A

TOOLKIT

for Evaluating Programs Meant to Erase the Stigma of Mental Illness

Patrick Corrigan
Illinois Institute of Technology

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IN DEVELOPMENT

This is a draft of the Toolkit (2/3/13). Feedback is sought from all stakeholders on drafts. Please send it to corrigan@iit.edu.

Our network includes more than 300 advocates and researchers from around the world. This network has allowed the toolkit to be translated into many different languages. If you are seeking a toolkit in a specific language, please email Dr. Corrigan at corrigan@iit.edu to inquire about the availability of translated toolkits. If a translated toolkit exists, we will connect you with the person or group who translated it.

1. Introduction

Anti-stigma programs have exploded in the United States as well as across the world in the past decade. Now needed is a more strategic approach to stigma change, consideration of evaluation strategies that demonstrate its effectiveness. An evidence-based approach has two purposes.

- Using carefully crafted methods and design, conduct efficacy and effectiveness data on individual anti-stigma approaches **to inform policy makers** about approaches that should be supported by public funds.
- Collect evidence that a specific approach has **benefits in the setting** in which it is being used. We would expect, for example, that Dr. Jones would use a depression measure like the Beck Depression Inventory overtime to demonstrate the amelioration of Ms. Smith's disorder in response to a medication. So too is the need for colleting data over time that shows stigma decreases as a result of the anti-stigma approach; e.g., stigmatizing attitudes diminishes with a group of employers from the Rotary International in Evanston after they participate in the Personal Story Program" (PSP)[1].

Research and evaluation on all aspects of stigma and stigma change are only genuine and of value when stakeholders of all stripes…

- consumers, survivors and ex-patients
- family members and friends
- service providers and administrators
- other groups of advocates
- legislators and other government officials

are included in the **research. Participation** here not only includes focus groups but also as active investigators in the research.

This toolkit provides **measures** that help advocates to examine the impact of anti-stigma approaches at the local level; for example, whether employer stigma changes after participating in In Our Own Voice (IOOV). These instruments also have value in more rigorous research meant to inform policy makers. Corrigan has the copyrights to all the measures and extends permission to use the measures in any way that promotes careful evaluation of stigma and stigma programs. Measures are provided here so that they might be directly copied and handed out to research participants.

Making Sense of Stigma

In our work, we distinguish the stigma of mental illness into three groups:

- Public Stigma: The harmful effects to people with mental illness when the general population endorses the prejudice and discrimination of mental illness. ***Broad examples of approaches that challenge public***

[1] PSP is a fictional program named for this exercise.

stigma include education programs (contrasting the myth versus the facts of mental illness) and contact strategies (such as having a person with mental illness tell their story with specific focus on recovery).

- Self-Stigma: The harm that occurs when people internalize stigmas which impact self-esteem ("I am not worthy!") and self-efficacy ("I am not able"). ***Self-stigma change strategies include those that foster empowerment, such as consumer operated services and consumers-as-providers. Also of relevance here are strategies that foster decisions about disclosure.***
- Label Avoidance: Those who seek to avoid stigma by not seeking mental health services from which labels are often obtained. ("I am not going to see a psychiatrist; people are going to think I am nuts!"). ***Change strategies are often adapted from education and contact approaches.***

For Whom is this Written?

This toolkit is meant for people who want to erase the stigma of mental illness. Advocates are prominent and include people with mental illness, family members, and other groups. One goal is to make the evaluation process more accessible to those without research training. But a second group for whom this monograph is meant is researchers, especially those in the social sciences. This Toolkit is meant to provide a common language and a set of measures that help advocates and researchers sit at the same table to discuss measuring stigma change.

The interested reader should visit:
SAMHSA's Resource Center to Promote Acceptance,
Dignity and Social Inclusion Associated with
Mental Health (ADS Center)
http://www.stopstigma.samhsa.gov
for more information about anti-stigma change strategies. The ADS Center is a repository of anti-stigma programs used across the country.

This Toolkit is meant to complement a monograph:

- Corrigan, P.W. (2004). Beat the stigma and discrimination! Four lessons for mental health advocates. Tinley Park, IL: Recovery Press.

It can be obtained from Patrick Corrigan at corrigan@iit.edu.

The interested reader may also wish to consider:

- Corrigan, P.W., & Lundin, R.K. (2001). Don't call me nuts! Coping with the stigma of mental illness. (pp. 456). Tinley Park, IL: Recovery Press.
- Corrigan, P.W. (Ed.) (2005). On the stigma of mental illness: Implications for research and social change. (pp. 343). Washington DC: American Psychological Association Press.

- Corrigan, P.W., Roe, D., & Tsang, H., W. (2011). Challenging the Stigma of Mental Illness: Lessons for Therapists and Advocates. (pp.213). West-Sussex, UK: Wiley-Blackwell.

All three books can be obtained at Amazon.com.

2. The Anti-Stigma Worksheet

I have developed the worksheet on the next page in order to organize evaluation plans for anti-stigma interventions. First, indicate whether the type of stigma is public, self, or label avoidance. Next, describe the target and corresponding behavior that will be the focus of the anti-stigma effort. Candidates for TARGETS and associated BEHAVIORS are listed below.

PUBLIC STIGMA

- Employers: hiring and reasonable accommodations
- Landlords: renting property
- Educational faculty and administration: admission to educational program and ongoing support
- Health care providers: provision of the full range of health services
- Legislators and other government officials: statutes and administrative directives that support public mental health agenda
- Faith community members: welcoming to all aspects of the community

Also relevant to targets: the diversity of ethnicities, religions, gender, age and educational backgrounds.

SELF-STIGMA

- People with mental illness:
  - Self-esteem and self-efficacy
  - Personal empowerment (identification/participation of goals and services)
  - Self-determination (pursuit of goals)
- Family members
- Service providers

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LABEL AVOIDANCE

- College students
- Active duty soldiers and veterans
- Clinic enrollees (e.g., people receiving all kinds of health services from clinic X)
- Work entities which may include unions and other work units serviced by human resource offices
  - Seeking Treatment
  - Taking medications as prescribed

Once again include here the diversity of ethnicities, religions, gender, age and educational backgrounds

Frequently, targets and behaviors should be included in the evaluation process. For example, anti-stigma programs meant to influence employers should include these employers as research **PARTNERS.** Sometimes, formal groups already exist which might be sought for partnership. For example, partnerships might be forged with Chambers of Commerce or Rotary International.

