

Exploring the Impact of Acceptance and Commitment Therapy (ACT) on Self-Stigma in Individuals with Psychosis in Hong Kong: A Pilot Study on ACT Group Intervention.

Leung KS, Chan SKW, Chang WC, Lam SBB, Cheung AK

- (1) Ms. Leung Kin Shan, Department of Clinical Psychology, Queen Mary Hospital; The University of Hong Kong (Presenter)
- (2) Prof. Chan Kit Wa Sherry, Department of Psychiatry, Queen Mary Hospital; The University of Hong Kong
- (3) Prof. Chang Wing Chung, Department of Psychiatry, Queen Mary Hospital; The University of Hong Kong
- (4) Dr. Lam Sui Bik Brenda, Department of Clinical Psychology, Queen Mary Hospital
- (5) Dr. Amanda Kingsze Cheung, Department of Psychology, The University of Hong Kong

Background

1. Psychotic disorders have a detrimental effect on cognitive and psychosocial functioning for patients and their families, causing longstanding health, social and financial burden on patients and their families.
2. The psychosis services worldwide and in Hong Kong focus on early intervention and aim to achieve *clinical remission* and *functional* recovery. Despite advancements in treatment and intervention for individuals with psychosis in Hong Kong, the functional recovery rate remained suboptimal (Chang et al., 2012; Chan et al., 2019)
3. Research indicated the issue of *self-stigma*, which involved the internalization of negative experiences related to mental illness and its associated mental health problems.
4. Research indicated interventions addressing self-stigmatization were necessary for promoting recovery in patients with mental illnesses.



Hong Kong West Cluster

Acceptance and Commitment Therapy (ACT)

1. Acceptance and Commitment Therapy (ACT) (Hayes et al., 2006) is a trans-diagnostic process-based approach targeting a central mechanism named *psychological flexibility*.
2. ACT interventions have proven effective in reducing stigma and shame in populations affected by mental illnesses.
3. Researchers in Hong Kong recently studied the efficacy of ACT intervention on self-stigma in patients with mental illnesses (Kao et al., 2023). Results showed a significant reduction in psychological inflexibility and an improvement in mindfulness within the ACT group.



RESEARCH GAP



Method – Survey

Objectives:

A cross-sectional study for investigating the association between self-stigma and psychological inflexibility, and the mediation model between psychological inflexibility, self-stigma, and psychiatric symptoms. Also, the association between individual ACT process and self-stigma shall be investigated.

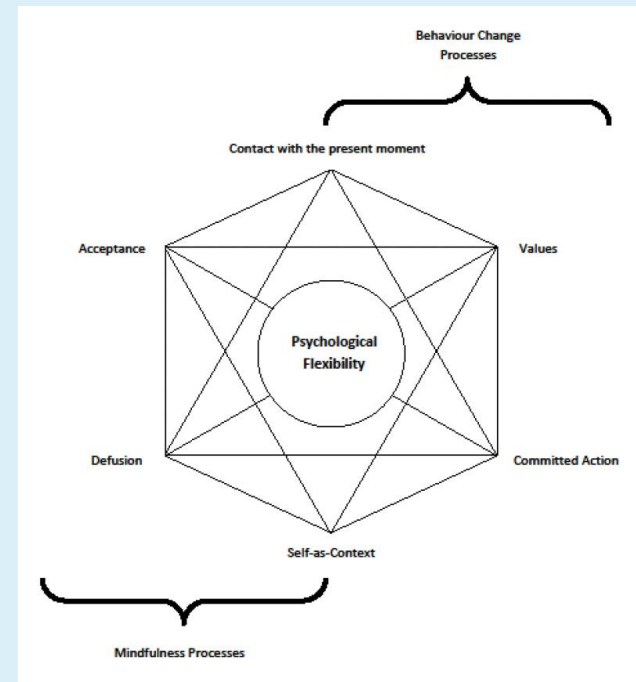
Method: Self-reported online or paper questionnaires

- 1) Multidimensional Psychological Flexibility Inventory (MPFI)
- 2) Self-Stigma Scale–Short Form (SSS-S)
- 3) Behavior and Symptom Identification Scale (BASIS-24)

Estimated sample size: 249

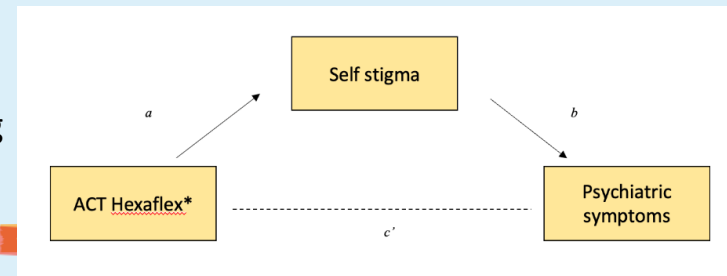
Participants:

- Participants with a psychiatric diagnosis including schizophrenia, depressive disorder, bipolar disorder, anxiety disorder will be recruited. Ages of 18 to 64. Proficient Chinese reading and writing abilities.



