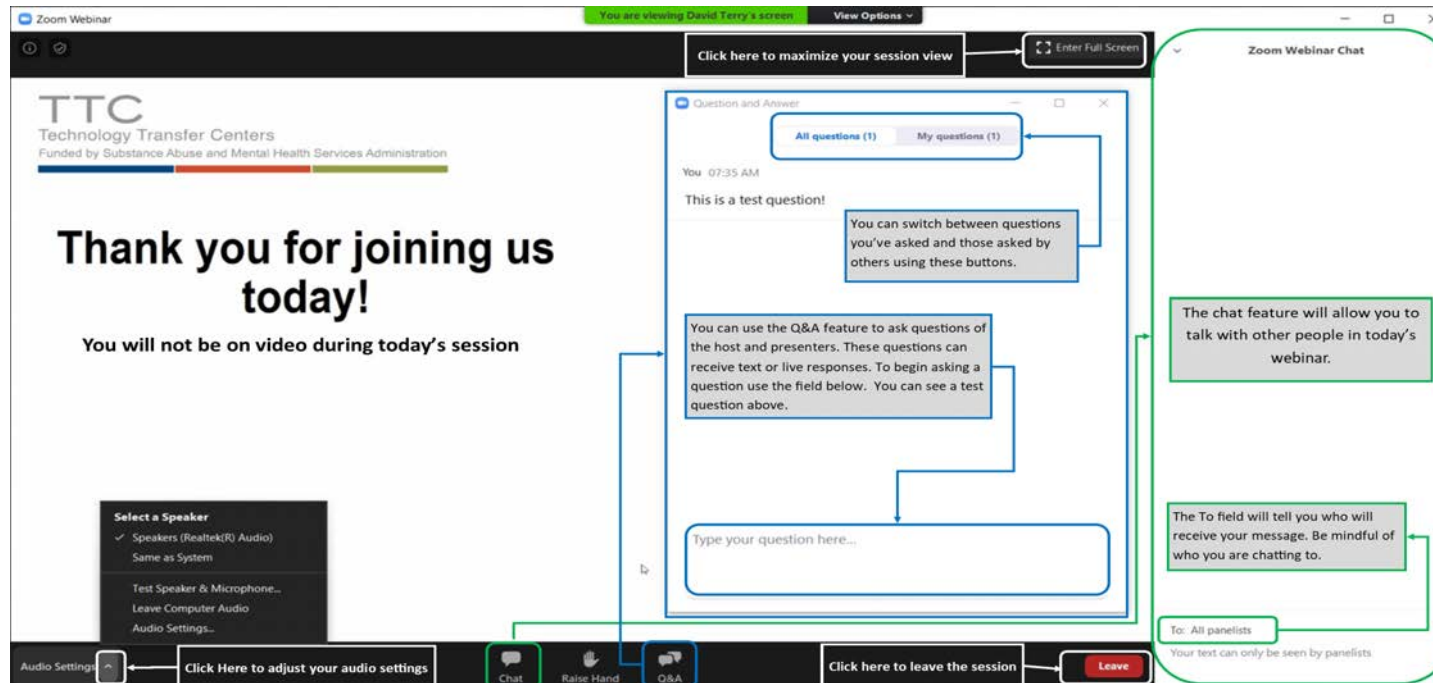


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Illness Identity and Recovery From Serious Mental Illness

Philip T. Yanos, Ph.D.



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- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

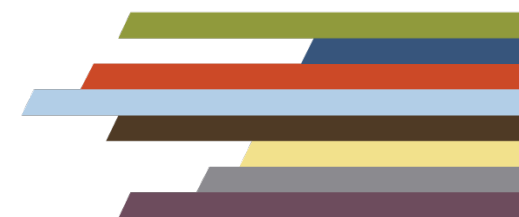
Supplemental funding to work with school teachers and staff to address student mental health.



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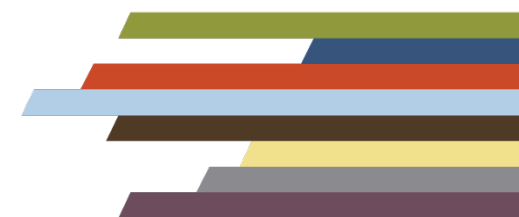
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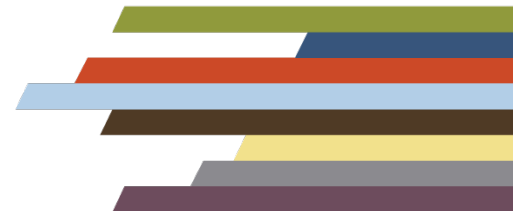


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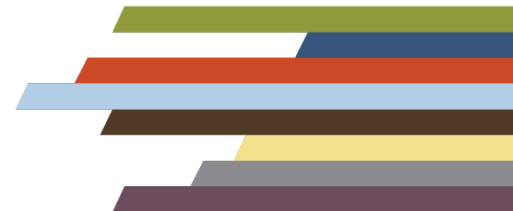


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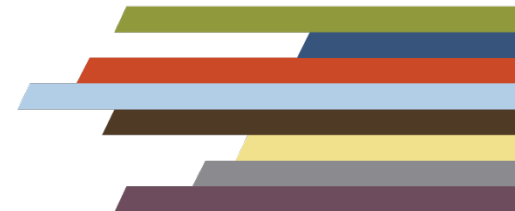
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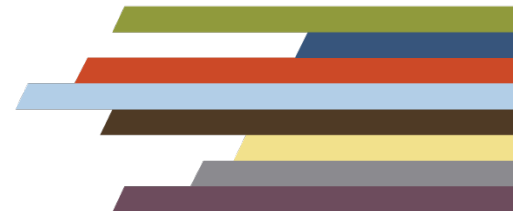
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Our Presenter



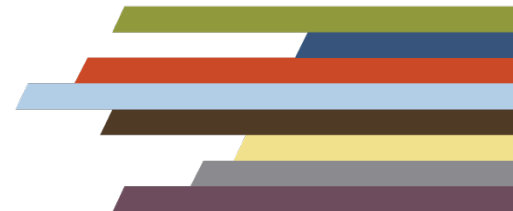
Philip T. Yanos, Ph.D.



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Illness Identity and Recovery from Serious Mental Illness



Philip T. Yanos, Ph.D.

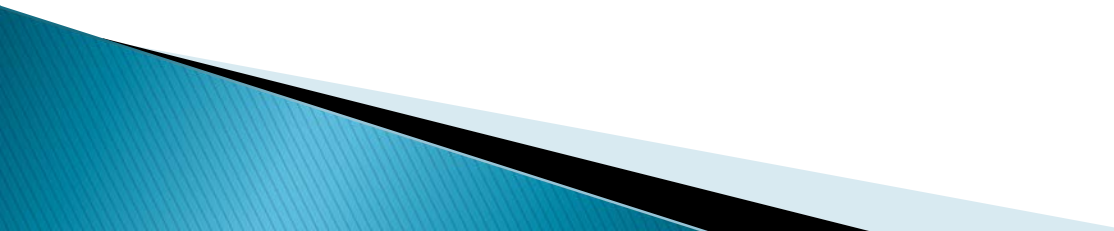
Professor

Psychology Department

John Jay College of Criminal Justice

City University of New York

Who Am I?

- ▶ Clinical psychologist
 - ▶ Professor of psychology here at John Jay, Director of Clinical Training for Clinical Psychology Ph.D. program
 - ▶ Author of book “*Written Off: Mental Health Stigma and the Loss of Human Potential*” (Cambridge University Press, 2018)
 - ▶ Primarily a researcher, but have maintained nearly continuous clinical involvement with persons with severe mental illness since 1996 (currently work with an Assertive Community Treatment team)
- 

Neighborhood Where I Grew Up



Tell Me Something About You

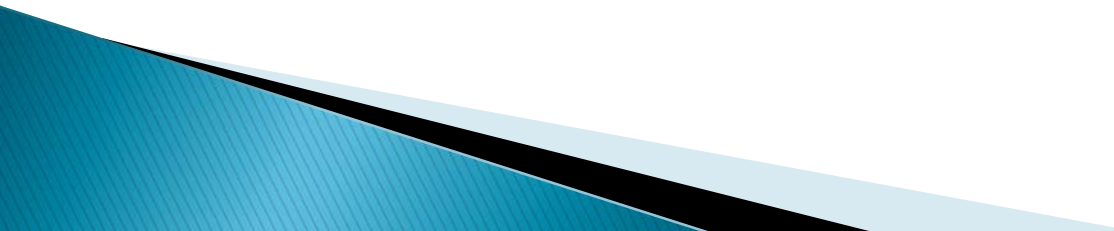
- ▶ Disciplines?
- ▶ Service Settings?
- ▶ Reason for Interest in Training?

If the Internet Goes Out...

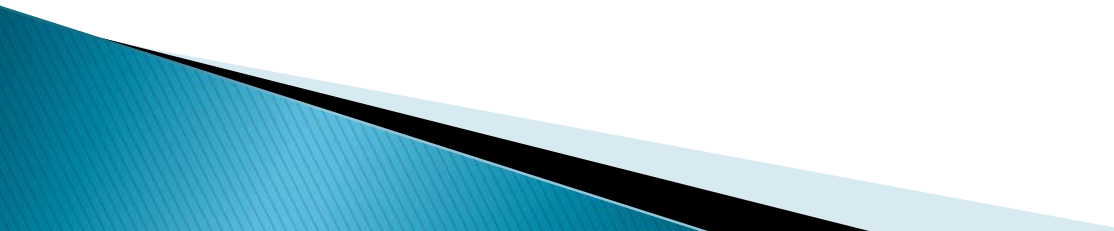
- ▶ Just hang in there and it will restart soon



Overview of Presentation

- ▶ Briefly discuss how community stigma leads to stigma concern and self-stigma
 - ▶ Discuss self-stigma, define “illness identity” and explain how it impacts the recovery process
 - ▶ Discuss peer-led and professional approaches to addressing self-stigma, including Narrative Enhancement and Cognitive Therapy (NECT)
- 

What is Stigma?

- ▶ Occurs when “elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation” (Link & Phelan, 2001)
 - ▶ Label (e.g., mental illness) is linked to negative stereotypes, or negative traits generally ascribed to the group
 - ▶ Mental health stigma: Includes common negative stereotypes of violence, unpredictability, incompetence, and inability to work/function
- 

Do Negative Stereotypes About Mental Illness Still Exist?

- Stigmatizing views have not changed substantially since the 1950's, when surveys first began tracking these views
 - 1996 and 2018: No decrease (Pescosolido et al., 2019) in Americans' endorsement of the belief that people with mental illness (schizophrenia especially) are dangerous and in desire to maintain social distance from them
 - 1980s – 2000: Globally, no improvement in attitudes toward people with schizophrenia (Schomerus et al., 2012)

US Attitudes Toward Schizophrenia and Depression (1996 to 2018) from Pescosolido et al. (2019)

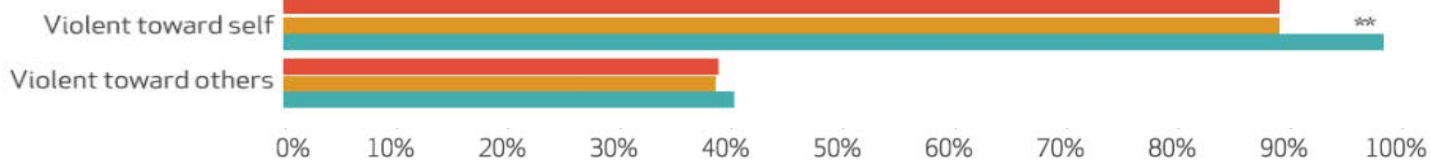
SCHIZOPHRENIA

Perceived potential for violence

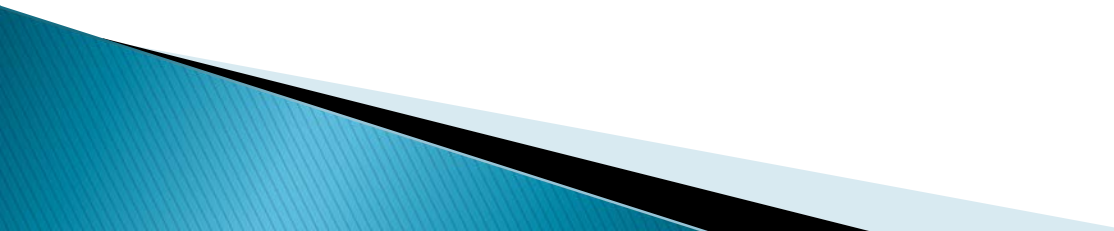


MAJOR DEPRESSION

Perceived potential for violence



Are Mental Health Service Users Aware of Stigma?