Next is to define and describe the **INTERVENTION.** Enter program names when an existing intervention is used. Specify WHO will provide the intervention (e.g., consumer, family member, or other advocate) and WHAT SPECIFICALLY WILL BE DONE. Consider answers to the "what" question as a list of discrete actions provided by the indicated person. WHERE will the intervention be provided and how will PROSPECTIVE RECRUITS (e.g. employers, landlords, or health care providers) be informed about the intervention? Finally, WHEN will the intervention be provided -- once or several times -- and if several times, will follow-ups be regularly scheduled.

The EVALUATION PLAN is summarized at the bottom of the worksheet. Candidates for assessment instruments are provided in the following sections. In all cases, these MEASURES rest on empirical and subsequently published research in at least two samples and/or a representative sample of the American population. Moreover, some of these measures have been shown to be sensitive to stigma change. Evaluation will likely include one and/or two options. A repeated measures design may be used when, for example, the measure is implemented at baseline before the intervention; at post-test, immediately after; and at follow-up (e.g., 1 week, 1 month, and 3 months). TIMES-WHEN-ADMINISTERED need to be specified for this kind of design. Alternatively, impact of the intervention may occur by examining the intervention group with a COMPARISON GROUP. In the case of a comparison study, specify who comprises that group and from where will they be recruited. Finally, people need to be assigned to each of the tasks in the evaluation project. Relevant tasks may include preparation for assessment, administration and collection of data, data management, data analysis, and write-up.

The Anti-Stigma Worksheet

Date _____

Type of stigma (check one): ___public stigma ____self-stigma ____ label avoidance

TARGET

-
-

BEHAVIOR or ATTITUDE

-
-
-

PARTNERS Yes___ No____

- **Who_____**

INTERVENTION **IS THIS AN ALREADY EXISTING APPROACH Yes____ No____**

If yes, name of program _____

- **WHO WILL DO THE STRATEGY?**
- **WHAT WILL BE DONE?**
- **WHERE?**
- **HOW WILL PARTICIPANTS BE RECRUITED?**
- **WHEN, HOW OFTEN?**

EVALUATION

- **MEASURE(S)**
- **TIMES WHEN ADMINISTERED**
- **COMPARISON GROUP (?)**
- **WHO IS DATA COLLECTION AND INPUT TEAM**

3. Evaluating Programs for Public Stigma

OVERALL ASSESSMENT CONCERNS

In the remainder of the Toolkit, measures of public stigma and self-stigma are provided and discussed. REFERENCES that provide empirical support and/or additional measures about the instruments are provided with the corresponding measure. These tests are self-administered, presented as a pencil-and-paper measure, or included in a semi-structured interview, depending on the research participant's cognitive skills.

The scales provided in the Toolkit are mostly attitudinal. They do not represent behavior change.

THE ATTRIBUTION QUESTIONNAIRES

Three versions of the Attribution Questionnaire have been developed and tested: the 27-item version (AQ-27), the 9-item (AQ-9), and a short form for children (AQ-8-C). The attribution questionnaires were developed to address nine stereotypes about people with mental illness.

1. Blame: people have control over and are responsible their mental illness and related symptoms.
2. Anger: irritated or annoyed because the people are to blame for their mental illness.
3. Pity: sympathy because people are overcome by their illness.
4. Help: the provision of assistance to people with mental illness.
5. Dangerousness: people with mental illness are not safe.
6. Fear: fright because people with mental illness are dangerous.
7. Avoidance: stay away from people with mental illness
8. Segregation: send people to institutions away from their community
9. Coercion: force people to participate in medication management or other treatments.

The AQ-27 provides a very brief vignette about Harry, a man with schizophrenia. The AQ-27 includes three test items that are summed for each of the 9 stereotypes. The AQ-9 are the single items that load most into the nine factors. A scoring key is provided to yield scores representing each of these stereotypes.

The AQ-8-C has only one item for each of **8** stereotypes; coercion was not included here. In addition, the vignette and corresponding test items are written for children. The measure has been reliably tested on samples of youth from 10 to 18 years old.

ERROR CHOICE TEST

The Error Choice Test was developed to assess public stigma without drawing attention to the intent of the measure. This test was developed to obtain a more accurate self-report of stigmatizing attitudes by being portrayed as a knowledge test. The purpose of this test is to avert the cultural mores that encourage endorsement of socially preferred answers rather than one's true belief. This problem, termed social desirability, has been circumvented through development of faux knowledge tests by utilizing the error choice testing method. The Error Choice Test's content was derived from review of typical knowledge tests to reinforce its façade. Answer endorsement suggests bias or stigma and these interpretative determinations were based on empirical literature.

RESOURCE ALLOCATION TEST

We assume that people who endorse the stigma of mental illness will be less likely to support corresponding programs. The RAT is meant to represent the allocation process that corresponds with program support. Support for mental health programs is a function of the ratio of mental health dollars to total dollars. Scores are also available to represent relative support of programs which comprise mental health services: inpatient commitment and hospitalization, supported community housing, court supervision and outpatient commitment, and vocational rehabilitation.

THE FAMILY QUESTIONNAIRE

A second group is sometimes victimized by public stigma: family members of people with mental illness. The Family Questionnaire (FQ) assesses public stereotypes about family members of people with mental illness in 12 domains.

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AQ-27 and AQ-9

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Corrigan, P.W., Watson, A.C., Warpinski, A.C. & Gracia, G. (2004). Stigmatizing attitudes about mental illness and allocation of resources to mental health services. Community Mental Health Journal, 40, 297-307.

FQ

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AQ-27
Name or ID Number_____ Date _____

PLEASE READ THE FOLLOWING STATEMENT ABOUT HARRY:

Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness.

NOW ANSWER EACH OF THE FOLLOWING QUESTIONS ABOUT HARRY. CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel aggravated by Harry.

