Identifying Youth at Clinical High Risk: What’s the Emotional Impact?

K A. Woodberry  
Maine Medical Center

K S. Powers  
Maine Medical Center

C Bryant

D Downing  
Maine Medical Center

M Verdi  
Maine Medical Center

See next page for additional authors

Follow this and additional works at: https://knowledgeconnection.mainehealth.org/mmc

Part of the Psychiatric and Mental Health Commons, and the Psychiatry Commons

Recommended Citation

https://knowledgeconnection.mainehealth.org/mmc/702

This Poster is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.
Authors
K A. Woodberry, K S. Powers, C Bryant, D Downing, M Verdi, L Kennedy, D I. Shapiro, R Girgis, G Brucato, D Huang, F M. Crump, C M. Corcoran, L I. Seidman, B Link, W R. McFarlane, and L Yang

This poster is available at MaineHealth Knowledge Connection: https://knowledgeconnection.mainehealth.org/mmc/702
Identifying Youth at Clinical High Risk: What’s the Emotional Impact?

National Institutes of Health (R01 MH096027)

METHODS

Participants

- Identified as CHR based on Structured Interview for Psychosis-Risk Syndromes (SIPS)
- S4 (of 133) participants from Boston and Maine had valid pre and post feedback stigma interview data.

Methods

- Clinically eligible participants were interviewed about dimensions of stigma.

TOOL: “Has anyone told you that you were at risk for” or “developing” [ ]

- Depression, Anxiety, Bipolar Disorders, Psychosis, Schizophrenia

- Intention: “Do you think you already have [ ]”

- Emotion Rating: Figure 1

- POST: “If someone told you that you were at risk for developing psychosis, makes me feel...”

- PRE: “If you were told you were at risk for psychosis, you would feel...”

- Participants were all asked to answer yes or no to the following belief:


- Table 1: Participant demographics

<table>
<thead>
<tr>
<th>Age (m, SD)</th>
<th>Total (n=54)</th>
<th>Told (n=30)</th>
<th>Not Told (n=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 (3)</td>
<td>17 (3)</td>
<td>17 (4)</td>
<td></td>
</tr>
<tr>
<td>Sex, F (%)</td>
<td>39%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>67%</td>
<td>72%</td>
<td>65%</td>
</tr>
<tr>
<td>Mother</td>
<td>36%</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>College Grad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Income $50K</td>
<td>67%</td>
<td>76%</td>
</tr>
<tr>
<td>College Grad</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- TABLE 1: Participant demographics

Data Analysis

- General Linear Model:

- Repeated Measures of Emotions

- Between Told/Not Told Subgroups

- Covarying Time

- McNemar Test for binary responses.

RESULTS

Emotions “about being told [one] was at risk (for psychosis or schizophrenia)”

- Negative emotions: decreased significantly (p < 0.001, Figure 2)

- Positive emotions: no significant change (Figure 2)

Privacy

- Better to get it out of the way? No change

- 69% said “yes” before feedback – 67% after

Could Negative Emotions Lesson just with Time?

- YES. Time between Pre and Post Interviews predicted decline in negative emotions (p = 0.012)

- But there was a significant Pre-Post change in Emotions even passing out that accounted for by time...

Did those first TOLD respond differently?

- There were no significant differences in emotion responses between those who had been told about their CHR status prior to study entry and those first told by study staff

Did what they THOUGHT make a difference?

- Of those already told they were at risk, 17% did not think they were at risk.

- Of those not told, 33% still thought they were at risk and 4% thought they already had schizophrenia or psychosis.

- Those who did NOT think they were at risk reported more negative (and less positive) emotions about this label.

- But the change in their emotions was similar to those who did think they were at risk.

CONCLUSIONS

- Being told or thinking one is at risk for psychosis/schizophrenia carries stigma – understanding the sources and development of stigma may help us reduce it.

- People have their own ideas about their mental health status that are often independent of what they’ve been told. They don’t always register that they are at risk even after told about their risk. Some assume that they already have an illness even if told they are *only* at risk. How, when, by whom varies a lot.

- Providing feedback about CHR in the context of a specialized program is generally associated with a reduction of negative emotions about being at risk (or less negative emotion than expected). This appears to be true whether participants have been previously told or are hearing this for the first time.

- This may be because feedback within specialized programs is individualized and typically includes psychoeducation and treatment options that offer hope.

- Understandably, feedback may not lead people to feel more positive about being at risk.

REFERENCES