- Studies consistently find that most mental health service users are aware of stigma, and roughly 70% anticipate discrimination (Thornicroft et al, 2009)
 - In addition, studies find that 60–70% of people diagnosed with mental illness believe that “most people” hold stigmatizing views and would reject a person with mental illness as a friend, etc. (Lundberg et al., 2007; Kleim et al., 2008)
- 

Discrimination is Anticipated Even When Not Experienced (from Thornicroft et al., 2009)

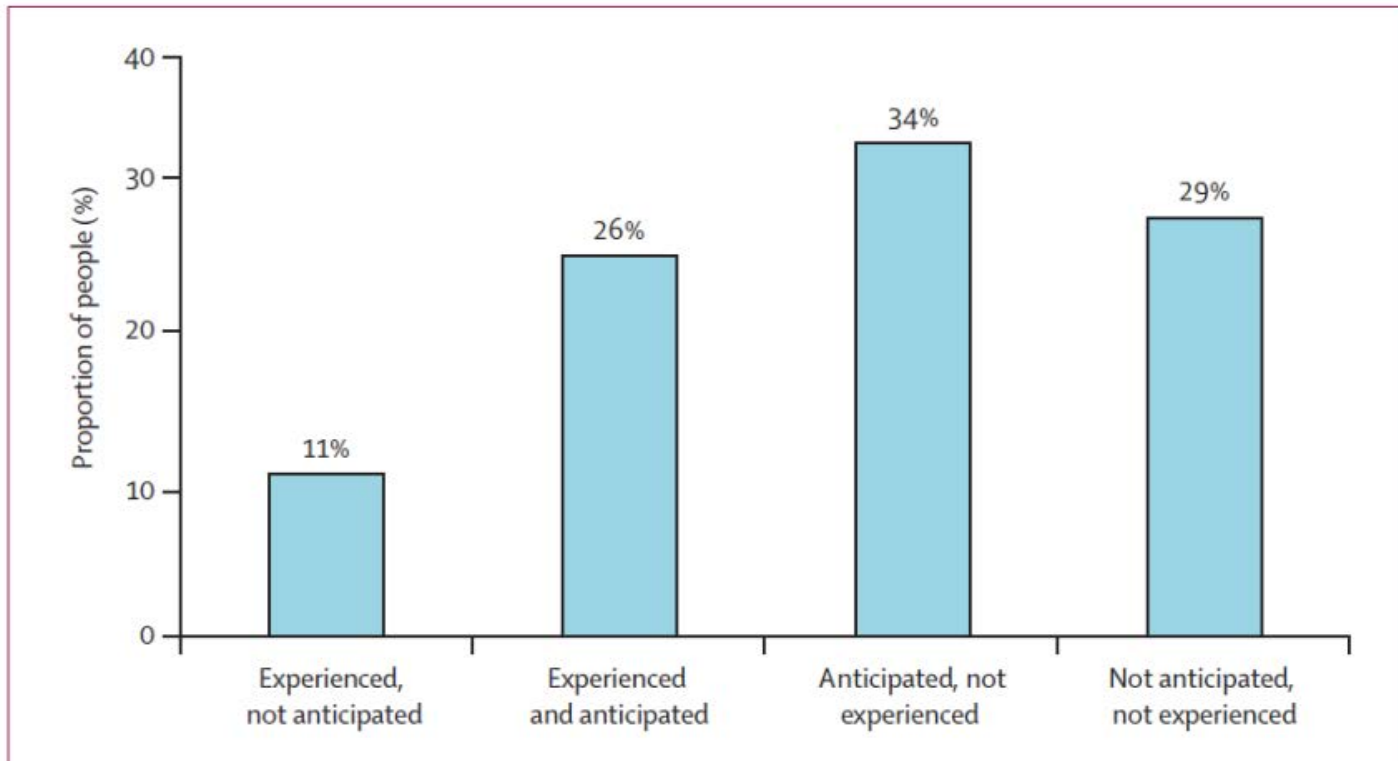
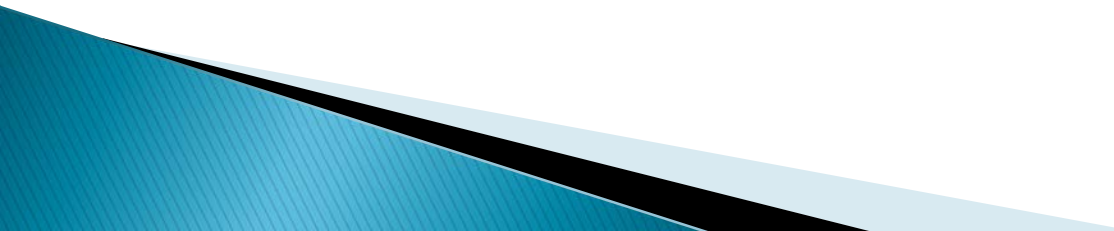
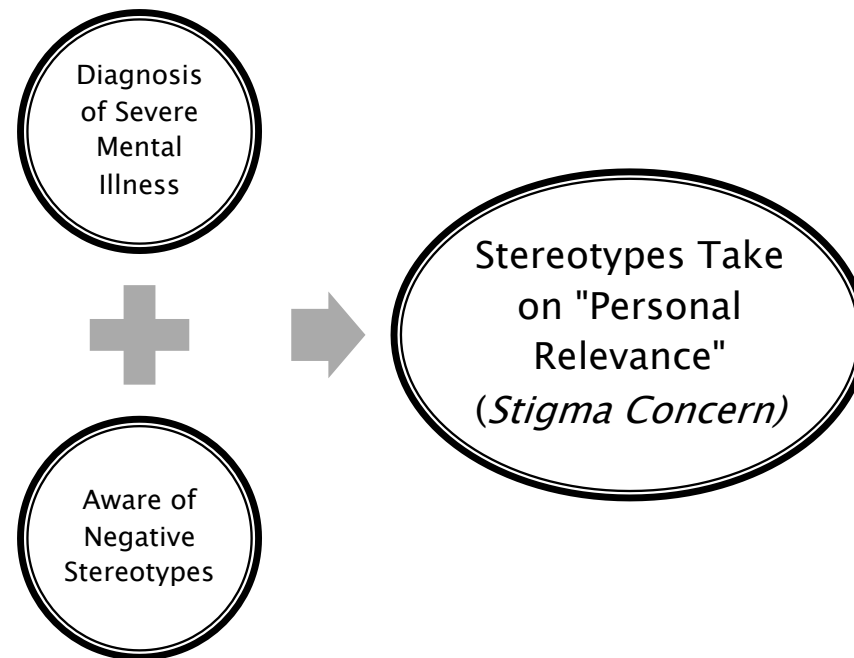


Figure 4: Discrimination in intimate relationships

How Do Mental Health Service Users Become Aware of Stigma?

- ▶ Link's modified labeling perspective: generally-held stereotypical attitudes about mental illness are absorbed during childhood, take on personal relevance when a person is diagnosed, and gain increased salience
 - ▶ According to this perspective, it is not necessary for one to even experience stigma or discrimination directly to become aware of it
- 

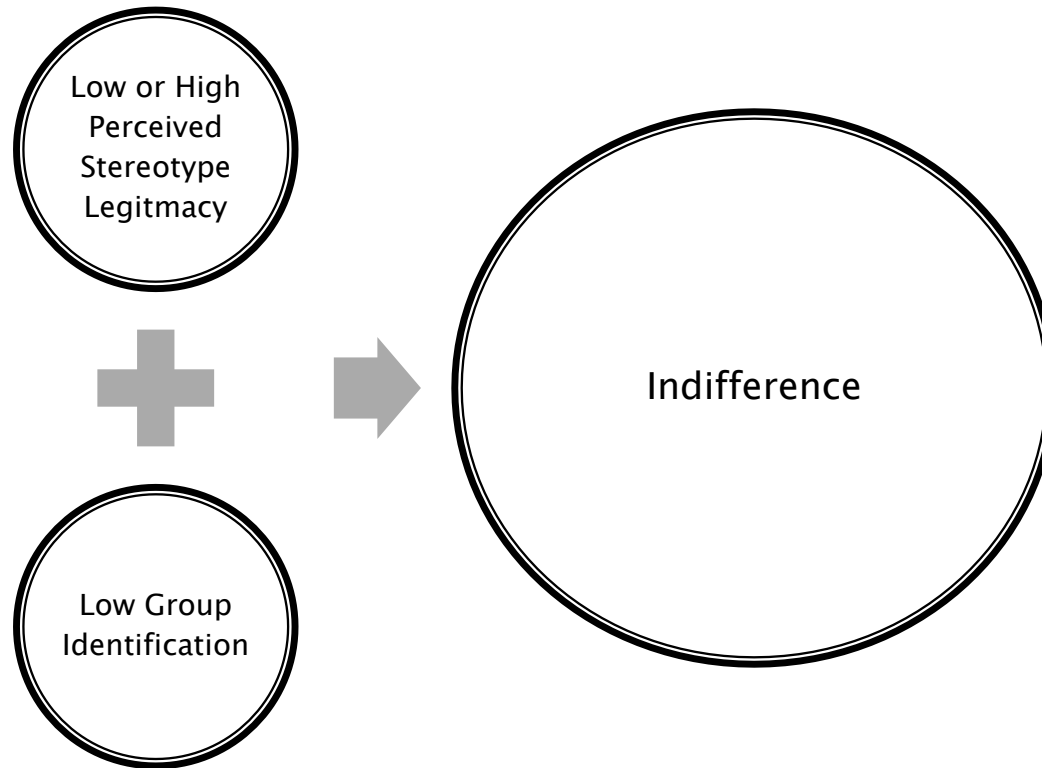
Modified Labeling Perspective



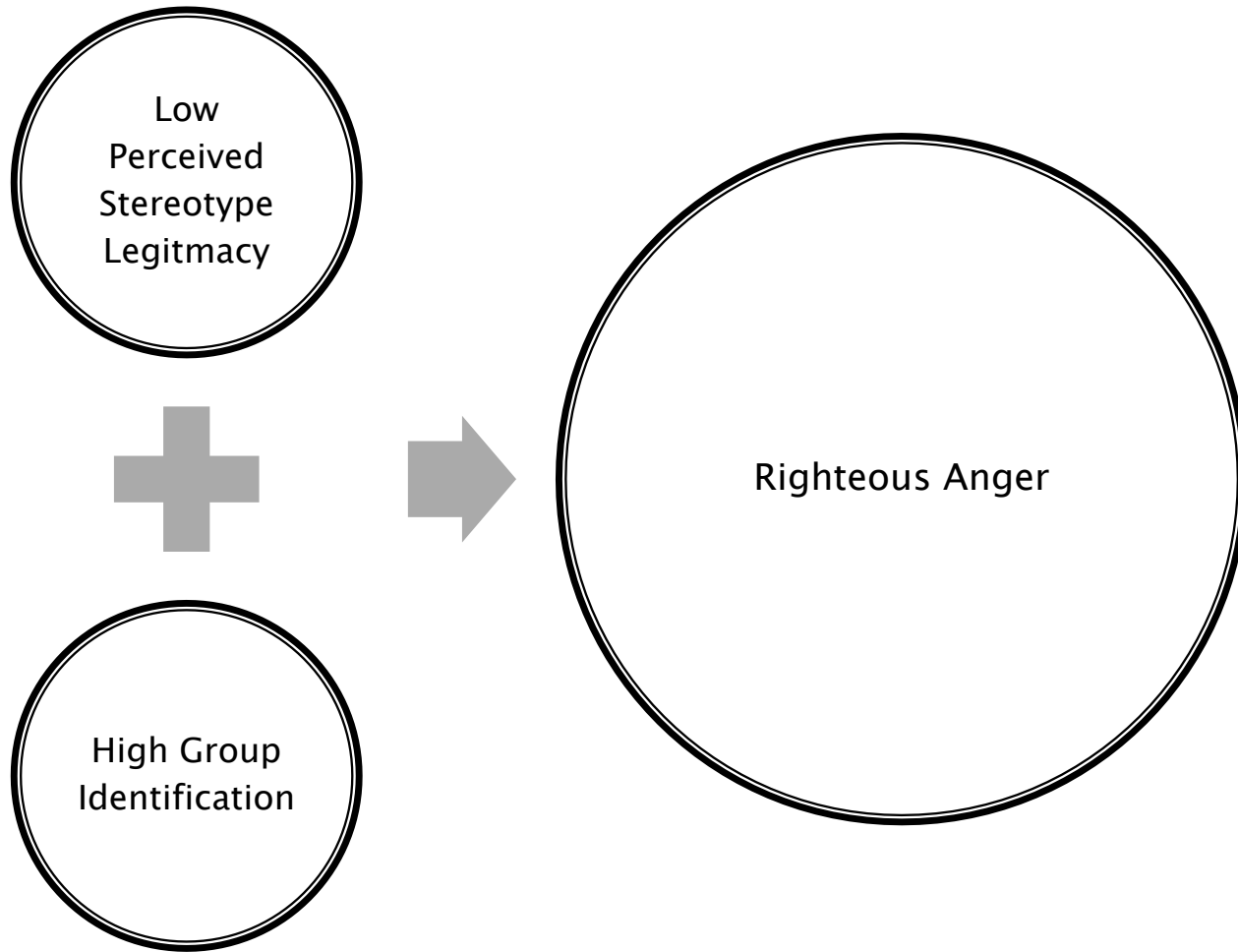
What is the Impact of Awareness of Stigma on Mental Health Service–Users?