1 2 3 4 5 6 7 8 9
not at all very much

2. I would feel unsafe around Harry.

1 2 3 4 5 6 7 8 9
no, not at all yes, very much

3. Harry would terrify me.

1 2 3 4 5 6 7 8 9
not at all very much

4. How angry would you feel at Harry?

1 2 3 4 5 6 7 8 9
not at all very much

5. If I were in charge of Harry's treatment, I would require him to take his medication.

1 2 3 4 5 6 7 8 9
not at all very much

6. I think Harry poses a risk to his neighbors unless he is hospitalized.

1 2 3 4 5 6 7 8 9
none at all very much

7. If I were an employer, I would interview Harry for a job.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not likely								very likely

8. I would be willing to talk to Harry about his problems.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

9. I would feel pity for Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

10. I would think that it was Harry's own fault that he is in the present condition.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
no, not at all								yes, absolutely so

11. How controllable, do you think, is the cause of Harry's present condition?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all under personal control								completely under personal control

12. How irritated would you feel by Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

13. How dangerous would you feel Harry is?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

14. How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

15. I think it would be best for Harry's community if he were put away in a psychiatric hospital.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

16. I would share a car pool with Harry every day.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not likely								very likely

17. How much do you think an asylum, where Harry can be kept away from his neighbors, is the best place for him?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

18. I would feel threatened by Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
no, not at all								yes, very much

19. How scared of Harry would you feel?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

20. How likely is it that you would help Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
definitely would not help								definitely would help

21. How certain would you feel that you would help Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all certain								absolutely certain

22. How much sympathy would you feel for Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

23. How responsible, do you think, is Harry for his present condition?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all responsible								very much responsible

24. How frightened of Harry would you feel?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

25. If I were in charge of Harry's treatment, I would force him to live in a group home.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

26. If I were a landlord, I probably would rent an apartment to Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not likely								very likely

27. How much concern would you feel for Harry?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

The AQ-27 Score Sheet

Name or ID Number_____ Date _____

The AQ-27 consists of 9 stereotype factors; scores for each factor are determined by summing the items as outlined below: Note: items are reversed score prior to summing up for the Avoidance scale.

_____ Blame = AQ10+ AQ11 +AQ23

_____ Anger = AQ1 + AQ4 + AQ12

_____ Pity = AQ9 + AQ22 + AQ27

_____ Help = AQ8 + AQ20 + AQ21 (Reverse score all three questions)

_____ Dangerousness = AQ2 + AQ13 + AQ18

_____ Fear = AQ3 + AQ19 + AQ24

_____ Avoidance = AQ7 + AQ16 + AQ26 (Reverse score all three questions)

_____ Segregation = AQ6 + AQ15 + AQ17

_____ Coercion = AQ5 + AQ14 + AQ25

The higher the score, the more that factor is being endorsed by the subject.

AQ-9

Name or ID Number_____ Date _____

Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness.

CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel pity for Harry.

1 2 3 4 5 6 7 8 9
none at all very much

2. How dangerous would you feel Harry is?

1 2 3 4 5 6 7 8 9
not at all very much

3. How scared of Harry would you feel?

1 2 3 4 5 6 7 8 9
not at all very much

4. I would think that it was Harry's own fault that he is in the present condition.

1 2 3 4 5 6 7 8 9
not at all very much

5. I think it would be best for Harry's community if he were put away in a psychiatric hospital.

1 2 3 4 5 6 7 8 9
not at all very much

6. How angry would you feel at Harry?

1 2 3 4 5 6 7 8 9
not at all very much

7. How likely is it that you would help Harry?

1 2 3 4 5 6 7 8 9
definitely definitely
would help would not help

8. I would try to stay away from Harry.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

9. How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

The AQ-9 Score Sheet

Name or ID Number_____ Date _____

The AQ-9 consists of 9 stereotype scores that correspond with the AQ-27 factors. Note, no items are reverse scored for the AQ-9.

_____ Blame = AQ4

_____ Anger = AQ6

_____ Pity = AQ1

_____ Help = AQ7

_____ Dangerousness = AQ2

_____ Fear = AQ3

_____ Avoidance = AQ8

_____ Segregation = AQ5

_____ Coercion = AQ9

The higher the score, the more that factor is being endorsed by the subject.

AQ-8-C

Name or ID Number_____ Date _____

PLEASE READ THE FOLLOWING STATEMENT ABOUT CHARLIE.

Charlie is a new student in your class. Before Charlie's first day, your teacher explained that Charlie is mentally ill and is transferring from a special school.

NOW CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel pity for Charlie.

1 2 3 4 5 6 7 8 9
none at all very much

2. How dangerous would you feel Charlie is?

1 2 3 4 5 6 7 8 9
none at all very much

3. How scared of Charlie would you feel?

1 2 3 4 5 6 7 8 9
none at all very much

4. I think Charlie is to blame for the mental illness.

1 2 3 4 5 6 7 8 9
no, none at all yes, absolutely so

5. I think Charlie should be in a special class for kids with problems, not a normal class like mine.

1 2 3 4 5 6 7 8 9
none at all very much

6. How angry would you feel at Charlie?

1 2 3 4 5 6 7 8 9
none at all very much

7. How likely is it that you would help Charlie with school work?

1 2 3 4 5 6 7 8 9
definitely definitely
would not help would help

8 . I would try to stay away from Charlie after school.

1 2 3 4 5 6 7 8 9
none at all very much

The AQ-8-C Score Sheet

Name or ID Number_____ Date _____

The AQ-8-C consists of 8 stereotypes which correspond with factors from the AQ-27. Coercion was not included here. Note, no items are reverse scored for the AQ-8C.

_____ Blame = AQ4

_____ Anger = AQ6

_____ Pity = AQ1

_____ Help = AQ7

_____ Dangerousness = AQ2

_____ Fear = AQ3

_____ Avoidance = AQ8

_____ Segregation = AQ5

The higher the score, the more that factor is being endorsed by the subject.

KNOWLEDGE TEST ABOUT MENTAL ILLNESS

This is a test of your knowledge about mental illness. The questions on the test are taken from findings of scientific research. You are not expected to have read the research reports, but by using your experience and general knowledge you should be able to pick the correct answer. Some people will do much better than others because of their experience or because of their training in medicine, rehabilitation, or psychology. Read each question carefully and select the response that you consider to be the correct answer. THERE IS NO PENALTY FOR GUESSING. There is no time limit for the completion of this test, but you should work as rapidly as you can.

