COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS: AN EVIDENCE BASED INTERVENTION

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Objectives

- Obtain an overview of CBTp and the relevant evidence base
- Develop familiarity with the basic elements of CBTp
- Learn the basic techniques for implementing CBTp in individuals with diverse symptom presentations

First Episode Psychosis

- Broad terminology
  - Individuals with a range of clinical issues that include psychotic symptoms
  - Accommodates flux in syndromes during a period where diagnosis is ambiguous
  - Treatment not contingent on diagnosis

Treatment: Medications

- Historically, medications have been first line of treatment but have several limitations:
  - Psychotic symptoms persist and/or recur
  - Don’t treat comorbid depression and anxiety
  - Don’t address social disability associated with psychotic illness (e.g., social isolation, unemployment, housing issues)

Treatment: Psychosocial Interventions

- Important adjunct to medication
  - Provide framework for early intervention
  - Prevent and resolve comorbid conditions and/or secondary difficulties
  - Promote recovery

Evidence for CBT for Psychosis

- Drury et al., 1996
  - CBT group demonstrated significant improvement in overall symptoms and shorter inpatient stays
- Kuipers et al., 1997
  - 20 sessions of manualized CBT treatment
  - CBT group significantly reduced psychotic symptoms over treatment as usual
  - 65% of CBT group maintained treatment gains at 18-month follow-up

Evidence for CBT for Psychosis

- Tarrier et al., 1998
  - Compared CBT against supportive counseling and routine care
  - Intensive treatment- 2 sessions per week over 10 weeks
  - At 3 months both CBT and supportive counseling were better than treatment as usual
  - CBT group showed more than 50% improvement in positive symptoms
  - Effects not sustained at 1 year follow-up

Evidence for CBT for Psychosis

- Sensky et al., 2000
  - Compared CBT with “Befriending” for 9 month period
  - Found significant improvement in both treatment groups for positive, negative and depressive symptoms
  - Only CBT group maintained gains at 18 month follow-up

Evidence for CBT for Psychosis

- Lewis et al., 2002
  - Compared CBT, supportive counseling and treatment as usual for less than 6 months
  - Found CBT accelerated improvement
  - Gains were lost after 6 weeks
- Morrison et al., 2014
  - CBTp without antipsychotic medication
  - Mean PANSS scores significantly lower in CBTp group compared with TAU

Evidence Base for CBT for Psychosis

- Morrison et al., 2004
  - Highly acceptable to individuals
- Wykes et al., 2008
  - Reduces positive symptoms, negative symptoms and increases functional outcomes
- Sarin et al., 2011
  - CBTp had delayed impact with most improvement at follow up
- Stafford et al., 2013
  - CBT for those at risk of psychosis prevents transition to psychosis at 12 months

Elements of CBT

- Therapeutic Skills
  - Agenda setting
  - Feedback
  - Understanding
  - Interpersonal Effectiveness
  - Collaboration
  - Pacing and efficient use of time

(Kingdon & Turkington, 2005)

Elements of CBT

- Techniques
  - Guided discovery
  - Focusing on key cognitions and behaviors
  - Strategy for change
  - Application of CBT techniques
  - Homework

(Kingdon & Turkington, 2005)

Initial Focus

- Engagement (Tattan & Tarrier, 2000)
  - Psychoeducation and normalization
- Assessment and Formulation (Kinderman & Lobban, 2000)
  - Variation of psychotic symptoms
  - Emotions
  - Context
  - Consequences
  - Coping Strategies

Engagement Strategies (Kingdon & Turkington, 2008)

- Disorganized
  - Stay with client and remain curious
- Silent
  - Remain patient
  - Assess cognitive impairment and internal distractions
- Very Talkative
  - Structure the session
  - Attempt to interrupt and use humor

Psychoeducation

- Demystifying psychosis
- Normalizing and de-catastrophizing psychotic experience
- Provide alternative perspectives
- Improve person's understanding of symptoms and context in which they occur
- Discussion of medications and other treatment alternatives