- ▶ There are different possible responses
- ▶ Corrigan and Watson (2002) developed a model allowing for three different responses: indifference, righteous anger, and self–stigma

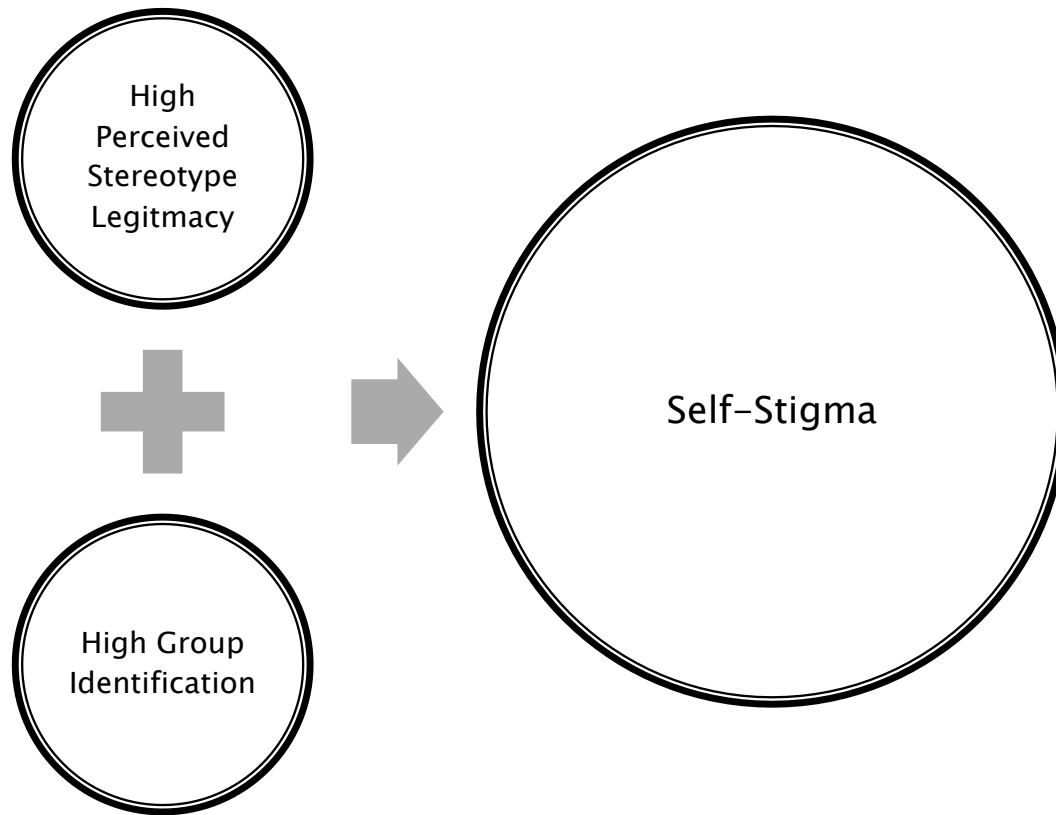
“Indifference”



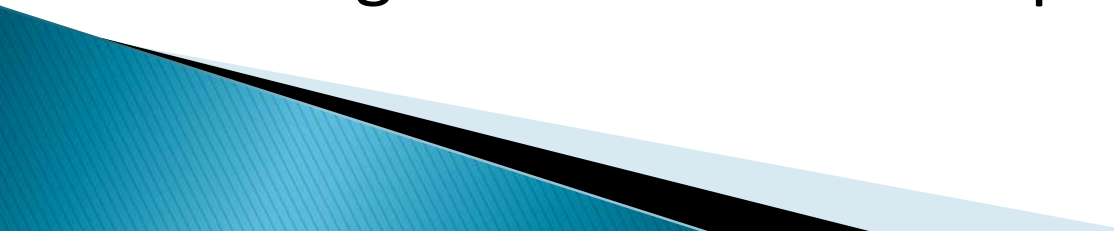
“Righteous Anger”



Self-Stigma



Does Stigma Impact Identity?

- Identity: social categories people use to describe themselves and that others use to describe them
 - “I am a _____” (e.g., “father,” “professional,” “gangster”)
 - “S/he’s a _____” (e.g., “great parent,” “criminal,” “spiritual person”)
 - Our own identity is often influenced by the categories that others impose on us
- 

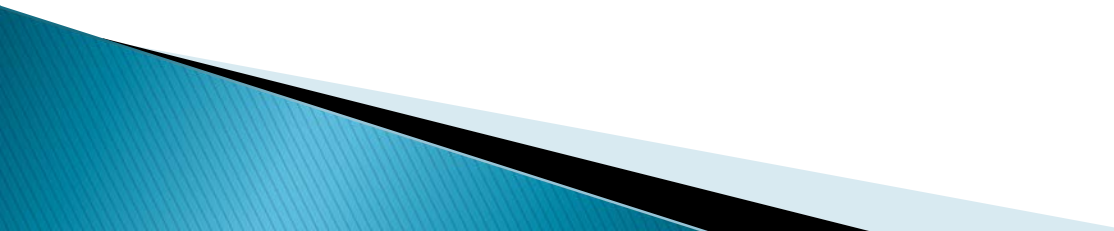
Self-Stigma = Stigmatized Identity

- ▶ Through a variety of processes, identity of having a mental illness takes over and supersedes other identity categories (e.g., musician, parent, spouse, veteran, spiritual-person, etc.)


Stigmatized Identity Narrative

- ▶ *I perceived myself, quite accurately, unfortunately, as having a serious mental illness and therefore as having been relegated to what I called "the social garbage heap."... I tortured myself with the persistent and repetitive thought that people I would encounter, even total strangers, did not like me and wished that mentally ill people like me did not exist. Thus, I would do things such as standing away from others at bus stops and hiding and cringing in the far corners of subway cars. Thinking of myself as garbage, I would even leave the sidewalk in what I thought as exhibiting the proper deference to those above me in social class. The latter group, of course, included all other human beings. (Kathleen Gallo, "Self-Stigmatization," 1994)*

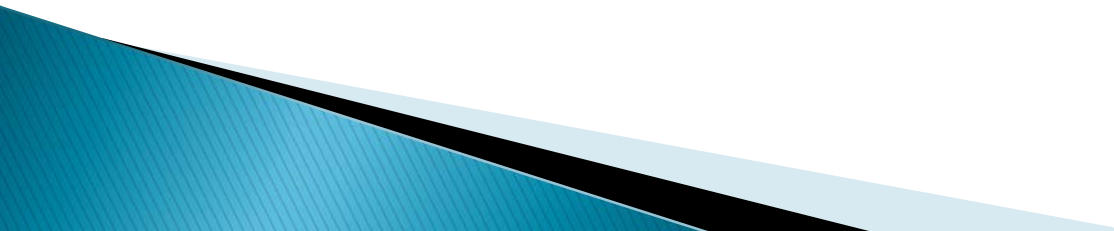
How Do We Measure Degree of Self-Stigma?

- ▶ Measures of internalized (or self-) stigma:
 - Ritsher: Internalized Stigma of Mental Illness Inventory (ISMI)
 - Corrigan: Self-Stigma of Mental Illness Scale (short-form also exists)
 - McCay: Modified Engulfment Scale
 - Barney: Self-Stigma of Depression Scale
- 

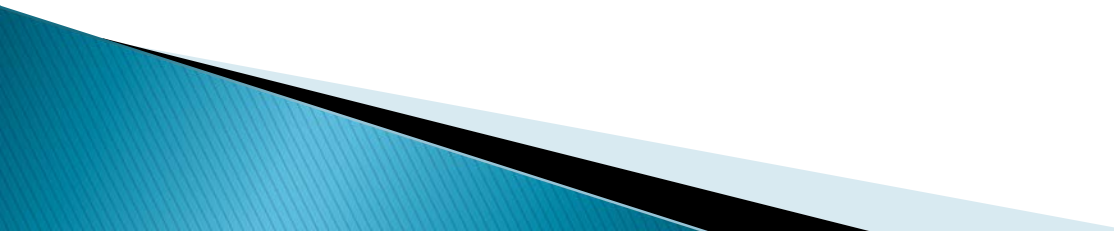
Sample Items from ISMI

- “Mentally ill people tend to be violent.” (Stereotype Endorsement)
 - “I am embarrassed or ashamed that I have a mental illness.” (Alienation)
 - “People with mental illness make important contributions to society.” (Stigma Resistance)
 - “Because I have a mental illness, I need others to make most decisions for me.” (Stereotype Endorsement)
- 

How Commonly Do People Develop Self-Stigmatized Identities?

- ▶ Using predetermined cutoff totals on the ISMI, findings consistently hover in the 20–40% range
 - ▶ Brohan et al. (2010) surveyed 1229 mental health consumers diagnosed with schizophrenia in 14 European countries and found that 41% had elevated internalized stigma
 - ▶ Among 1182 diagnosed with bipolar disorder or depression, 22% had elevated internalized stigma
 - ▶ A review of 66 studies examining the prevalence of self-stigma found that, on average, 31.5% of people diagnosed with SMI had elevated self-stigma, with the highest prevalence among people diagnosed with schizophrenia (Dubreuq et al., 2021)
 - ▶ Thus, findings demonstrate that, while most mental health service users do not develop stigmatized identities, a significant subgroup (roughly a third) do, and that people with schizophrenia may be at greater risk for elevated self-stigma
- 

What is the Impact of Having a Self-Stigmatized Identity?

- ▶ Corrigan and Watson's model proposes that self-stigma leads to diminished self-esteem (belief in one's own self-worth) and self-efficacy (belief in one's ability to handle problems and accomplish goals)
 - ▶ My colleagues (Roe, Lysaker) and I have developed a model proposing a more profound and pervasive effect of self-stigma on the recovery process
- 

The Impact of Illness Identity on Recovery from Severe Mental Illness

Philip T. Yanos

Psychology Department, John Jay College of Criminal Justice, City University of New York, New York, USA

David Roe

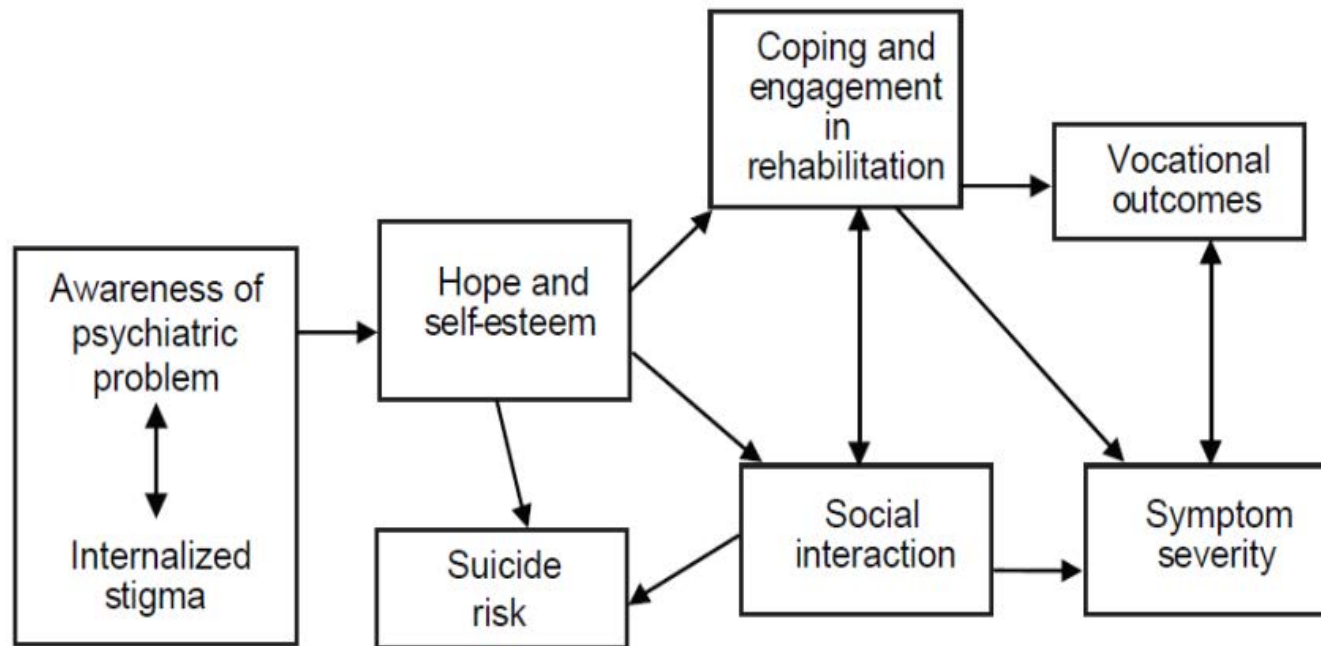
Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel

Paul H. Lysaker

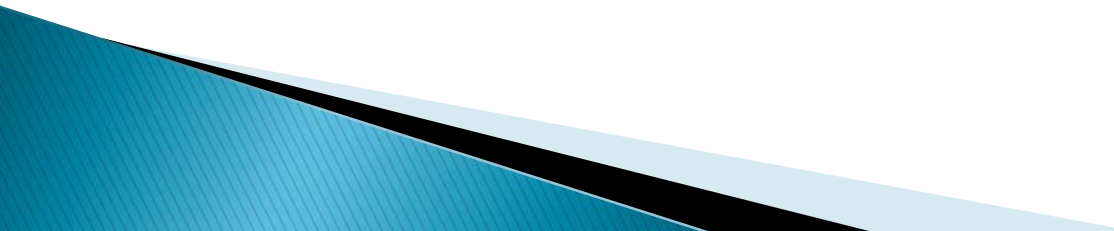
Roudebush VA Medical Center and the Indiana University School of Medicine, Indianapolis, Indiana, USA