1. One type of psychotherapy, cognitive-behavioral therapy, has been shown to reduce the psychotic symptoms of schizophrenia.
    a. True
    b. False

2. Considering people with schizophrenia, what is the average number of separate hospitalizations for their mental illness over a one-year period of time?
    a. 4 or more
    b. 2 or less

3. People with severe mental illness cannot maintain private residences.
    a. True
    b. False

4. People with schizophrenia should be allowed to use an online dating service.
    a. True
    b. False

5. People with schizophrenia make up what percent of the homeless population?
    a. 5%
    b. 25%

6. Adolescents with schizophrenia are frequently truant from school.
    a. True
    b. False

7. People with severe mental illness are capable of establishing an intimate long-term relationship of a sexual nature.
    a. True
    b. False

8. People with schizophrenia benefit the least from services like psychotherapy.
    a. True
    b. False

9. People with schizophrenia are likely to steal from their family members.
    a. True
    b. False

10. Based on the capabilities of people with schizophrenia, school counselors should recommend beginning a job-training program rather than continuing in the regular curriculum.
    a. True
    b. False

11. For those with serious mental illness, what percent of treatment should be dedicated to medication compliance?
    a. Greater than 80%
    b. Less than 50%

12. Neglectful parenting is somewhat responsible for the beginning of a serious mental illness.
    a. True
    b. False

13. A person with schizophrenia is capable of being a physician or medical doctor.
    a. True
    b. False

14. The divorce rate among the general population is about 50%. What is the divorce rate among people who experience mental illness?
    a. Greater than 70%
    b. Less than 50%

The Error Choice Test (ECT) Score Sheet

Name or ID Number_____ Date _____

The ECT assesses public stigma about people with mental illness. The ECT consists of 14 test items. Test items are scored such that a score of 1-point represents a more stigmatizing response while a score of zero is a more positive response. Each test item has answers "a" and "b" coded as earning 1 or zero points. By circling a respondent's endorsement in the table below, subtotals can be obtained. Higher total scores represent greater bias or prejudice.

Item #	Answer "a" score	Answer "b" score
1	0	1
2	1	0
3	1	0
4	0	1
5	0	1
6	1	0
7	0	1
8	1	0
9	1	0
10	1	0
11	1	0
12	1	0
13	0	1
14	1	0
Subtotal	A=_____	B=_____
Total	A + B = _____	

RAT

Name or ID Number_____ Date _____

Part I

The State budget for all human services is 100 million dollars. In this exercise, we want you to act as a legislator who must decide how to divide the 100 million dollars among the eight human services programs listed below. You can decide to give as little as nothing or as high as the entire 100 million to any individual human service. All money must be assigned, however; the total should add up to 100 million dollars. Write zero in any space to which you decide to give NO money.

Assign monies to each Human Service Program in million dollar increments (for example, 2 million, 27 million, 78 million) and not fractions thereof (for example, 1,500,000 or 25,300,000).

Human Service Programs

1. _____ Women, infants and children program

2. _____ Organ transplantation act

3. _____ AZT subsidies

4. _____ Family planning

5. _____ Healthy kids program

6. _____ Medicaid and medical assistance programs

7. _____ Independent living program

8. _____ Mental health services

Part II

Now write the amount you listed in line 8 on the previous page here for total monies to be given to mental health services.

The state director of mental health must take the amount of money allocated by the legislature (the amount in the box) and divide it among the individual mental health programs in the state.

In this task, pretend you are the state mental health director and divide the money in the box among the four mental health programs below. You can decide to give as little as nothing or as high as the entire amount to any one of the mental health services. All money must be assigned, however and the total should add up to the amount in the box. Write zero in any space to which you decide to give NO money.

In this exercise, assign monies to each mental health program in $100,000 dollar increments and not fractions thereof (e.g., 1,300,000; 12,900,000).

Mental Health Programs

1. _____ Inpatient commitment and hospitalization

2. _____ Supported community housing

3. _____ Court supervision and outpatient commitment

4. _____ Vocational rehabilitation

The RAT Score Sheet

Name or ID Number_____ Date _____

PART I
Individual items represent the degree to which an individual service is supported by respondent with mental health services being the indexed program. This is done by dividing monies allocated for each program by total (100 million dollars)

1. _____ Women, infants and children program
2. _____ Organ transplantation act
3. _____ AZT subsidies
4. _____ Family planning
5. _____ Healthy kids program
6. _____ Medicaid and medical assistance programs
7. _____ Independent living program
8. _____ Mental health services

PART II
Individual items represent the degree to which an individual service is supported among the varied options in the mental health programs. This is done by dividing monies allocated for each program by total (apportioned to mental health services)

1. _____ Inpatient commitment and hospitalization
2. _____ Supported community housing
3. _____ Court supervision and outpatient commitment
4. _____ Vocational rehabilitation

FQ

Name or ID Number_____ Date _____

PLEASE READ THE FOLLOWING STATEMENT

John is the father of Beth, a 30 year old woman with schizophrenia. Beth lives with John in an apartment and works as a clerk at a large law firm. Beth has been hospitalized several times because of her illness.

Circle the number of the best answer to each question about JOHN, THE FATHER OF BETH.

1. I would feel pity for John.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
none at all								very much

2. How dangerous would you feel John is?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

3. How scared of John would you feel?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

4. I would think that Beth's condition is John s fault.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
no, not at all								yes, absolutely so

5. How angry would you feel at John?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

6. How likely is it that you would help John?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
definitely would not help								definitely would help

7. I would try to stay away from John.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

8. I think John is responsible for making sure Beth gets better.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

9. I think Beth got her condition because John was an incompetent father.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

10. John should feel ashamed because of Beth and her condition.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

11. Because Beth grew up with John, I think John is contaminated by Beth's condition?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

12. Beth should be kept away from John so she can get better

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
not at all								very much

The FQ Score Sheet

Name or ID Number_____ Date _____

The FQ assesses public stereotypes about FAMILY MEMBERS of people with mental illness. The FQ consists of 12 stereotypes. Item number 6 on helping the father needs to be reverse scored.

_____ Blame the father, John = FQ4

_____ Anger with the father = FQ5

_____ Pity the father = FQ1

_____ Help the father = FQ6 (Reverse score)

_____ The father is dangerousness = FQ2

_____ Fear the father = FQ3

_____ Avoid the father = FQ7

These seven items reflect AQ-27 factors and should be interpreted in that light (see page 8). The higher the score, the more that factor is being endorsed by the subject.

The remaining five factors on this page represent stereotypes specific to family.