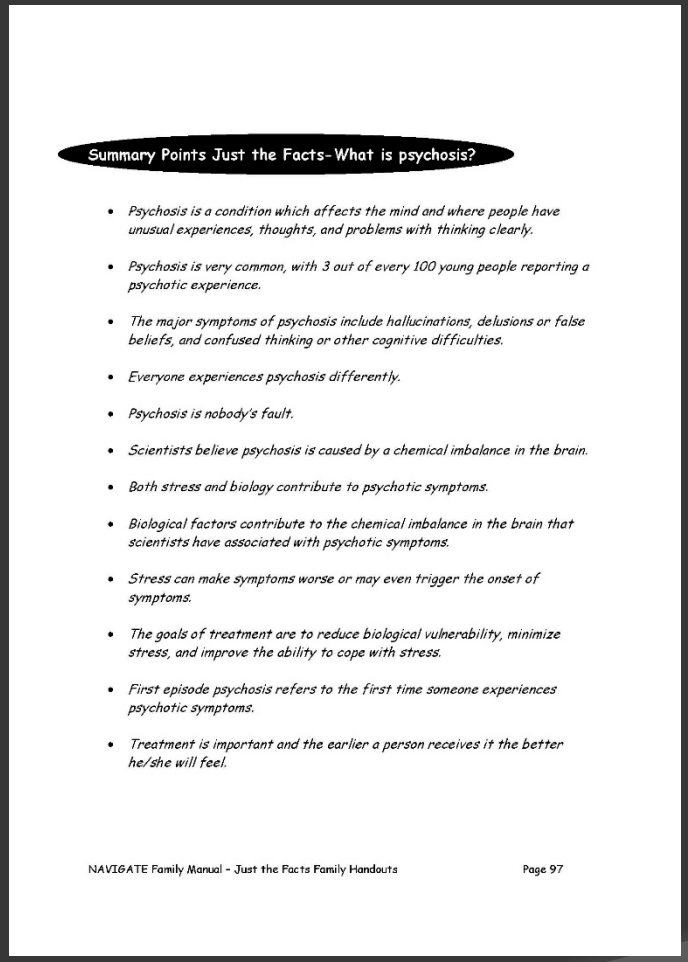
Normalizing

- Hallucinations
  - Sleep deprivation
  - Abuse/trauma
  - Stress
  - Violence
  - Drugs
  - Hostage situations
  - Bereavement

What is Psychosis?

- Review individual's symptoms and relate them to key symptoms or experiences of psychosis
- Provide information about:
  - Positive symptoms
  - Disorganized symptoms
  - Negative symptoms
  - Types of psychosis diagnoses
- Practice cultural competency