Model for Impact of Internalized Stigma on Recovery-Related Outcomes (Yanos, Roe & Lysaker, 2010)

Model of the hypothesized impact of internalized stigma on recovery-related outcomes for persons with severe mental illness

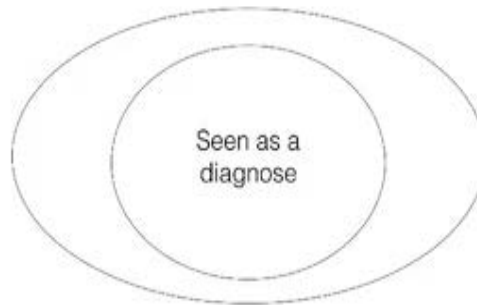


Summary of Model

- ▶ Internalized stigma plays a major role in degree of hope and self-esteem, which influences engagement in treatment and willingness to take an active role in managing one's illness (coping), decreases social interaction, and indirectly compromises vocational outcomes (as a result of belief that it is not possible to get better and less effort invested in dealing with work-related challenges)
- 

Personal Story of Impact of Self-Stigma: Mads' “Bad Circle”

THE BAD CIRCLE



vimeo.com/255293281

Toward Understanding the Insight Paradox: Internalized Stigma Moderates the Association Between Insight and Social Functioning, Hope, and Self-esteem Among People with Schizophrenia Spectrum Disorders

Paul H. Lysaker^{1–3}, David Roe⁴, and Philip T. Yanos^{5,6}


²Day Hospital 116H, 1481 West 10th Street, Roudebush VA Medical Center, Indianapolis, IN 46202; ³Department of Psychiatry, Indiana University School of Medicine, Indianapolis, IN 46202; ⁴Department of Psychiatric Rehabilitation and Behavioral Health Care, University of Medicine and Dentistry of New Jersey, Scotch Plains, NJ; ⁵Department of Psychiatry, University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ; ⁶Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, NJ

Research has paradoxically linked awareness of illness to both better function outcomes and lesser hope and self-esteem. One possible explanation for these findings is that acceptance of having schizophrenia may impact outcomes differently depending on the meanings the person attaches to this acceptance, particularly whether he or she accepts stigmatizing beliefs about mental illness. To explore this possibility we performed a cluster analysis of 75 persons with schizophrenia spectrum disorders based on single

Relative to persons with other psychiatric disorders, persons with schizophrenia spectrum disorders are often unaware or willfully contest that they have what others think to be a mental illness.^{1,2} Taken as a whole, this phenomenon, often referred to as “lack of awareness” or “poor insight,” has shown a pattern of apparently contradictory associations with outcome. For instance, poor insight has been linked to poorer treatment adherence,^{3,4} poorer clinical outcome,⁵ poorer social function,^{6–8} vocational dysfunction,⁹ and difficulties developing working relationships with mental health professionals.¹⁰ On the other hand, greater insight has been associated with higher levels of dysphoria,^{11–14} lowered self-esteem,¹⁵ and decreased well-being and quality of life.^{16–21}

One possible explanation for the seemingly contradictory findings is that the impact of the acceptance of schizophrenia depends on the meanings persons attach to schizophrenia.²² For example, if one believes the illness means that he or she is not capable of achieving valued social roles, then awareness could lead to hopelessness

Study 1

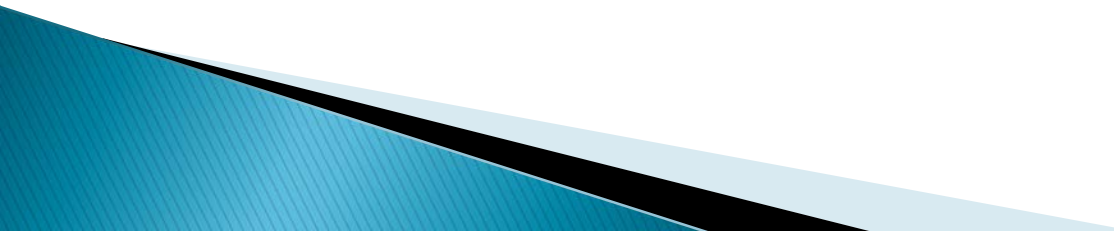
- Insight has been found to be associated with both positive outcomes (better functioning) and negative outcomes (greater depression/hopeless), depending on the study
 - Does self-stigma moderate the impact of insight on functioning and hope, such that individuals with high insight and low self-stigma have better outcomes than individuals with high insight and high self-stigma?
- 

Internalized Stigma Moderating Impact of Awareness

(Lysaker, Roe & Yanos, 2007)

	Low Insight, Low Stigma (n = 21)	High Insight, Low Stigma (n = 24)	High Insight, High Stigma (n = 26)
Self-Esteem* (3 < 1, 2)	32.9	32.9	25.7
Hope* (3 < 1, 2)	14.8	16.3	11.6
Social Relationships* (2 > 1, 3)	18.1	23.3	18.4
Positive Symptoms* (2 < 1, 3)	17.7	12.9	17.2

Study 1 Take Home Message

- ▶ “Advantage” of insight is lost when it is combined with self-stigma
 - ▶ People with high insight and high self-stigma have greater symptoms, less hope, lower self-esteem, and worse social relationships than both people with high insight/low self-stigma, and people with low insight/low self-stigma
- 

Pathways Between Internalized Stigma and Outcomes Related to Recovery in Schizophrenia Spectrum Disorders

Philip T. Yanos, Ph.D.

David Roe, Ph.D.

Keith Markus, Ph.D.

Paul H. Lysaker, Ph.D.

Objective: The mechanisms by which internalized stigma affects outcomes related to recovery among people with severe mental illness have yet to be explicitly studied. This study empirically evaluated a model for how internalized stigma affects important outcomes related to recovery.

Methods: A total of 102 persons with schizophrenia spectrum disorders completed measures of internalized stigma, awareness of mental illness, psychiatric symptoms, self-esteem, hopefulness, and coping. Path analyses tested a predicted model and an alternative model for the relationships between the variables. **Results:** Results from model 1 supported the view that internalized stigma increases avoidant coping, active social avoidance, and depressive symptoms and that these relationships are mediated by the impact of internalized stigma on hope and self-esteem. Results from model 2 replicated significant relationships from model 1 but also supported the hypothesis that positive symptoms may influence hope and self-esteem. **Conclusions:** Findings from two models supported the hypothesis that internalized stigma affects hope and self-

proving both subjective and objective outcomes in this population (5,6).

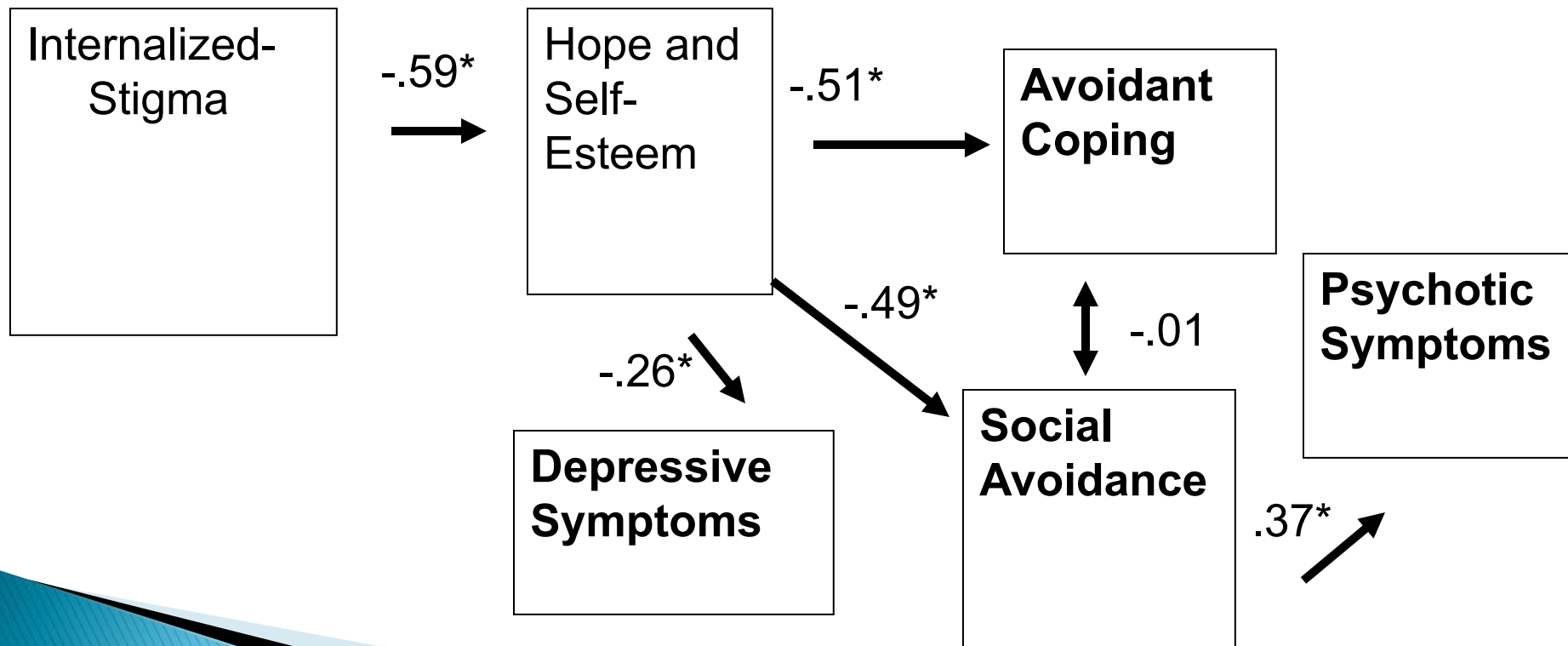
A type of identity transformation that may affect many people with severe mental illness is the internalization of stereotypic or stigmatizing views (7–11). The state in which a person with severe mental illness loses previously held or hoped for identities (self as student, self as worker, self as parent, and so on) and adopts stigmatizing views (self as dangerous, self as incompetent, and so on) is typically referred to as “internalized stigma.” As an illustration, a person with a college degree and prior aspirations to

Study 2

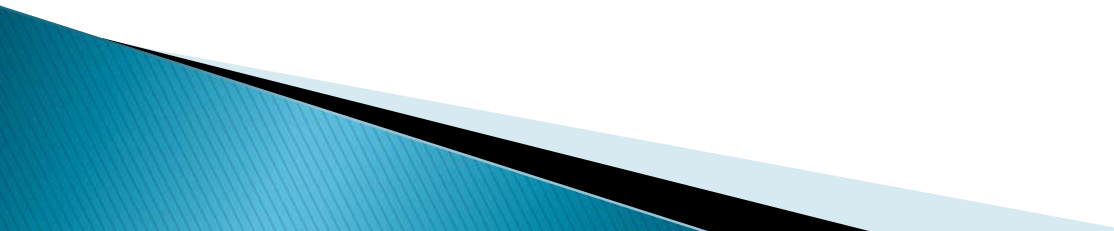
- ▶ Path analysis examining support for overall model of effects of self-stigma on outcomes related to recovery

Test of Model for Impact of Internalized Stigma on Recovery-Related Outcomes (Yanos, Markus, Roe, & Lysaker, 2008)

Markus, Roe, & Lysaker, 2008)



Study 2 Take Home Message

- ▶ Most of the relationships we hypothesized were supported
 - ▶ Self-stigma strongly predicted lower hope/self-esteem, which in turn predicted more avoidant coping, depressed mood, and greater social avoidance
 - ▶ Controlling for psychotic symptoms did not affect the strength of these relationships
- 



Brief report

Internalized stigma as a barrier to improvement in vocational functioning among people with schizophrenia-spectrum disorders

Philip T. Yanos^{a,*}, Paul H. Lysaker^{b,c}, David Roe^d

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ABSTRACT

We examined the relationship between internalized stigma and changes in vocational function. Persons with schizophrenia or schizoaffective disorder ($n = 78$) were assessed at baseline and 5 months after vocational rehabilitation. Internalized stigma and cognitive-behavioral treatment predicted change in vocational functioning, supporting the view that internalized stigma compromises vocational outcomes.

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1. Introduction

Research has increasingly revealed that recovery from severe mental illness involves non-linear changes across semi-independent domains (Roe, 2001). Previously, we proposed a model for how internalized stigma, or the process by which people come to apply

examined in our path analysis (excluding participants who had dropped out at 5-month post assessment).