Hypothesis:

IV – psychological flexibility
DV – psychiatric symptoms
Mediators - self-stigma



Method – ACT Group Intervention

Objectives:

An intervention study for examining the effect of ACT intervention in reducing psychiatric symptoms through changing their self-stigma.

Method:

- Acceptance and Commitment Therapy group intervention. Adapted from protocol by New Life Psychiatric Rehabilitation Association (Kao et al., 2023) with modification for psychosis patients.
- Outcome measures shall be obtained at pre-intervention (**Week 0**), post-intervention (**Week 4**), and after 1 month (**week 8**) to examine the treatment effect.

Estimated sample size: 45

ACT Intervention group

Week 1 (In-person/ Online):

- Psychoeducation on self-stigma

Week 2 (In-person):

- Introduce experiential avoidance and the problems associated with it.
- Introduce concepts of acceptance and contact with the present moment.

Week 3 (In-person):

- Introduce cognitive defusion and self-as-context

Week 4 (In-person):

- Introduce the concept of value and introduce committed actions

Group content – Experiential exercises



以下一分鐘，
你可以容讓腦海自由活動，
想什麼都可以。



17



以下一分鐘，請盡你的所有能力不要想起



原来越叫自己唔諗，
就越會諗。。。。

19

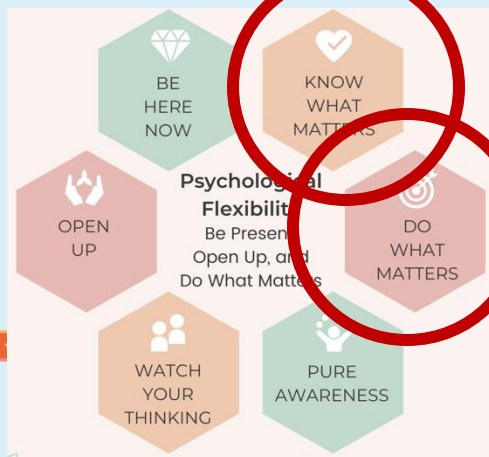
Group content – Experiential exercises

活動一：甜蜜的回憶



活動二：出席自己的追思會

- 你希望給人留下怎樣的印象？
- 你最希望親友怎樣懷念你？
- 你最想他們對你有何評價？
- 哪些一起經歷的片段最令你回味？



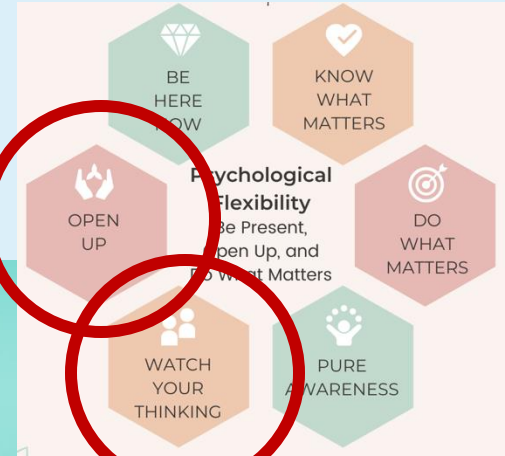
Hong Kong West Cluster

Group content – Metaphors

流沙的比喻



扯大纜的比喻



Group feedback

1. 整體來說，你對本治療小組感到 (請畫✓)

非常滿意	滿意	頗滿意	頗不滿意	不滿意	非常不滿意
	✓				

2. 本治療小組能否幫助你達至以下目標?(請畫✓)

	非常同意	同意	頗同意	頗不同意	不同意	非常不同意
何謂「自我污名」		✓				
逃避與靜觀		✓				
我們的念頭		✓				
認清價值、承諾行動		✓				