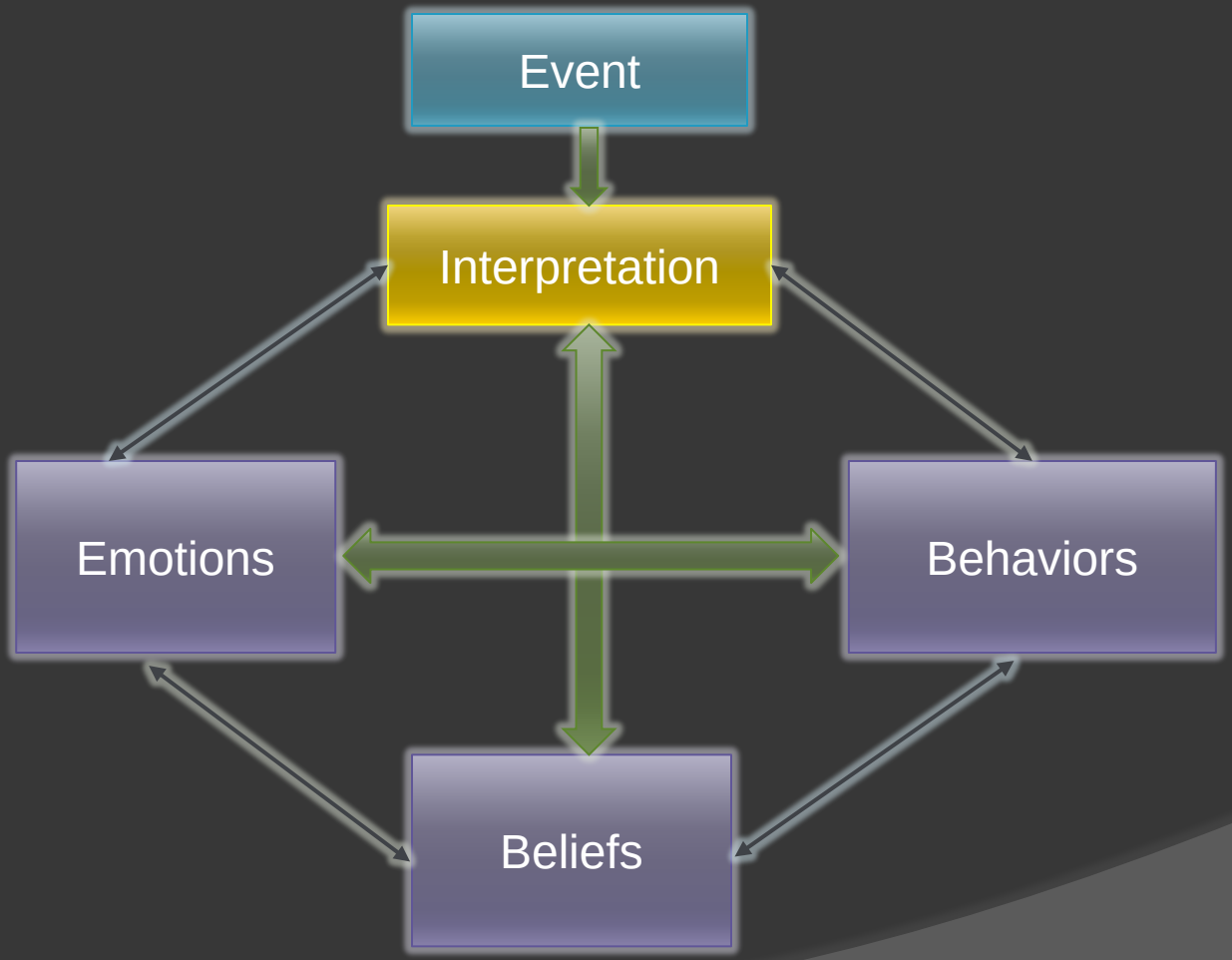
Sample Handout



Summary Points Just the Facts-What is psychosis?

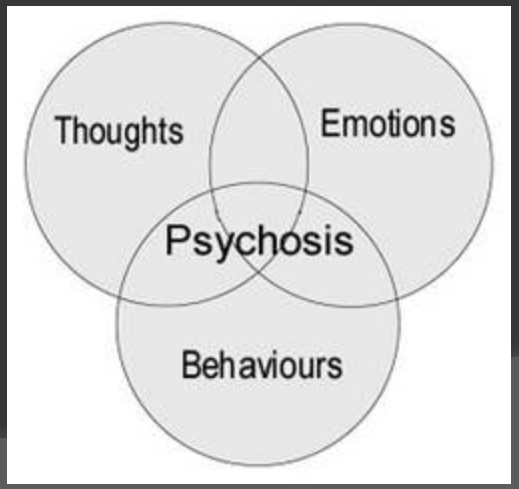
- *Psychosis is a condition which affects the mind and where people have unusual experiences, thoughts, and problems with thinking clearly.*
- *Psychosis is very common, with 3 out of every 100 young people reporting a psychotic experience.*
- *The major symptoms of psychosis include hallucinations, delusions or false beliefs, and confused thinking or other cognitive difficulties.*
- *Everyone experiences psychosis differently.*
- *Psychosis is nobody's fault.*
- *Scientists believe psychosis is caused by a chemical imbalance in the brain.*
- *Both stress and biology contribute to psychotic symptoms.*
- *Biological factors contribute to the chemical imbalance in the brain that scientists have associated with psychotic symptoms.*
- *Stress can make symptoms worse or may even trigger the onset of symptoms.*
- *The goals of treatment are to reduce biological vulnerability, minimize stress, and improve the ability to cope with stress.*
- *First episode psychosis refers to the first time someone experiences psychotic symptoms.*
- *Treatment is important and the earlier a person receives it the better he/she will feel.*