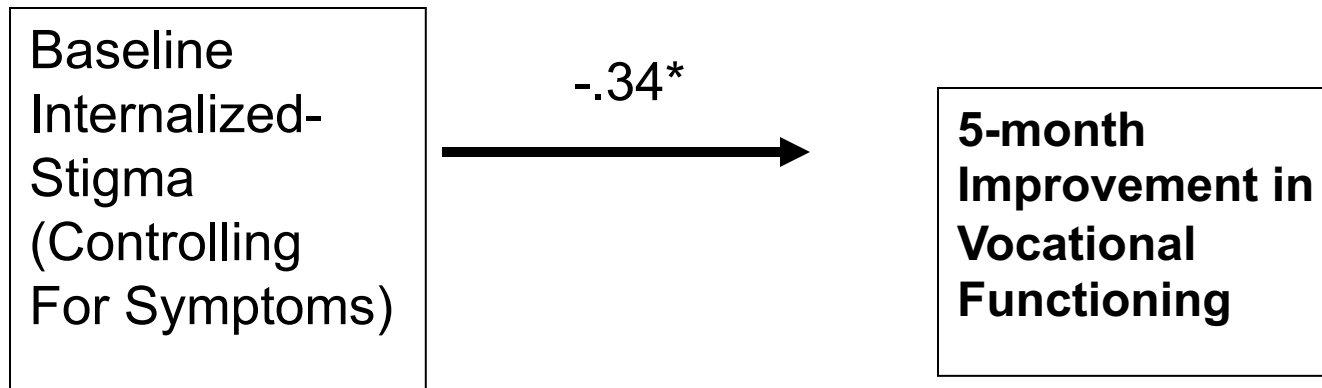
2. Methods

2.1. Participants

Study 3

- ▶ Examined the effect of self-stigma on vocational outcomes using longitudinal data
- ▶ Data came from a vocational rehabilitation project where all participants were offered work opportunities and followed up 5 months later

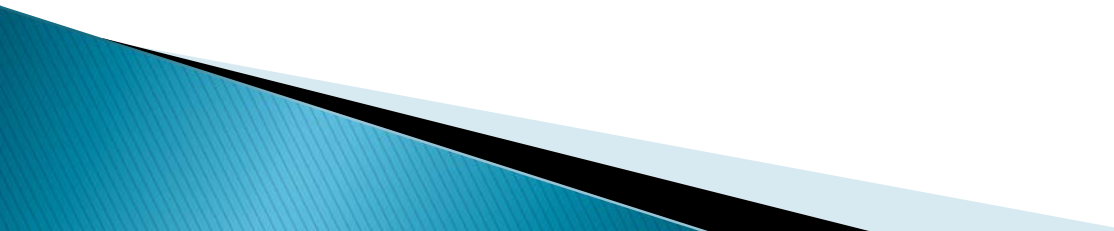
Test of Model for Impact of Internalized Stigma on Vocational Outcomes (Yanos, Lysaker, & Roe, 2010)



Take Home Message from Study 3

- ▶ Degree of internalized stigma significantly predicted degree of vocational functioning 5 months later, even when controlling for symptoms

Meta-Analyses of Impact of Self-Stigma

- ▶ Livingston & Boyd (2010) conducted a meta-analysis of 127 studies examining consequences of self-stigma
 - ▶ Significant effects were found for hope (–.58), self-esteem (–.55), self-efficacy (–.54), quality of life (–.47), symptom severity (.41), treatment adherence (–.38), and social support (–.28)
 - ▶ Gonzalez-Sanguino et al. (2020) conducted a meta-analysis of 45 studies conducted since 2010
 - ▶ Significant effects were found for self-esteem (–.50), subjective quality of life (–.47), hope (–.43), depressive symptoms (.46), and subjective recovery (–.51)
- 



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Review article

The impact of illness identity on recovery from severe mental illness: A review of the evidence

Philip T. Yanos^{a,*}, Joseph S. DeLuca^a, David Roe^b, Paul H. Lysaker^{c,d}

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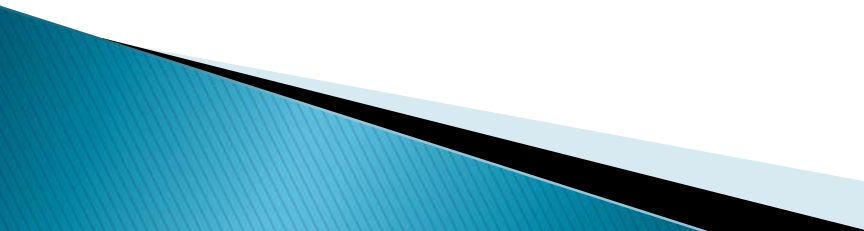
Keywords:

Self-stigma
Identity
Insight
Recovery

ABSTRACT

The “Illness Identity” model proposed that self-stigma impacts hope and self-esteem and subsequently leads to a cascade of negative effects on outcomes related to recovery among people diagnosed with severe mental illnesses. The purpose of the present review is to take stock of research support for the model. The citation index SCOPUS was reviewed for all papers published in peer-reviewed journals in English between 2010 and 2019 citing one of the initial 3 articles discussing the model: 111 studies met inclusion criteria and were reviewed. The most frequently tested, and supported, aspects of the model were relationships between self-stigma and self-esteem, hope, psychiatric symptoms and social relationships. Least frequently studied areas were relationships with suicide, avoidant coping, treatment adherence and vocational functioning, although they were supported in the majority of studies. The “insight paradox” was also tested in a relatively small number of studies, with mixed results. Findings were robust to geographic location of study, method, and subpopulation studied. Findings indicate that a large body of research has tested, and largely supported, the various components of the Illness Identity model, although some components need further investigation and there is a need for more comprehensive tests of the model.

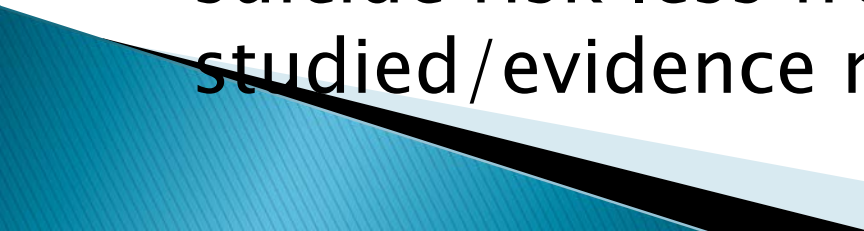
Review of Studies Assessing Components of “Illness Identity Model” (Yanos, DeLuca, Lysaker & Roe, 2020)

- ▶ 111 studies included in review
 - ▶ 23,609 participants
 - ▶ 43 countries
 - ▶ 16 prospective studies
 - ▶ 47% Schizophrenia or Schizophrenia spectrum, 18% mixed Severe Mental Illness, 21% mixed mental illness, 8% First Episode Psychosis or Clinical High Risk, 6% bipolar disorder or depression only
- 

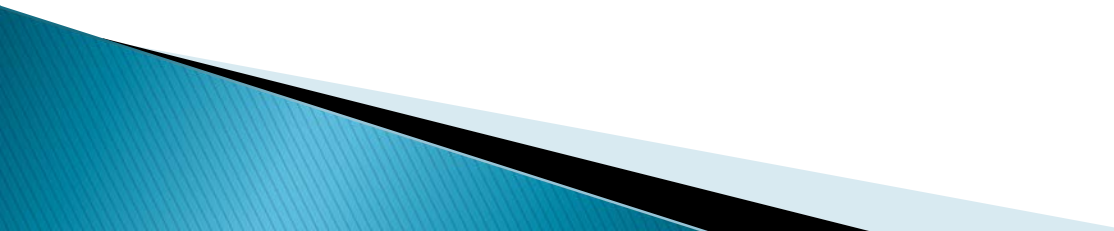
Review Findings

- ▶ 9 of 14 studies supported the *“insight paradox”*
- ▶ 14 of 14 studies supported link with *hopelessness*
- ▶ 38 of 41 studies supported link with *self-esteem*
- ▶ 6 of 8 studies supported link with *suicide risk*
- ▶ 5 studies supported link with *avoidant coping*
- ▶ 14 of 15 studies supported link with *treatment adherence*
- ▶ 26 of 30 studies supported link with *social interaction*
- ▶ 10 of 15 studies supported link with *employment*
- ▶ 51 of 62 studies supported link with *symptom severity* (usually depressive symptoms)

Conclusion

- ▶ Relationships generally supported across populations and locations, but majority of evidence is with schizophrenia–spectrum disorders in studies in Europe, North America and East Asia
 - ▶ Relationships with social interaction, hope and self–esteem most consistently tested/supported
 - ▶ Relationships with work, coping, and suicide risk less frequently studied/evidence more mixed
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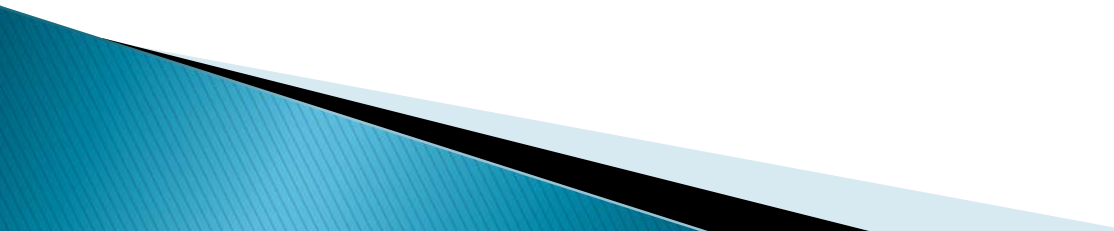
Summary of Scope of Problem

- ▶ Negative stereotypes are still commonly endorsed by community members (70% expect violence)
 - ▶ Anticipated discrimination is the norm among people with mental illness (endorsed by 70%)
 - ▶ Elevated self-stigma among people with mental illness is common (experienced by roughly 35%)
 - ▶ Self-stigma is associated with a range of negative outcomes related to recovery
- 

Possible Solutions: Self-Stigma



Interventions for Changing Identity: Peer-Led Services

- ▶ Theoretical discussions of how peer-led services work emphasize the importance of developing alternatives to the “patient” identity (Mead et al., 2001)
 - ▶ Qualitative research on the impact of participation in the mental health peer/user movement supports that participation in these organizations can facilitate recovery by encouraging participants to transform identities of “mental patient” to “advocate” (McCoy & Aronoff, 1994; Onken & Slaten, 2000).
 - ▶ Quantitative research indicates that participation in peer/user-led services is related to increased personal “empowerment”
- 



Participation in Peer Support Services and Outcomes Related to Recovery

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Objective: This article presents findings from a naturalistic study that explored the impact of peer support participation on recovery-related outcomes over a 6-month period. In particular, this study hoped to fill gaps in the literature regarding the process through which personal change occurs in peer support organizations. **Method:** Fifty people newly involved in services provided by Baltic Street AEH (Advocacy, Employment, Housing), a consumer-operated organization, participated in the study. Participants were interviewed at entry and 3- and 6-month follow-up. Attendance records were reviewed to determine the number of days attended, and the sample was divided into 2 categories: minimal or nonattenders ($n = 25$) and moderate or high attenders ($n = 21$). The relationship between attendance and outcomes related to recovery over time was examined using a mixed effect regression analysis, allowing data to be included for participants with at least 1 follow-up interview ($n = 38$). **Results:** Relative to minimal or nonattenders, moderate or high attenders showed statistically significant improvements over time in internalized stigma, self-esteem–self-efficacy, and community activism–autonomy. No statistically significant differences were observed between groups in hopelessness, social functioning, symptom sever-

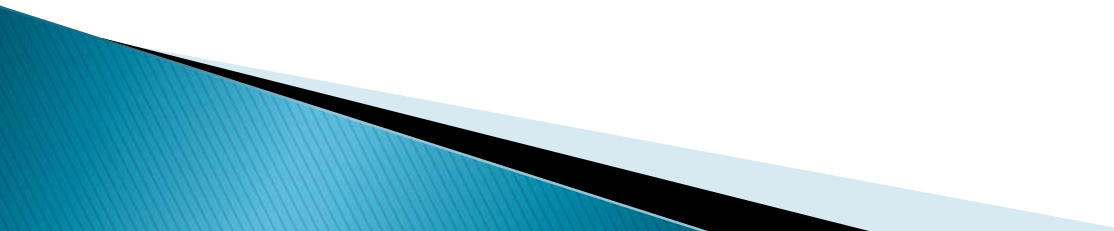
Effects of Peer Support Participation on Self-Stigma and Self-Efficacy

Table 2

Mixed Effects Regression Effects for Group (Moderate or High Attenders vs. Minimal or Nonattenders) \times Time Interaction ($n = 38$)

Measure and attendance category	Baseline ($n = 38$)		3 months ($n = 34$)		6 months ($n = 31$)		df	Interaction parameter estimate ^a	F	p
	M	SD	M	SD	M	SD				
ISMI: Total							1, 63	.16	7.55	.01
Moderate or high attender	1.32	0.43	1.16	0.4	1.08	0.27				
Minimal or nonattender	1.23	0.27	1.27	0.32	1.29	0.29				
ES: Self-esteem–self-efficacy ^a							1, 63	.20	7.36	.01
Moderate or high attender	1.92	0.69	1.98	0.67	1.66	0.42				
Minimal or nonattender	1.93	0.52	1.99	0.41	2.12	0.45				

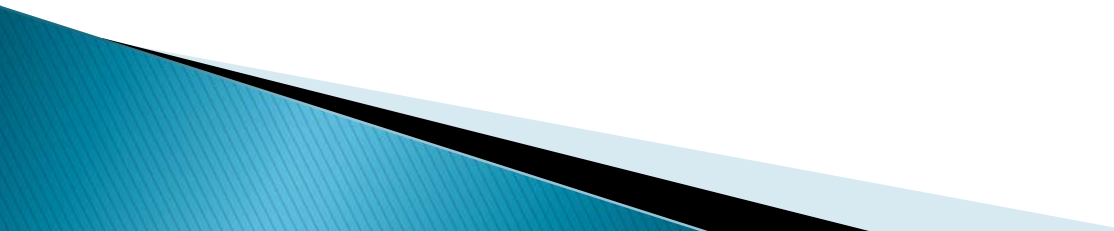
Naturalistic Study of Participation in Peer Support and Change in Self-Stigma

- ▶ We found that, among “new participants” in peer support services, persons who regularly attended services showed a significant decrease in self-stigma as well as an increase in self-esteem in comparison with those who did not regularly attend
- 

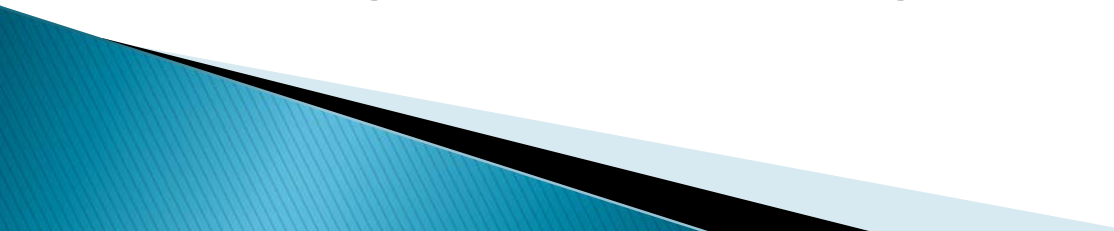
Meta-Analysis of Peer Support Interventions on Self-Stigma

- ▶ Burke et al. (2019) conducted a meta-analysis of the effect of peer support interventions on self-stigma and empowerment, and found support an impact of peer-led group interventions it contrast with treatment as usual

Are There Professional Interventions Available to Facilitate the Change in Self-Stigma?