- Blame the father for Beth's recovery: *Because of bad parenting skills, the father, John, will be unable to help Beth in treatment and towards recovery. When Beth does poorly, it is John's fault.*
- Father is incompetent: *Beth's problems stem from father having bad parenting skills.*
- Father is ashamed of Beth. *Father thinks Beth's problems are because Beth is weak or in some other way "bad" and is embarrassed by her as a result.*
- Father is contaminated by Beth. *Father has a mental illness of his own because of his interactions with Beth.*
- Father should stay away from Beth: *Beth is a threat to father's physical or mental health.*
- Father should stay away from Beth: *Beth will only recover when her father is kept away from her. Something about the father causes Beth to relapse.*

_____ Blame father for Beth's recovery = F8

_____ Father is incompetent = F9

_____ Father is ashamed of Beth = F10.

_____ Father is contaminated by Beth = F11

_____ Father should stay away from Beth = F12

The higher the score, the more that factor is being endorsed by the subject.

4. Evaluating Programs for Self-Stigma

These are measures completed by people with mental illness and reflect their level of internalized self-stigma.

THE SELF-STIGMA OF MENTAL ILLNESS SCALE (SSMIS)

Self-stigma is defined by four constructs (called the 3 A's plus 1).

- **A**wareness: People know common stereotypes about others with mental illness. Note that awareness of stereotypes does not mean people agree with them.
- **A**greement: Some people are not only aware of stereotypes, but agree that they are factual and accurate.
- **A**pplication: Some people apply the stereotypes to themselves. They internalize the stereotypes.
- plus **H**urts self: As a result of applying the stereotypes to themselves, some people suffer decreased self-esteem (they feel less worthy) or self-efficacy (they feel less able).

The SSMIS assesses the 3 A's plus 1 and yields four factor scores. It can be self-administered as a pencil-and-paper measure or included in a semi-structured interview depending on the research participant's cognitive skills.

THE SELF-STIGMA OF MENTAL ILLNESS SCALE-SHORT FORM (SSMIS-SF)

The SSMIS-SF assesses the 3 A's plus 1 and yields four factor scores consistent with the SSMIS' scoring. The SSMIS-SF omitted half of the original scale's items to minimize administration time.

THE RECOVERY ASSESSMENT SCALE- Revised (RAS-R)

Earlier, we said that measures of stigma included in this Toolkit focus on the bad effects of stigma. Stigma can also be assessed by focusing on the positive aspects of recovery, aspects that counteract self-stigma. The RAS assesses five factors.

- **P**ersonal Confidence and Hope: People are optimistic about their future and believe personal goals are achievable.
- **W**illingness to Ask for Help: Others (e.g., family and friends) play a central role in addressing problems and challenges.

- **G**oal and Success Orientation: Rather than focus on problems and on issues that cannot be achieved, recovery means that goals are self-determined and success is a reality.
- **R**eliance on Others: In addition to help, others play a central role in goal attainment.
- **N**ot Dominated by Symptoms: Mental illness is not the sole or most prominent focus of life. Recovery also means goals and life satisfaction.

Note: That this is the short version of the RAS-R (24 items) about which the best data exist.

THE COMING OUT WITH MENTAL ILLNESS SCALE (COMIS)

COMIS assesses coming out for people with serious mental illness and is defined by two constructs:

- **B**enefits of being out (BBO)
- **R**easons for staying in (RSI)

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SSMIS

Name or ID Number_____ Date _____

There are many attitudes about mental illness. We would like to know what you think most of the public as a whole (or most people) believe about these attitudes. Please answer the following items using the 9-point scale below.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Section 1:

I think the public believes…

1. _____ most persons with mental illness cannot be trusted.
2. _____ most persons with mental illness are disgusting.
3. _____ most persons with mental illness are unable to get or keep a regular job.
4. _____ most persons with mental illness are dirty and unkempt.
5. _____ most persons with mental illness are to blame for their problems.
6. _____ most persons with mental illness are below average in intelligence.
7. _____ most persons with mental illness are unpredictable.
8. _____ most persons with mental illness will not recover or get better.
9. _____ most persons with mental illness are dangerous.
10. _____ most persons with mental illness are unable to take care of themselves.

Section 2:
Now answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I think…

1. _____ most persons with mental illness are to blame for their problems.

2. _____ most persons with mental illness are unpredictable.

3. _____ most persons with mental illness will not recover or get better.

4. _____ most persons with mental illness are unable to get or keep a regular job.

5. _____ most persons with mental illness are dirty and unkempt.

6. _____ most persons with mental illness are dangerous.

7. _____ most persons with mental illness cannot be trusted.

8. _____ most persons with mental illness are below average in intelligence.

9. _____ most persons with mental illness are unable to take care of themselves.

10. _____ most persons with mental illness are disgusting.

Section 3
Now answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Because I have a mental illness…

1. _____ I am below average in intelligence.

2. _____ I cannot be trusted.

3. _____ I am unable to get or keep a regular job.

4. _____ I am dirty and unkempt.

5. _____ I am unable to take care of myself.

6. _____ I will not recover or get better.

7. _____ I am to blame for my problems.

8. _____ I am unpredictable.

9. _____ I am dangerous.

10. _____ I am disgusting.

Section 4

Finally, answer the next 10 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I currently respect myself less…

1. _____ because I am unable to take care of myself.

2. _____ because I am unable to get or keep a regular job.

3. _____ because I am dangerous.

4. _____ because I cannot be trusted.

5. _____ because I am to blame for my problems.

6._____ because I will not recover or get better.

7. _____ because I am disgusting.

8. _____ because I am unpredictable.

9. _____ because I am dirty and unkempt.

10. _____ because I am below average in intelligence.

The SSMIS Score Sheet

Name or ID Number_____ Date _____

Summing items from each section represents the 3 A's plus 1.

_____ Aware: (Sum all items from **Section 1**).

_____ Agree: (Sum all items from **Section 2**).

_____ Apply: (Sum all items from **Section 3**).

_____ Hurts self: (Sum all items from **Section 4**).

SSMIS-SF
Name or ID Number_____ Date _____

The public has believed many different things about persons with serious mental illnesses over the years, including some things that could be considered offensive. We would like to know what you think most of the public as a whole, or most people in general, believe about persons with serious mental illnesses at the present time. Please answer the following items using the 9-point scale below.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Section 1:

I think the public believes…

1. _____ most persons with mental illness are to blame for their problems.

2. _____ most persons with mental illness are unpredictable.

3. _____ most persons with mental illness will not recover or get better.