3. 本治療小組對你最有幫助的是：
靜觀如何幫助我們對抗自我污名

1. 整體來說，你對本治療小組感到 (請畫✓)

非常滿意	滿意	頗滿意	頗不滿意	不滿意	非常不滿意
✓					

2. 本治療小組能否幫助你達至以下目標?(請畫✓)

	非常同意	同意	頗同意	頗不同意	不同意	非常不同意
何謂「自我污名」	✓					
逃避與靜觀	✓					
我們的念頭	✓					
認清價值、承諾行動		✓				

3. 本治療小組對你最有幫助的是：
改觀很多東西,想法和看法和感受

1. 整體來說，你對本治療小組感到 (請畫✓)

非常滿意	滿意	頗滿意	頗不滿意	不滿意	非常不滿意
✓					

2. 本治療小組能否幫助你達至以下目標?(請畫✓)

	非常同意	同意	頗同意	頗不同意	不同意	非常不同意
何謂「自我污名」	✓					
逃避與靜觀	✓					
我們的念頭	✓					
認清價值、承諾行動	✓					

3. 本治療小組對你最有幫助的是：
與念頭共存，如葉子在水流中流走
想法

1. 整體來說，你對本治療小組感到 (請畫✓)

非常滿意	滿意	頗滿意	頗不滿意	不滿意	非常不滿意
	✓				

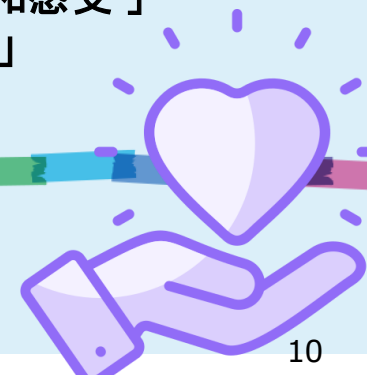
2. 本治療小組能否幫助你達至以下目標?(請畫✓)

	非常同意	同意	頗同意	頗不同意	不同意	非常不同意
何謂「自我污名」		✓				
逃避與靜觀		✓				
我們的念頭		✓				
認清價值、承諾行動		✓				

3. 本治療小組對你最有幫助的是：
念頭不等於事實

本治療小組對你最有幫助的是：

- 「靜觀如何幫助我們對抗自我污名」
- 「改觀 (對) 很多東西, 想法的看法和感受」
- 「與念頭共存, 如葉子在水流中流走」
- 「念頭不等於事實」



Preliminary results – Survey



○ Demographic data (N=85):

- **Mean age:** 31.1
- **Gender:** Male (29.4%), Female (69.4%)
- **Education:** Primary school (4.7%), Secondary school (38.8%), Tertiary or above (56.5%)
- **Occupation:** Full-time job (29.4%), Part-time job (15.3%), Unemployed (27.1%), Housemaker (3.5%), Student (21.2%), Retired (1.2%), Others (2.4%)

○ Results:

- Significant correlations were found:
 - Psychological inflexibility and self-stigma ($p = 0.03$)
 - Self-stigma and psychiatric symptoms ($p < 0.001$)
 - Psychological inflexibility and psychiatric symptoms ($p < 0.001$)

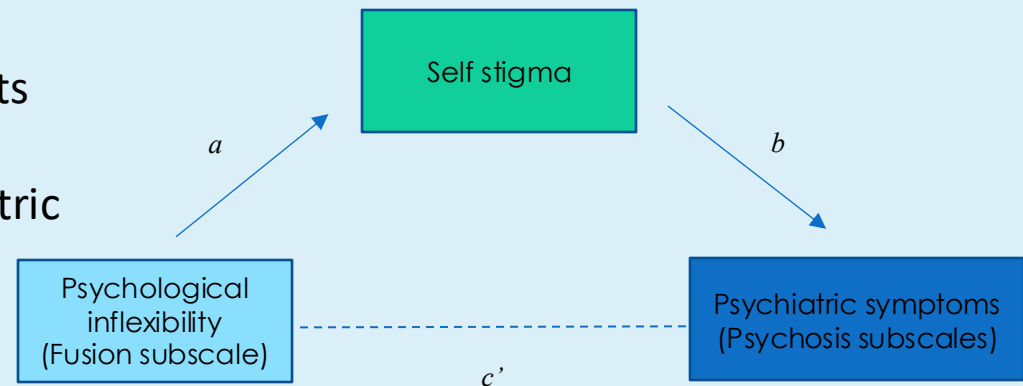
Preliminary results – Correlations



Preliminary results – Mediation



- Significant complete mediation for the model with psychological inflexibility (fusion) and psychiatric symptoms (psychosis), with self-stigma as mediator.
- Psychological inflexibility predicts self-stigma, and self-stigma predicts greater level of psychiatric symptoms. The effect of psychological inflexibility on psychosis symptoms would be lessened in the presence of mediators self-stigma.
- No evidence of mediation for other models yet but some marginally insignificant models were observed.