- ▶ Yes, although the area is in its infancy and none are yet “evidence-based”
 - ▶ Treatment approaches developed that show promise include Narrative Enhancement and Cognitive Therapy (Yanos, Roe, & Lysaker, 2011)
- 

Narrative Enhancement and Cognitive Therapy (NECT)

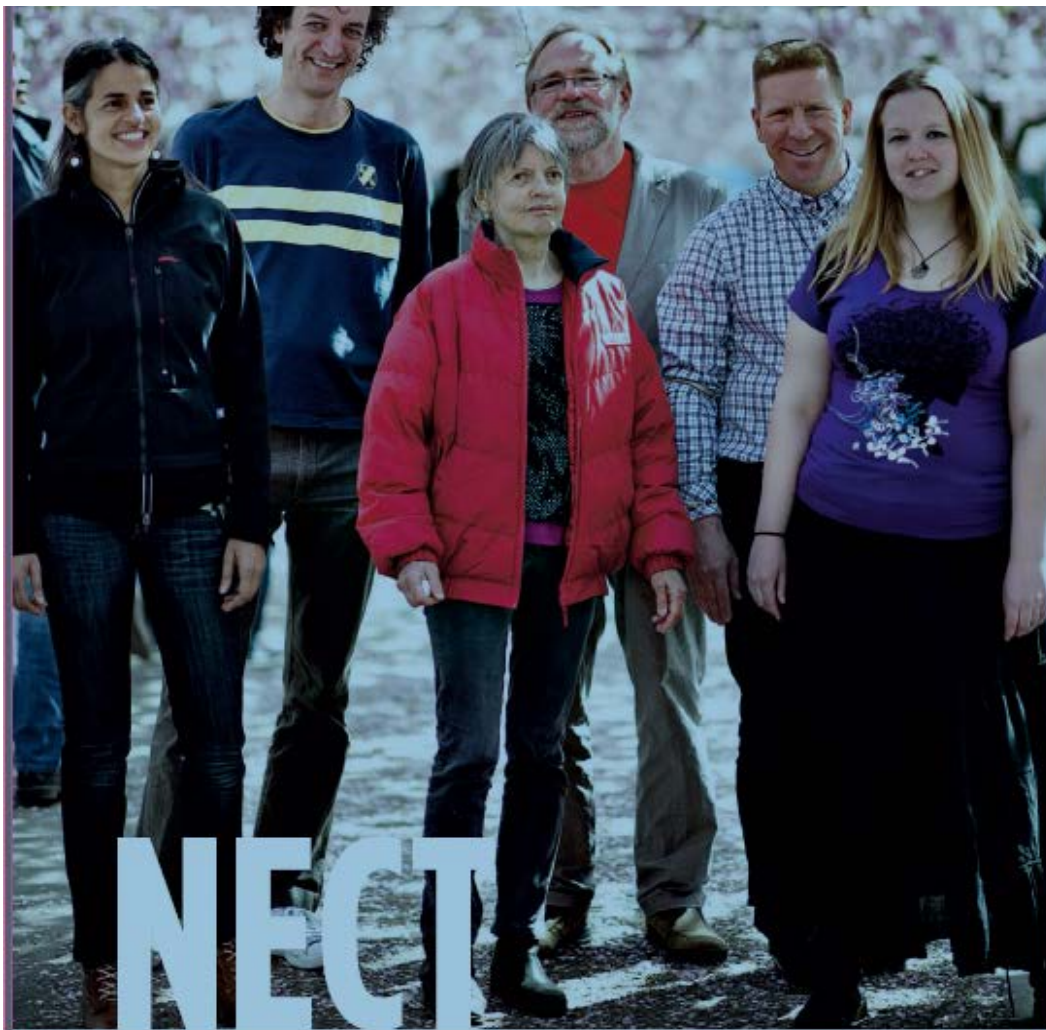
- ▶ Developed by myself and colleagues (Lysaker and Roe)
 - ▶ 20 session manualized group intervention
 - ▶ Consists of 3 elements:
 - Psychoeducation to help replace stigmatizing views about mental illness and recovery with empirical findings
 - Cognitive restructuring geared toward teaching skills to challenge negative beliefs about the self
 - Story-telling exercises (narrative enhancement) geared toward improving one's ability to integrate empowering themes into one's life story
- 

NARRATIVE ENHANCEMENT AND COGNITIVE THERAPY FOR SELF-STIGMA

Group Treatment Manual

(Participant's Workbook)

Philip T. Yanos, Ph.D.
David Roe, Ph.D.
Paul H. Lysaker, Ph.D.



Att utveckla sin personliga historia och minska självstigma

Arbetsbok för deltagare



החוג לבריאות נפש קהילתית
הפקולטה למדעי הרווחה והבריאות אונ' חיפה



Narrative Enhancement and Cognitive Therapy for Self-Stigma (NECT)

**הקבוצה להפחתת
סטיגמה עצמית
בקרב בני משפחה של אנשים
המתמודדים עם מחלת נפש**



MANUEL DU PARTICIPANT

NECT

Programme de
Renforcement Narratif et
de Thérapie Cognitive de
l'Auto-Stigmatisation

NECT en Español

▶ Auto-estigma

- ▶ Antes de hablar sobre el auto-estigma es importante destacar que el auto-estigma es causado por la sociedad. Si no existiera ningún estigma en la sociedad, no habría auto-estigma. Por lo tanto, el auto-estigma no es culpa de la persona que lo experimenta.
- ▶ El auto-estigma se refiere al proceso durante el cual las personas internalizan lentamente las actividades estigmatizadoras de la sociedad y llegan a pensar negativamente de sí mismos, con frecuencia de manera similar a la manera negativa en la que son percibidas por la sociedad.

NECT in Mandarin

敘事增強暨認知治療

團體治療手冊

(參加者手冊)

原作者：

Philip T. Yanos, Ph.D.

David Roe, Ph.D.

Paul H. Lysaker, Ph.D.

Research Findings on NECT

- ▶ Evidence comes from 4 studies:
 - a quasi-experimental study conducted in Israel
 - A small RCT conducted in the US
 - An RCT conducted in Gothenburg, Sweden
 - An recently completed RCT in the US

Narrative Enhancement and Cognitive Therapy (NECT) Effectiveness: A Quasi-Experimental Study

David Roe,¹ Ilanit Hasson-Ohayon,² Michal Mashiach-Eizenberg,³ Oren Derhy,⁴
Paul H. Lysaker,⁵ and Philip T. Yanos⁶

¹University of Haifa

²Bar Ilan University

³Max Stern Academic College of Emek Yezreel

⁴Israeli Psychiatric Rehabilitation Association

⁵Roudebush VA Medical Center and the Indiana University School of Medicine

⁶City University of New York

Objective: Accumulated evidence suggests that approximately one third of people with a serious mental illness (SMI) experience elevated self-stigma. Narrative enhancement and cognitive therapy (NECT) is a structured group-based intervention aimed to reduce self-stigma. The current study aims to examine the effectiveness of NECT. A quasi-experimental design. **Design:** Baseline and follow-up data were collected and outcomes were compared between 63 persons with SMI who participated in NECT and 56 persons who received treatment as usual. **Results:** The NECT treatment group showed significant ($p < .05$) reductions in self-stigma and increases in self-esteem, quality of life, and Hope-Agency scores between pre- and posttreatment assessments, compared with the control group. **Conclusions:** The current results provide preliminary support for the use of NECT as an effective treatment to reduce self-stigma and its implications for treatment and practice are discussed. © 2013 Wiley Periodicals, Inc. *J. Clin. Psychol.* 00:1–10, 2013.

Keywords: self-stigma; serious mental illness; recovery

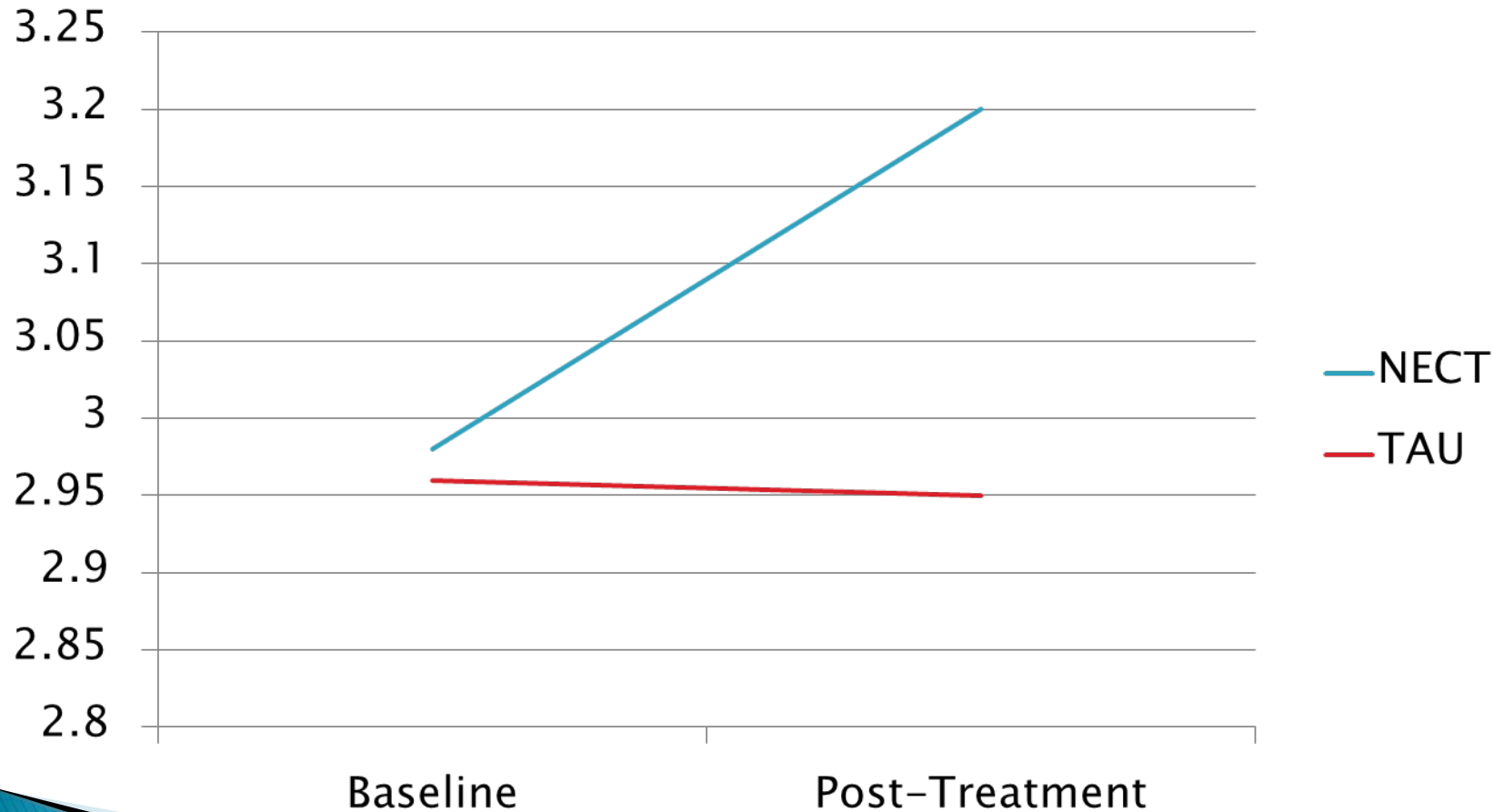
Approximately one third of people with a serious mental illness (SMI) experience elevated self-stigma (Ritsher & Phelan, 2004; Brohan, Elgie, Sartorius, & Thornicroft, 2010; West, Yanos, Roe, & Lysaker, 2011). Self-stigma refers to the acceptance by a person with SMI that stigmatizing views (e.g., dangerousness) widely held by the general public apply to themselves. Research has shown that self-stigma is negatively linked to both subjective and objective aspects of recovery, including hopelessness (McCay & Seeman, 1998; Lysaker, Roe, & Yanos, 2007; Yanos, Roe, Markus, & Lysaker, 2008), diminished self-esteem (Corrigan, Watson, & Barr, 2006; Watson, Corrigan, Larson, & Sells, 2007; Yanos et al., 2008), shame (Hasson-Ohayon et al., 2012), meaning in life (Ehrlich-Ben Or et al., 2013), and fewer social relationships (Lysaker et al., 2007).