4. _____ most persons with mental illness are dangerous.

5. _____ most persons with mental illness are unable to take care of themselves.

Section 2:
Now answer the next 5 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I think…

1. _____ most persons with mental illness are to blame for their problems.

2. _____ most persons with mental illness are unpredictable.

3. _____ most persons with mental illness will not recover or get better.

4. _____ most persons with mental illness are dangerous.

5. _____ most persons with mental illness are unable to take care of themselves.

Section 3
Now answer the next 5 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

Because I have a mental illness…

1. _____ I am unable to take care of myself.

2. _____ I will not recover or get better.

3. _____ I am to blame for my problems.

4. _____ I am unpredictable.

5. _____ I am dangerous.

Section 4

Finally, answer the next 5 items using the agreement scale.

I strongly Disagree			neither agree nor disagree					I strongly agree
1	2	3	4	5	6	7	8	9

I currently respect myself less…

1. _____ because I am unable to take care of myself.

2. _____ because I am dangerous.

3. _____ because I am to blame for my problems.

4._____ because I will not recover or get better.

5. _____ because I am unpredictable.

The SSMIS-SF Score Sheet

Name or ID Number_____ Date _____

Summing items from each section represents the 3 A's plus 1.

_____ Aware: (Sum all items from **Section 1**).

_____ Agree: (Sum all items from **Section 2**).

_____ Apply: (Sum all items from **Section 3**).

_____ Hurts self: (Sum all items from **Section 4**).

RAS-R
Name or ID Number _____ Date _____

PLEASE ANSWER THESE ITEMS ON AN AGREEMENT SCALE WHERE 1 IS "STRONGLY DISAGREE" AND 5 IS "STRONGLY AGREE."

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. I have a desire to succeed.	1	2	3	4	5
2. I have my own plan for how to stay or become well.	1	2	3	4	5
3. I have goals in life that I want to reach.	1	2	3	4	5
4. I believe that I can meet my current personal goals.	1	2	3	4	5
5. I have a purpose in life.	1	2	3	4	5
6. Even when I don't care about myself, other people do.	1	2	3	4	5
7. Fear doesn't stop me from living the way I want to.	1	2	3	4	5
8. I can handle what happens in my life.	1	2	3	4	5
9. I like myself.	1	2	3	4	5
10. If people really knew me, they would like me.	1	2	3	4	5
11. I have an idea of who I want to become.	1	2	3	4	5
12. Something good will eventually happen.	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
13. I'm hopeful about my future.	1	2	3	4	5
14. I continue to have new interests.	1	2	3	4	5
15. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5
16. My symptoms interfere less and less with my life.	1	2	3	4	5
17. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
18. I know when to ask for help.	1	2	3	4	5
19. I am willing to ask for help.	1	2	3	4	5
20. I ask for help when I need it.	1	2	3	4	5
21. I can handle stress.	1	2	3	4	5
22. I have people I can count on.	1	2	3	4	5
23. Even when I don't believe in myself, other people do.	1	2	3	4	5
24. It is important to have a variety of friends.	1	2	3	4	5

The RAS-R Score Sheet

Name or ID Number _____ Date _____

Factor scores are obtained by adding up the parenthetical items which load into each factor.

_____ Personal Confidence and Hope (Sum of items 7, 8, 9, 10, 11, 12, 13, 14, & 21)

_____ Willingness to Ask for Help (Sum of items 18, 19, & 20)

_____ Goal and Success Orientation (Sum of items 1, 2, 3, 4, & 5)

_____ Reliance on Others (Sum of items 6, 22, 23, & 24)

_____ Not Dominated by Symptoms (Sum of items 15, 16, & 17)

Coming Out with Mental Illness Scale (COMIS)

Are you out about your mental illness?
In other words, have you decided to tell most of your family, friends, and acquaintances that you have a mental illness? Have you decided not to hide it?

If Yes, check here __ and complete all the questions listed on page 2.

If No, check here __ and complete all the questions on page 3 of this handout.

Page 2
Now please answer the remaining questions using this seven point agreement scale.
Write each score in the blank before each item

1	2	3	4	5	6	7
strongly disagree			neither agree nor disagree			strongly agree

1. ____ I came out of the closet to gain acceptance from others.
2. ____ I came out of the closet to broaden my network of family, friends, and others.
3. ____ I came out of the closet to support a consumer/survivor political movement.
4. ____ I came out of the closet because 1 was comfortable with myself.
5. ____ I came out of the closet to be true to myself.
6. ____ I came out of the closet to be happier.
7. ____ I came out of the closet to help others with the coming out process.
8. ____ In the past I stayed in the closet to avoid being labeled (as a person with mental illness).
9. ____ In the past I stayed in the closet to avoid negative impact on my job.
10. ____ In the past I stayed in the closet to avoid harming my family.
11. ____ In the past I stayed in the closet to avoid harming my self identity.
12. ____ In the past I stayed in the closet to hide my personal life.
13. ____ In the past 1 stayed in the closet to maintain my personal safety.
14. ____ In the past I stayed in the closet to avoid self shame.
15. ____ In the past I stayed in the closet to avoid public shame.
16. ____ In the past I stayed in the closet to avoid discrimination (e.g., at work).
17. ____ In the past I stayed in the closet to avoid becoming vulnerable.
18. ____ In the past I stayed in the closet to avoid stress.
19. ____ In the past I stayed in the closet because I feared negative reactions from others.
20. ____ In the past I stayed in the closet to conform with societal demands.
21. ____ In the past I stayed in the closet to maintain control in my life.

Page 3
Now please answer the remaining questions using this seven point agreement scale.
Write each score in the blank before each item.

1	2	3	4	5	6	7
strongly disagree			neither agree nor disagree			strongly agree

1. ____ In the future I will come out of the closet to gain acceptance from others.
2. ____ In the future I will come out of the closet to broaden my network of family, friends, and others.
3. ____ In the future I will come out of the closet to support a consumer/survivor political movement.
4. ____ In the future I will come of the closet because I will become comfortable with myself.
5. ____ In the future I will come out of the closet to be true to myself.
6. ____ In the future I will come out of the closet to be happier.
7. ____ In the future I will come out of the closet to help others with the coming out process.
8. ____ I stay in the closet to avoid being labeled (as a person with mental illness).
9. ____ I stay in the closet to avoid negative impact on my job.
10. ____ I stay in the closet to avoid harming my family.
11. ____ I stay in the closet to avoid harming my self identity.
12. ____ I stay in the closet to hide my personal life.
13. ____ I stay in the closet to maintain my personal safety.
14. ____ I stay in the closet to avoid self shame.
15. ____ I stay in the closet to avoid public shame.
16. ____ I stay in the closet to avoid discrimination (e.g., at work).
17. ____ I stay in the closet to avoid becoming vulnerable.
18. ____ I stay in the closet to avoid stress.
19. ____ I stay in the closet because I fear negative reactions.
20. ____ I stay in the closet to conform to societal demands.
21. ____ I stay in the closet to maintain control in my life.

