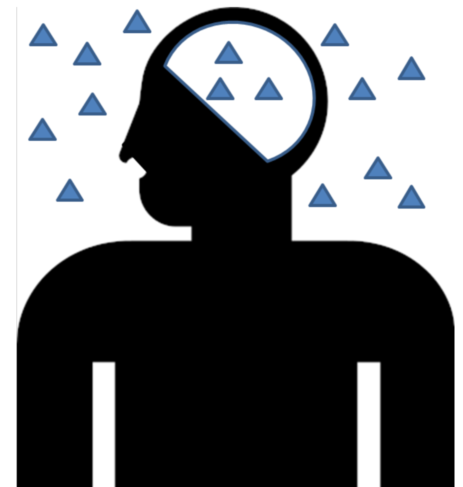
Reduce your exposure to stigma sources wherever you can.

Recognize that stigmatization shows the source's ignorance or prejudice; it says nothing about you.

Consciously consider your values, what you believe, what you want to think, say, and do.

But ALSO,
its not enough to KNOW,
you also must > > >





Actively Counter-Message

Deliberately activating, reminding, rehearsing, & exposing ourselves to accurate and helpful messages to COUNTERACT stigmatization

Also RESIST by…

1. **AVOID IDENTITY ENGULFMENT**
   = no one is defined by their illness, relationships, or profession
   = nurture diverse positive aspects of one's self, roles, growth
   = equip yourself with corrective stigma information

2. **FIND / CREATE SOCIAL SUPPORT THAT IS ANTI-STIGMA**
   = others with similar experiences can "get it" and be huge help
   = there's great value in comparing notes, not alone, new ideas
   = IF there's a good match (vs more of a drain)

3. **EMPOWERMENT & DEVELOPING AUTONOMY**
   = genuinely shared decision making, developing one's voice
   = taking one's goals, preferences, strengths, & needs seriously
   = avoid feelings of coercion, rejection for "being me"

So what can we do?

1. General Principles
2. Anticipated Stigma
3. Internalized Stigma
4. When it happens

No one should have to be this resilient

Terri Lyne Carrington –jazz drummer & composer

Active Bystanders & Micro-interventions

Stigmatization is a social problem → we all can help

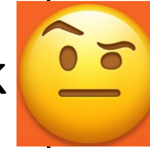
- When you see/hear something stigmatizing, a simple "*why do we do it that way?*" or "*ouch*" can interrupt it.
- In other instances, literally interrupting with an unrelated question (*do you have the time*?) or a third party's help.
- We can help people shift perspective by gently challenging hopelessness with a positive example or resource.
- Checking in with the "target" afterwards and acknowledging what happened as unfair and prejudiced helps too.
- Look up "bystander activation" for more ideas.

Thanks to the work of Derald Wing Sue & to Green Dot 5D's

How does one interrupt stigma?

I'm sorry but that is incorrect and just hurtful

Not cool, at all

The Look 

I understand that's your view, but its just not been my experience

Leaving the interaction without comment

Ouch, that's offensive

Excuse me, what did you just say?

That is a myth and stereotype

What else?

Would you be interested in talking about that further?

Discussion

"It made me stop and think that, well, you've internalized this, so you put it into your mind so much that you believe what other people believe...But then the more I started learning the information and the stigma...It's just the wrong outlook on people. And I had to come to grips with it. I had the wrong outlook about me."

ESS Participant

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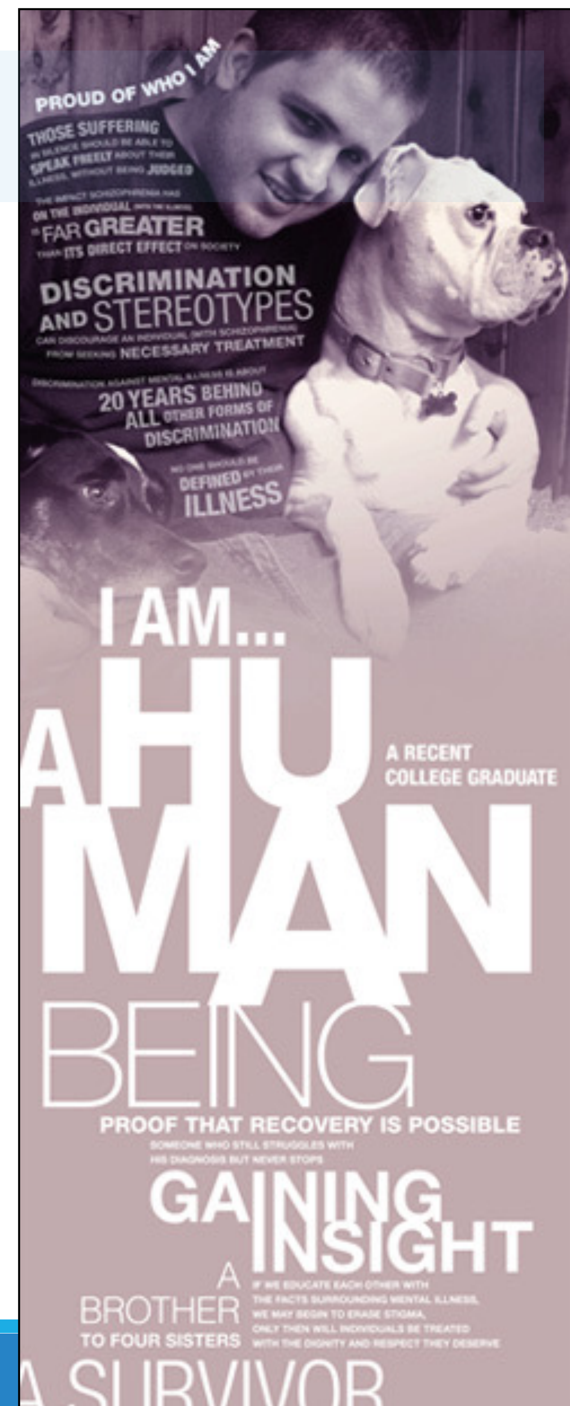