Narrative Enhancement and Cognitive Therapy: Preliminary Findings from Quasi-Experimental Study in Israel (Roe et al., 2014)

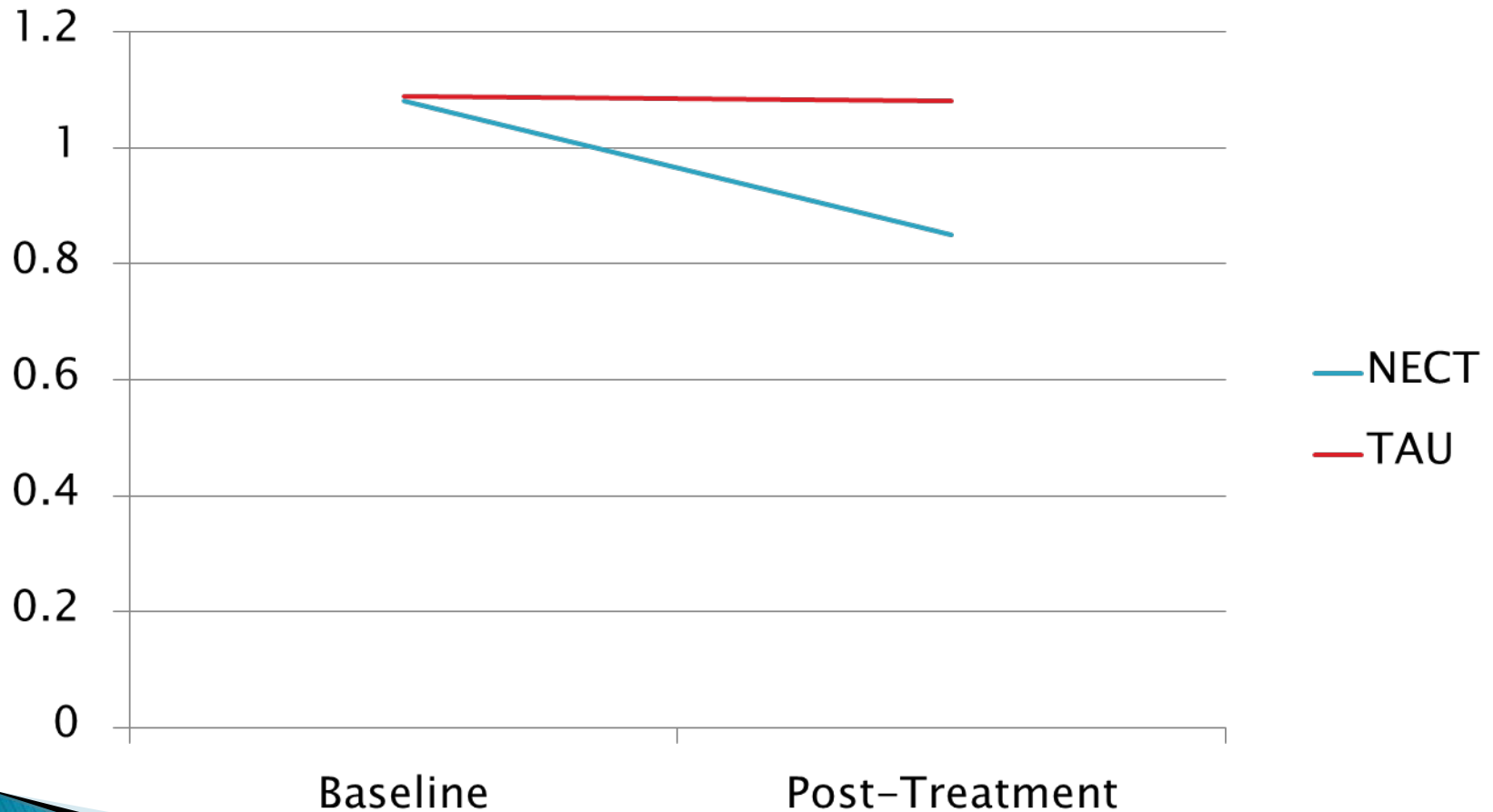
Variable	NECT Time 1 M (SD) N= 63	NECT Time 2 M (SD) N= 63	TAU Time 1 M (SD) N= 56	TAU Time 2 M (SD) N= 56	F (Time x Group)	P	Cohen 's D
ISMI – Total (0-3)	1.08 (0.55)	.85 (0.49)	1.09 (0.54)	1.08 (0.57)	7.81	<.01	0.51
Subjective Quality of Life (QOL) (1-7)	4.51 (1.11)	4.73 (0.92)	4.44 (1.13)	4.32 (1.01)	4.20	<.05	0.38
Hope-Total Scale (1-8)	5.83 (1.42)	6.22 (1.16)	5.70 (1.30)	5.80 (1.43)	1.74	ns	0.25
Hope-Pathway	6.03 (1.35)	6.19 (1.26)	5.79 (1.36)	5.92 (1.49)	0.02	ns	0.03
Hope-Agency	5.63 (1.67)	6.25 (1.29)	5.61 (1.63)	5.68 (1.70)	4.19	<.05	0.38
Self-Esteem (1-4)	2.98 (0.59)	3.20 (0.51)	2.96 (0.57)	2.95 (0.49)	9.37	<.01	0.56

Change in Self-Esteem in Israel

Study (Significant Change in Contrast with Treatment as Usual)



Change in ISMI in Israel Study (Significant Change in Contrast with Treatment as Usual)



Group-Based Treatment for Internalized Stigma Among Persons With Severe Mental Illness: Findings From a Randomized Controlled Trial

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City University of New York

David Roe
University of Haifa

Michelle L. West and Stephen M. Smith
City University of New York

Paul H. Lysaker
Indiana University School of Medicine

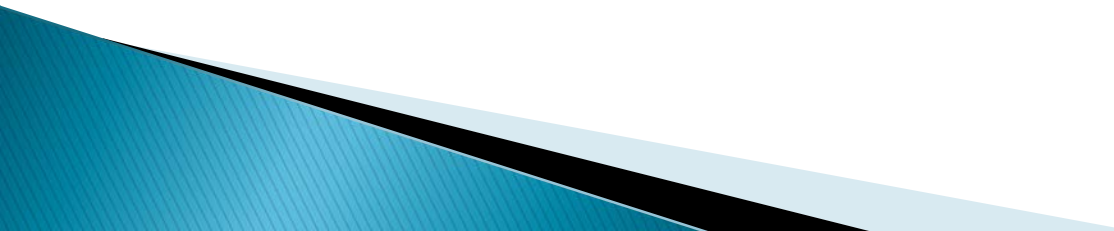
Elevated internalized stigma is common and is linked to subjective and objective outcomes for severe mental illness. The authors developed a manualized group-based intervention (Narrative Enhancement/Cognitive Therapy; NECT) to address internalized stigma in severe mental illness. The purpose of the present study was to evaluate the feasibility and effectiveness of NECT. In total, 144 individuals were screened at two sites to evaluate if they met criteria for “elevated” internalized stigma; 39 and were eligible were randomized to NECT or to treatment as usual (TAU) and were assessed at baseline, posttreatment, and 3-month follow-up. Fifteen of the 21 individuals assigned to NECT were classified as “exposed” to treatment. Intent-to-treat analyses found no significant difference between the NECT and TAU groups. A comparison of exposed versus unexposed participants noted trends for exposed participants to have improved more in two aspects of self-stigma as well as insight. We conclude that NECT is feasible and tolerable, but findings did not support the hypothesis that NECT was more effective than TAU, although small sample size and significant dropout may have restricted the ability to detect an effect.

Keywords: self-stigma, severe mental illness, narrative

Internalized stigma, or self-stigma, refers to the process by which people with severe mental illness adopt stigmatizing views (e.g., dangerousness, incompetence) widely held by the general public. Evidence suggests that roughly one

2010; West et al., 2011) and that it is linked to hopelessness, diminished self-esteem, and restricted social relationships (Livingston & Boyd, 2010; Muñoz et al., 2011; Watson et al., 2007; Yanos et al., 2008).

Narrative Enhancement and Cognitive Therapy: Preliminary RCT Findings

- ▶ We conducted a small RCT of NECT with 39 mental health consumers in New York and Indiana (Yanos et al., 2012)
 - ▶ In addition to the small sample size, significant dropout from the control group was an issue
 - ▶ Nevertheless, we observed non-significant trends in improvement in the stereotype endorsement subscale of the ISMI and in insight
- 

RCT in Gothenburg, Sweden

- ▶ Randomized controlled trial using a waitlist control group conducted in 2015–2016 (Lars Hansson, PI)
- ▶ Data collection before and after NECT group and at a 6 month follow-up (experimental group only), and before and after wait-list period (control group)
- ▶ Participation in NECT was associated with significant improvement in contrast with wait-list: lowered self-stigma (effect size = .5) and improved self-esteem (effect size = .5)
- ▶ Improvement was sustained at 6 months after the intervention

ORIGINAL PAPER

The effectiveness of narrative enhancement and cognitive therapy: a randomized controlled study of a self-stigma intervention

Lars Hansson¹  · Annika Lexén¹ · Joacim Holmén²

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Abstract

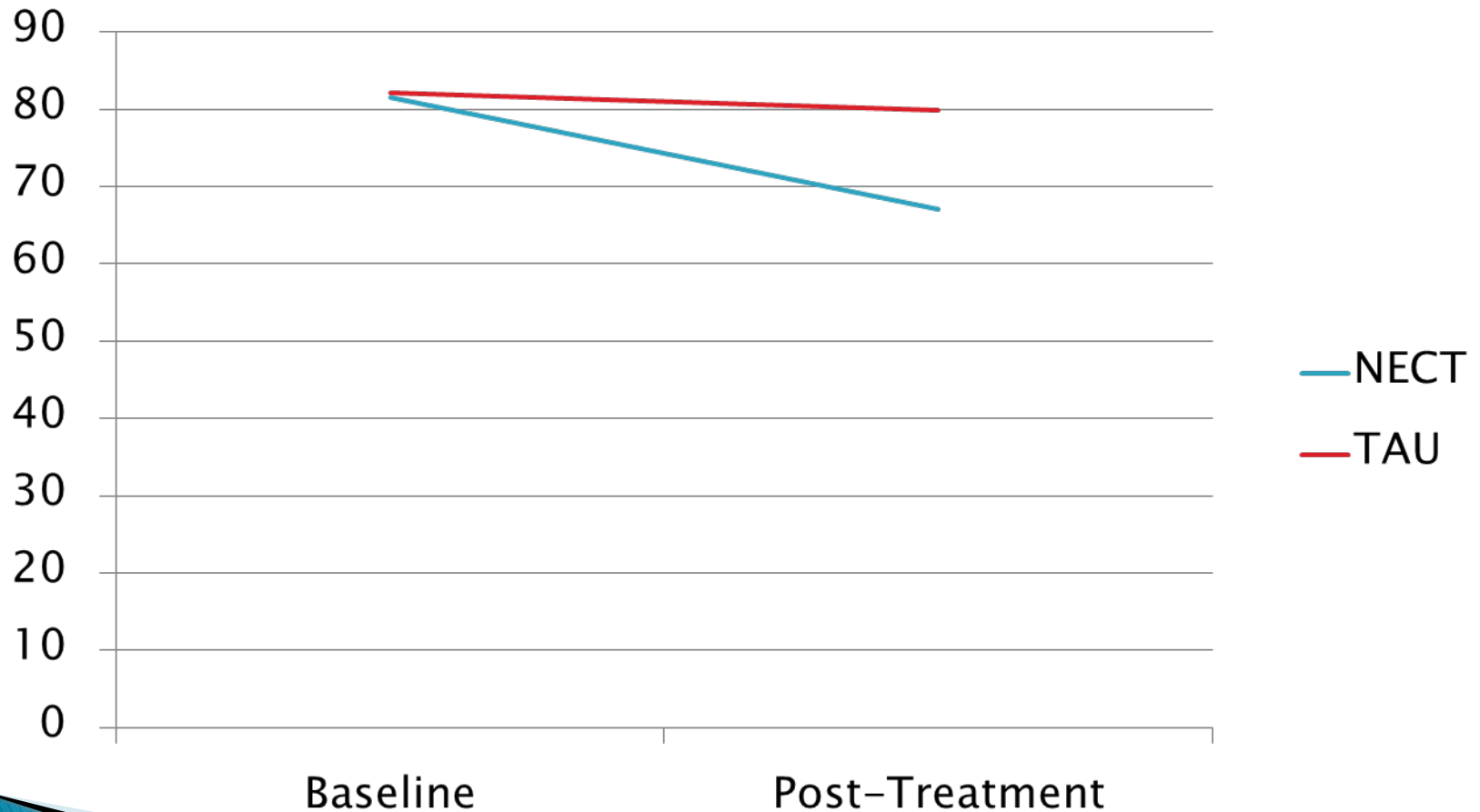
Purpose Stigma has been proposed to be one of the most serious obstacles to successful treatment, rehabilitation and