The COMIS Score Sheet

Name or ID Number_____ Date _____

Factor scores are obtained by adding up the parenthetical items which load into each factor.

_____ Benefits of being out: (Sum of items 1-7).

_____ Reasons for staying in: (Sum of items 8-21).

5. Evaluating Programs for Label Avoidance

Instruments related to label avoidance have not been developed by our group, though we are currently working on innovative web-based strategies for this purpose.

6. Evaluating Programs for Social Inclusion

These instruments have been evaluated to assess the general public's opinions regarding persons with mental illness. These measures evaluate the public's beliefs about recovery, social worth, and personal capabilities of persons with mental illness.

THE EMPOWERMENT SCALE

The original Empowerment Scale had 28-items used to assess the beliefs of persons with serious mental illness regarding their abilities to exert control over their life (Rogers et al., 1997, 2010). The Empowerment Scale (ES) was modified for use with the general public to assess their beliefs about the social worth of people with mental illness (e.g., "I see people with mental illness as capable people."). The three items selected for the Empowerment Affirmation Scale were items that loaded most highly into the self-esteem/self-efficacy scale of Roger's original measure.

THE RECOVERY SCALE

The Recovery Scale was adapted from the Recovery Assessment Scale, a 27-item measure that has been used to obtain perceptions of people with serious mental illness about their sense of personal confidence, hope, goal-orientation, reliance on others, and life view beyond symptoms (Corrigan et al., 1999, 2004). This measure was modified to assess the general publics' beliefs about the potential for recovery from serious mental illness. The RS comprised 13-items that loaded most in the five factors of the original Recovery Assessment Scale.

THE SELF-DETERMINATION SCALE – SDS

The Self-Determination Scale (SDS) was developed to assess the general publics' expectations about a person with serious mental illness successfully pursuing a variety of life goals (e.g., work, housing, or relationships) and treatments (e.g., medication, counseling, or psychotherapy).

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ES

Name or ID Number_____ Date _____

Instructions: Below are a few statements relating to one's perspective on life and with having to make decisions. Please circle the number above the response that is closest to how you feel about the statement. First impressions are usually best.

1. I feel people with mental illness are persons of worth, at least on an equal basis with others.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

2. I see people with mental illness as capable people.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

3. People with mental illness are able to do things as well as most other people.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

The Empowerment Scale (ES) Score Sheet

Name or ID Number_____ Date _____

The ES consists of 3 items; higher scores represent greater negative attitudes toward the social worth of people with mental illness.

_____ Social Worth = ES1+ ES2+ES3

RS

Name or ID Number_____ Date _____

Your responses should reflect your overall opinion about people with serious mental illness in general. Answer them on the nine point scale (1=strongly agree, 9=strongly disagree).

1. People with mental illness have goals in life that they want to reach.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

2. People with mental illness believe that they can meet their current personal goals.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

3. People with mental illness have a purpose in life.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

4. Even when people with mental illness don't care about themselves, other people do.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

5. Fear doesn't stop people with mental illness from living the way they want to.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

6. People with mental illness believe something good will eventually happen.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

7. People with mental illness are hopeful about their future.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

8. Coping with mental illness is not the main focus of the lives of people with mental illness.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

9. The symptoms that people with mental illness experience interfere less and less with their life.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

10. The symptoms that people with mental illness experience are a problem for shorter periods of time each time they occur.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

11. People with mental illness have people they can count on.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

12. Even when people with mental illness don't believe in themselves, other people do.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

13. It is important for people with mental illness to have a variety of friends.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

The Recovery Scale (RS) Score Sheet

Name or ID Number_____ Date _____

The RS consists of 13 items; higher scores represent greater negative attitudes toward people with mental illness having the capability to overcome their psychological problems.

_____ Recovery Potential = RS1+ RS 2+ RS 3 + RS 4 + RS 5 + RS 6 + RS 7 +
RS 8 + RS 9 + RS 10 + RS 11 + RS 12 + RS 13

SDS

Name or ID Number_____ Date _____

Harry is a 35 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He had been hospitalized six times because of his illness.

CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. Harry will get better after treatment.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

2. Harry will benefit from medication.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

3. Harry will benefit from counseling or psychotherapy.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

4. Harry will benefit from living independently.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

5. Harry should pursue being a homeowner.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

6. Harry should pursue a full-time job.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

7. Harry will benefit from maintaining a romantic relationship.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

8. Harry would be a competent parent.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

9. Harry will benefit from traveling.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

10. Harry should be able to register to use firearms.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

11. Harry has the capability to become a doctor.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

12. Harry has the capability to get a Bachelor's degree.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

13. Harry has the capability to become an ordained minister.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

14. Harry would benefit from getting out of the hospital/staying out of the hospital.

1	2	3	4	5	6	7	8	9
Strongly Agree								Strongly Disagree

The Self-Determination Scale (SDS) Score Sheet

Name or ID Number_____ Date _____

The SDS consists of 14 items; higher scores represent greater negative attitudes toward the social capabilities of people with mental illness.

_____ Self Determination = SDS1+ SDS 2+ SDS 3 + SDS 4 + SDS 5 + SDS 6 + SDS 7 + SDS 8 + SDS 9 + SDS 10 + SDS 11 + SDS 12 + SDS 13 + SDS 14

7. Other Measurement Areas

Research has shown that people who are more familiar with "mental illness," and people with mental illness, are less likely to endorse corresponding stereotypes.

THE LEVEL OF FAMILIARITY SCALE (LOF)

Research participants read eleven items that vary in terms of how familiar the person is with mental illness. This task is then used to generate a single familiarity score.