Structured Interventions →

If wanted, if time, depending on discussion

Structured Interventions

ESS

Ending Self Stigma

NECT

Narrative Enhancement Cognitive Therapy

BOOST

Be Outspoken & Overcome Stigmatizing Thoughts

HOP

Healthy Out & Proud (high school /college)

Ending Self Stigma

1

Download full ADULT manual from:
www.mirecc.va.gov/visn5/training/ess/ESS.asp

KEY REF: Lucksted, A., et al .(2017). Outcomes of a psychoeducational intervention to reduce internalized stigma among psychosocial rehabilitation clients. *Psychiatric services*, *68*(4), 360-367.

1. Adult version is used fairly widely, 2 randomized trials
2. Various design points make it less fitting for young people
3. SO: Adapted / restructured several years ago for CHR/First Ep.
    - Cognizant of not inculcating "stigma" by warning about it
    - Developmentally informed, e.g., re pros and cons of difference
    - Resilience building focus is different than in "psych rehab" version
4. Project to test, refine, did not happen: no use or research yet
    - I would love to explore re-starting this!
5. Also have advice using "original" ESS in First Episode setting

Anyone Interested? Let's talk!

Narrative Enhancement & Cognitive Therapy

20 1-hour group sessions, 5 stages

Describing self & MI experiences

Psychoed re stigma & self stigma

Learn & practice cognitive restructuring re self-stigmatizing beliefs

Personal stories, reflection, & narrative enhancement re personal meaning

Reflection on change over time & NECT

Draws from:

- consumer/ survivor movement writings
- Sociology of stigma & identity
- The role of narrative in one's sense of self

2

KEY REF

Yanos, P. T., Roe, D., & Lysaker, P. H. (2011). Narrative enhancement and cognitive therapy: a new group-based treatment for internalized stigma among persons with severe mental illness. *International journal of group psychotherapy, 61*(4), 576-595.

Be Outspoken & Overcome Stigmatizing Thoughts: BOOST

3

- Eight-session group intervention, 2 per week
- Created to address internalized stigma among people experiencing first episodes of psychosis
- Combines cognitive restructuring, communication skills, role play practice, and peer support
- With the goal of reducing internalized stigma among participants.

Current non-controlled trial in progress: https://clinicaltrials.gov/ct2/show/NCT05571228

KEY REF

Best, M. W., Grossman, M., Milanovic, M., Renaud, S., & Bowie, C. R. (2018). Be outspoken and overcome stigmatizing thoughts (BOOST): a group treatment for internalized stigma in first-episode psychosis. *Psychosis, 10*(3), 187-197. https://doi.org/10.1080/17522439.2018.1472630

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Healthy, Out, & Proud: HOP

- 6-hour (1-day to 6 sessions) on thinking through disclosure
- And reducing internalized stigma and forced secrecy via agency
- Numerous versions: adult, Veterans, suicide, high school, college
- HOP/Adult has numerous RCTs, youth versions less researched

Up to Me

is a highly recommended second-gen version of HOP for young people.
https://eliminatestigma.org/up-to-me/

Download

HOP manuals & workbooks, including college and high school versions here:
http://www.comingoutproudprogram.org/

KEY REF

Mulfinger, N., Müller, S., Böge, I., Sakar, V., Corrigan, P. W., Evans-Lacko, S., ... & Ruckes, C. (2018). Honest, Open, Proud for adolescents with mental illness: pilot randomized controlled trial. *Journal of Child Psychology and Psychiatry*, *59*(6), 684-691.

References for Interventions

1. Best, M. W., Grossman, M., Milanovic, M., Renaud, S., & Bowie, C. R. (2018). Be outspoken and overcome stigmatizing thoughts (BOOST): a group treatment for internalized stigma in first-episode psychosis. *Psychosis*, *10*(3), 187-197.

2. Honest Open Proud – College and High School versions – materials may be found here: http://www.comingoutproudprogram.org/

3. Mulfinger, N., Müller, S., Böge, I., Sakar, V., Corrigan, P. W., Evans-Lacko, S., ... & Ruckes, C. (2018). Honest, Open, Proud for adolescents with mental illness: pilot randomized controlled trial. *Journal of Child Psychology and Psychiatry*, *59*(6), 684-691.

4. Lucksted, A., Drapalski, A. L., Brown, C. H., Wilson, C., Charlotte, M., Mullane, A., & Fang, L. J. (2017). Outcomes of a psychoeducational intervention to reduce internalized stigma among psychosocial rehabilitation clients. *Psychiatric services*, *68*(4), 360-367.