Conclusions The conclusion of the present study is that, using a sample size with adequate power, NECT seems to be an effective intervention with regard to diminishing self-

RCT in Gothenburg, Sweden (Hansson, Lexen & Holmen, 2017)

Variable	NECT Time 1 M (SD) N= 53	NECT Time 2 M (SD) N= 53	TAU Time 1 M (SD) N= 53	TAU Time 2 M (SD) N= 53	P	Cohen 's D
SSMIS	81.5 (20.1)	67 (24.6)	82.1 (23.7)	79.9 (26.5)	<.01	0.5
Self-Esteem	24.2 (6.6)	27.1 (5.5)	25.2 (6.4)	24.7 (5.7)	<.01	0.5
Subjective QOL	50.6 (10.6)	54.5 (12.5)	51.3 (11.1)	52.1 (11.2)	ns	0.25

Change in Self-Stigma in Gothenburg Study



Maintenance of Change After 6 Months Among NECT Participants in Gothenburg, Sweden (Hansson, Lexen & Holmen, 2017)


Table 4 Changes in self-stigma, self-esteem and quality of life between baseline and 6-month follow-up in the intervention group ($N = 35$)

Scale	Baseline m, sd	Follow-up m, sd	<i>p</i> value*	Effect size	95% CI
Self stigma	79.71 ± 17.27	68.40 ± 21.76	0.001	0.58	0.09–1.05
Self-esteem	25.57 ± 6.52	28.30 ± 5.82	0.008	0.44	0.04–0.91
Quality of life	51.43 ± 9.80	52.76 ± 12.90	NS		

* Paired sample *t* test



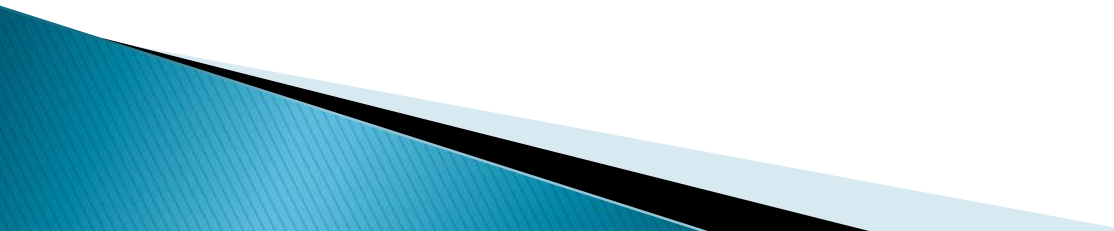
A randomized-controlled trial of treatment for self-stigma among persons diagnosed with schizophrenia-spectrum disorders

Philip T. Yanos¹  · Paul H. Lysaker² · Steven M. Silverstein³ · Beth Vayshenker⁴ · Lauren Gonzales⁵ · Michelle L. West⁶ · David Roe⁷

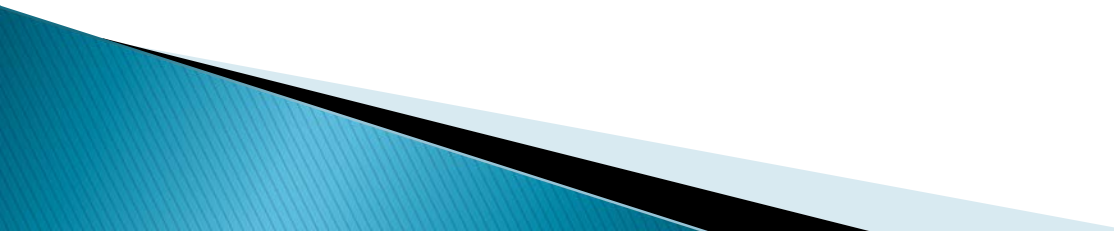
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Abstract

Recently Completed NIMH–Funded Study (Yanos et al., 2019)

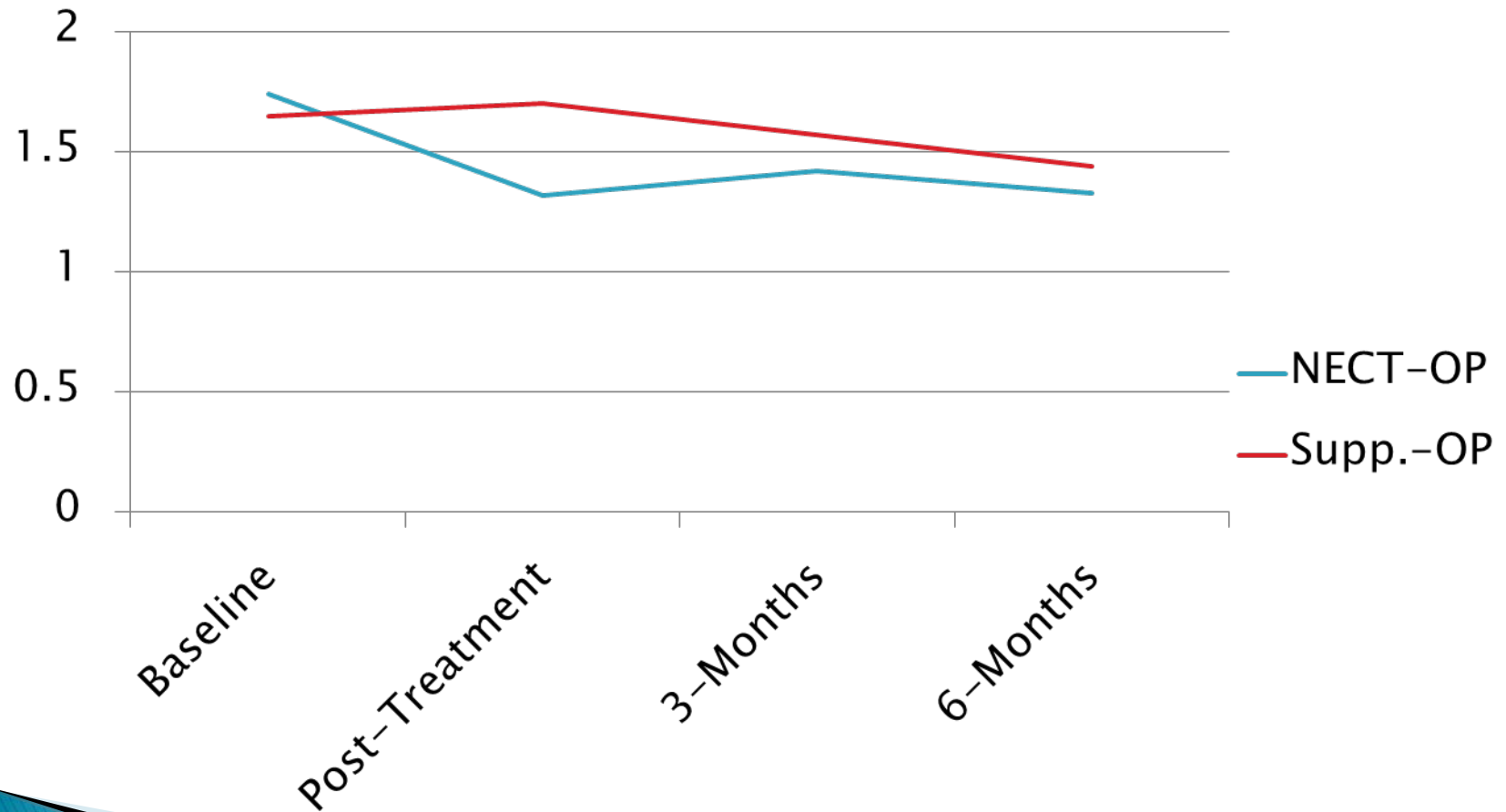
- ▶ Included 170 persons recruited in New Jersey and Indianapolis, IN
 - ▶ Only persons with schizophrenia/schizoaffective disorder and evidence of moderate to elevated self-stigma were eligible
 - ▶ Participants meeting inclusion criteria were randomly assigned in equal numbers to NECT and supportive group therapy
- 

Participant Demographics

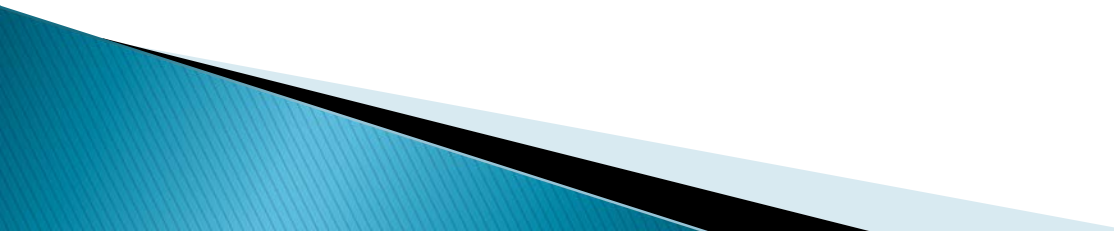
- ▶ 63% African–American, 23% European–American, 6% Latinx, 8% Asian–American and other
 - ▶ 60% Male, 39% Female, 1% Transgendered
 - ▶ 64% Schizophrenia, 36% Schizoaffective Disorder
 - ▶ Age Range: 21–71. Mean: 45.5 (SD 11.7)
 - ▶ Education Range: 3–24 years. Mean: 12.1 (SD 2.4)
 - ▶ Number of Past Hospitalizations: Mean: 8.5 (SD 11.9)
 - ▶ Age at First Hospitalization: Mean 23.5 (SD 9.8)
- 

Change in ISMI at Outpatient Sites

(Significant Change in Contrast with Supportive Therapy at Outpatient Sites)



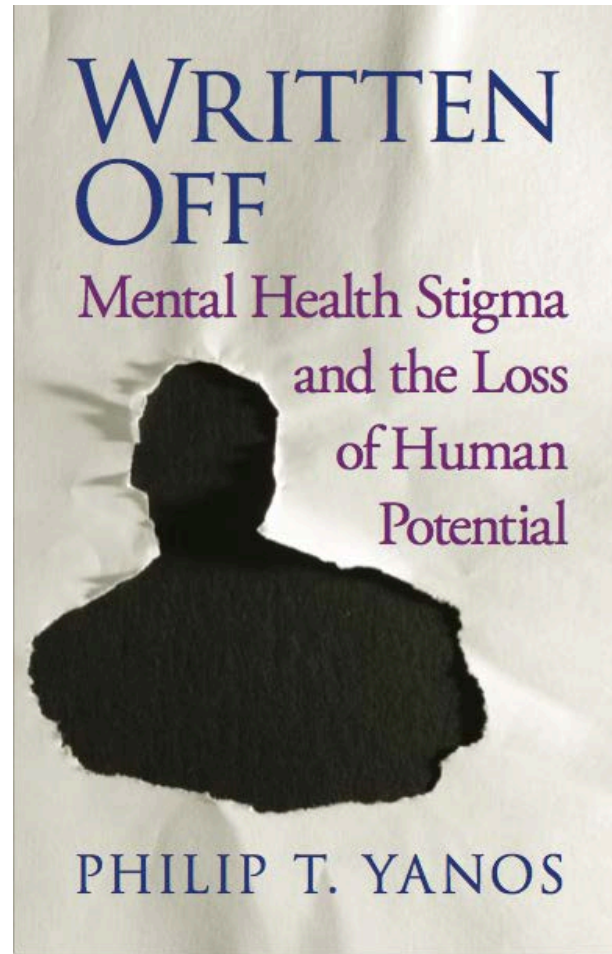
Conclusions Regarding NECT

- ▶ Findings from Gothenburg RCT and Israeli non-randomized trial suggest that NECT impacts self-stigma and self-esteem in comparison with treatment as usual with an effect size of roughly .5 (this is considered to be a “medium to large” effect)
 - ▶ Findings from US RCT suggest that it is effective when compared to an “active” control group, but has a greater impact in lower intensity service settings (outpatient settings)
- 

Conclusions Regarding Self-Stigma Interventions

- ▶ Evidence that both peer-led and professionally-led interventions can have a positive impact
- ▶ NECT demonstrates promise in impacting subjective outcomes impacted by self-stigma, and has translated well in multiple contexts

If You Are Interested In Learning More...



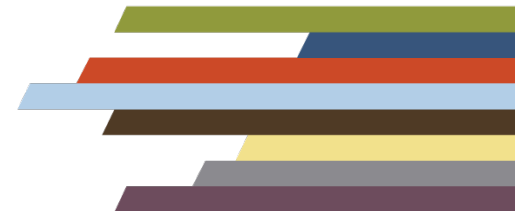
Q and A



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

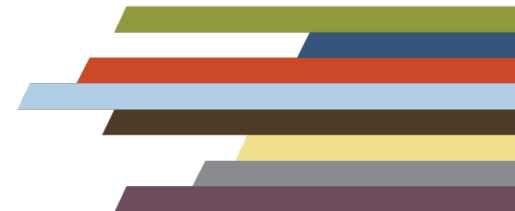
At the end of today's training please take a moment to complete a **brief** survey about today's training.



Northeast and Caribbean (HHS Region 2)

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Mental Health Technology Transfer Center Network
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Northeast and Caribbean (HHS Region 2)

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