REFERENCES

Corrigan, P.W., Edwards, A., Green, A., Diwan, S.E., & Penn, D.L. (2001). Prejudice, social distance, and familiarity with mental illness. Schizophrenia Bulletin, 27, 219-226.

Corrigan, P.W., Green, A., Lundin, R., Kubiak, M.A. & Penn, D.L (2001). Familiarity with and social distance from people with serious mental illness. Psychiatric Services, 52, 953-958.

Holmes, E.P., Corrigan, P.W., Williams, P., Canar, J., & Kubiak, M. (1999). Changing public attitudes about schizophrenia. Schizophrenia Bulletin, 25, 447-456.

LOF

Name or ID Number_____ Date _____

PLEASE READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY. AFTER YOU HAVE READ ALL OF THE STATEMENTS BELOW, PLACE A CHECK BY EVERY STATEMENT THAT REPRESENTS YOUR EXPERIENCE WITH PERSONS WITH A SEVERE MENTAL ILLNESS.

____ I have watched a movie or television show in which a character depicted a person with mental illness.

____ My job involves providing services/treatment for persons with a severe mental illness.

____ I have observed, in passing, a person I believe may have had a severe mental illness.

____ I have observed persons with a severe mental illness on a frequent basis.

____ I have a severe mental illness.

____ I have worked with a person who had a severe mental illness at my place of employment.

____ I have never observed a person that I was aware had a severe mental illness.

____ A friend of the family has a severe mental illness.

____ I have a relative who has a severe mental illness.

____ I have watched a documentary on television about severe mental illness.

____ I live with a person who has a severe mental illness.

The Level of Familiarity (LOF) Score Sheet

Name or ID Number_____ Date _____

Each item below has been coded in the level of intimacy: 11= most intimate contact with a person with mental illness, 7= medium intimacy, 1= little intimacy.

The index for this contact was the rank score of the most intimate situation indicated. If a person checks more than one item, rank their HIGHEST level of intimacy.

3 - I have watched a movie or television show in which a character depicted a person with mental illness.

7 - My job involves providing services/treatment for persons with a severe mental illness.

2 - I have observed, in passing, a person I believe may have had a severe mental illness.

5 - I have observed persons with a severe mental illness on a frequent basis.

11 - I have a severe mental illness.

6 - I have worked with a person who had a severe mental illness at my place of employment.

1 - I have never observed a person that I was aware had a severe mental illness.

8 - A friend of the family has a severe mental illness.

9 - I have a relative who has a severe mental illness.

4 - I have watched a documentary on television about severe mental illness.

10 - I live with a person who has a severe mental illness.

8. An Example Using the AQ-27 to Evaluate an Anti-Stigma Program

Evaluation of anti-stigma approaches can vary immensely in their level of rigor and complexity. The example here is only meant to be the most cursory illustration of an assessment plan for those new to this kind of research.

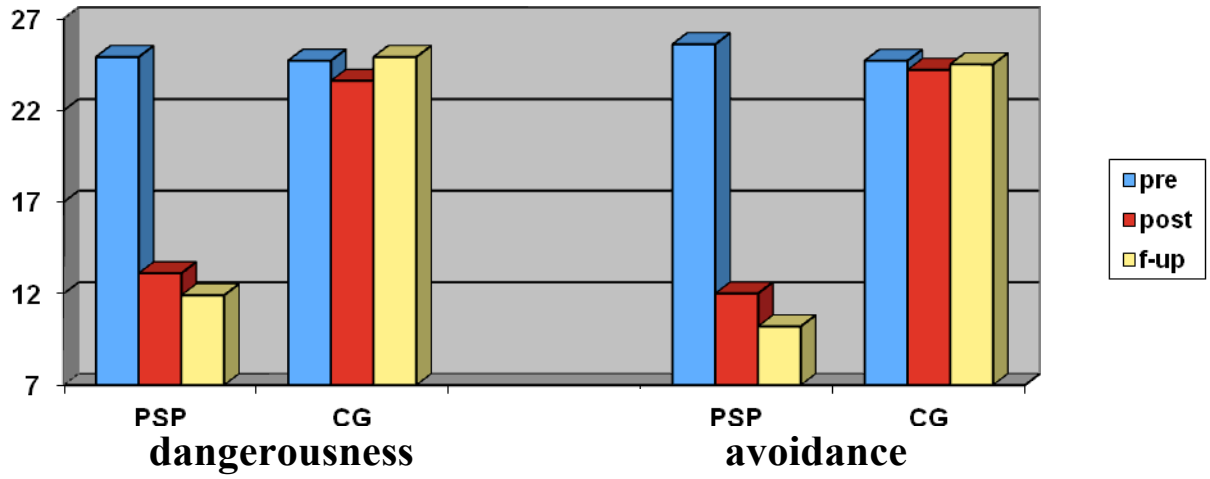
Evaluate the Anti-stigma effects of the "Personal Story Program" (PSP) on a group of adults from a local service club (n=10).

1. Limit AQ measurement to dangerousness and avoidance
2. Determine the change in AQ scores from pre to post to one week follow-up.
3. Compare PSP changes with a control group (n=10).

Raw scores of dangerousness and avoidance scores for the pre, post, and follow-up assessments of subjects in the PSP or control group (CG). The last row summarizes the means for each column.

I.D. No.	Dangerousness						Avoidance					
	PSP			CG			PSP			CG		
	Pre	Post	F-up	Pre	Post	F-up	Pre	Post	F-up	Pre	Post	F-up
1	24	10	11	25	26	25	27	11	11	24	21	25
2	23	12	13	23	24	24	26	9	10	23	25	24
3	26	14	14	25	26	25	27	8	9	25	24	20
4	27	15	11	24	22	26	25	10	11	24	23	27
5	22	13	14	27	25	27	24	7	8	27	24	26
6	25	15	16	22	23	21	25	12	13	25	22	23
7	24	13	10	25	21	25	26	14	7	24	25	25
8	25	13	10	26	22	25	24	17	10	25	26	25
9	26	11	9	24	22	25	25	15	11	26	28	27
10	27	15	11	26	25	26	27	17	12	24	24	23
means	24.9	13.1	11.9	24.7	23.6	24.9	25.6	12.0	10.2	24.7	24.2	24.5

A bar graph can map out means of dangerousness and avoidance scores by assessment period and group.



Conclusions: PSP leads to significant change over time in dangerousness and avoidance stereotypes, compared to a control group.