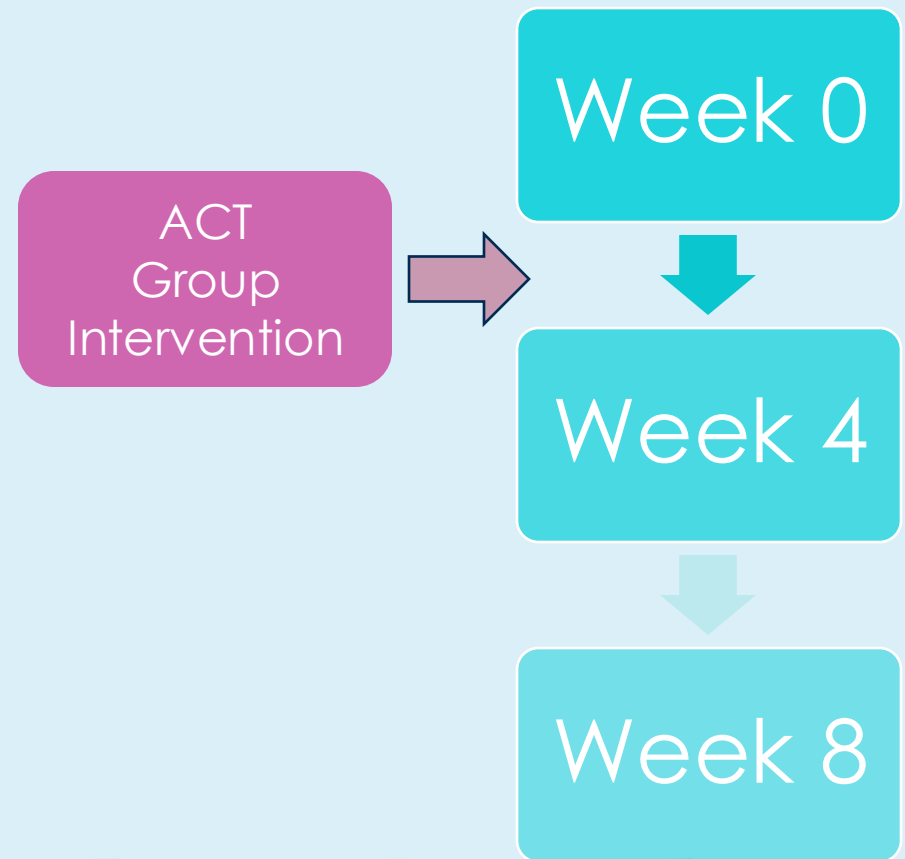
Preliminary results – Intervention

- **Demographic data (N=16):**
- **Mean age:** 34.1
- **Gender:** Male (37.5%), Female (56.3%)
- **Education:** Primary school (50%), Secondary school (12.5%), Tertiary or above (37.6%)
- **Occupation:** Full-time job (12.5%), Part-time job (31.3%), Unemployed (43.8%), Housemaker (3.5%), Student (0%), Retired (6.3%), Others (2.4%), Unspecified (3.8%)



Preliminary results – Intervention

- Outcome measures at Week 0, 4 and 8 were analysed.
- Generalized Linear Model (GLM) analysis provides evidence of a significant reduction in self-stigma within the intervention group, highlighting the potential effectiveness of the intervention in addressing self-stigma.



Implications



1
Establish the relationship between self-stigma and ACT processes in psychosis patients.

2
Replicate past mediation model in local population with psychosis.

3
Identify processes that could be emphasized in ACT intervention in self stigma.

4
Develop and validate the first ACT intervention in clinical setting for psychosis patients at public hospital setting.

5
Enhance functional recovery in patients with first episode psychosis.

Limitation

- Lack of temporal effect from cross-sectional data
- Limitation of self-report questionnaires
- Due to the complexity of model that needs a larger sample size for testing



The way forward

- Ongoing data collection to increase sample size
- Randomized controlled trial

Thank you!