Case Formulations



Interventions

- Coping Enhancement/Compensation Strategies
- Dearousing Techniques
- Increasing Reality or Source Monitoring
- Belief and Attribution Modification



Coping Enhancement and Compensation Strategies (Tarrier & Haddock, 2002)

- Attention Switching
- Attention Narrowing
- Increased Activity Levels
- Social Engagement and Disengagement
- Modified Self-Statements and Internal Dialogue

Behavioral Techniques

- Activity Scheduling
  - Evaluate current level of activity
  - Gradually extend current activities
  - Use pleasure or mastery scales to reflect which activities are most helpful/rewarding

Behavioral Techniques

- Graded exposure/ task assignment
  - Use task person wants to achieve
  - Break down to more manageable tasks
  - Plan with patient to gradually work through the hierarchy

Dearousing Techniques (Tarrier & Haddock, 2002)

- Simple behaviors to avoid agitation
  - Breathing exercises
  - Sitting quietly
  - Quick relaxation

Coping with Stress

- Identify personal stressors (past and present)
- Identify techniques to help deal with major and minor stressors
  - Avoidance
  - Relaxation
  - Meaningful activities
  - Developing a support system
  - Promoting healthy behaviors
- Help family communicate effectively about stressful events

Calming Card

- Have individual carry around a card with instructions for breathing techniques

1. Ensure that you are sitting in a comfortable chair or laying down on a bed
2. Take a breath in for 4 seconds (through the nose if possible
3. Hold the breath for 2 seconds
4. Release the breath taking 6 seconds (through the nose if possible)

Belief and Attribution Modification (Tarrier & Haddock, 2002)

- Examination of Belief and Reattribution
- Belief Modification
- Reality Testing and Behavioral Experiments

Cognitive Behavioral Therapy Model

- Link between thoughts, feelings and behaviors

A →	B →	C
Activating Event	***Beliefs***	***Consequences***
High Risk Situation	***Automatic reactions/thoughts***	***Feelings or behaviors***

Cognitive Restructuring

- Delusions:
  - Thoughts and feelings
  - Disputing delusional beliefs
    - don’t argue, convince or use logic to convince
  - Experiments to test beliefs
    - explore the evidence for and against
  - Balanced Thinking

Delusions

- Thoughts and feelings
  - Help identification of thoughts and feelings in specific situations
  - Facilitate a discussion connecting thoughts and feelings

What happened?	What was I thinking?	What was I feeling? What did I do?
This may include an actual event or situation, a thought, mental picture or physical trigger, leading to unpleasant feelings.	What thoughts were going through your mind when the event occurred?	Describe how you feel and include any physical sensations you experience, as well as your actions and behaviors.

Delusions

- Disputing delusional beliefs
  - Help patient challenge beliefs with goal of reducing distress caused by the belief
  - Generate and test alternative non-delusional explanations
    - “Is this the only explanation for this?”
    - “Is there any other possible explanation for this person’s behavior?”
    - “What would you want to know to explore the evidence for and against?”

Delusions

- Behavioral experiments:
  - Help counter cognitive biases
  - Encourage noticing information they may have missed
  - These tests can sow doubt when events don’t transpire as patients expects

Experiment Record

- Thought to be tested
- Prediction: What would happen if this thought were true?
- Possible problems
- Plan to deal with possible problems
- Outcome of experiment- What actually happened?
- Did the experiment support the thought being tested?

Delusions

- Balanced Thinking
  - Encourage integration of positive and negative aspects of a situation rather than simply reject their original belief
  - Help patients develop new explanations
  - Develop coping statements and reminders of skills that can be used
    - “When I feel threatened, I feel others are giving me cues which lead me to feel anxious and afraid for my safety.”

Cognitive Techniques

- Hallucinations:
  - Thoughts and feelings
  - Voices as triggers
  - Dispute automatic thoughts about voices
  - Behavioral experiments to test beliefs
  - Balanced thinking

Hallucinations

- Cognitive processes
  - Difficulty distinguishing internal stimuli (thoughts) from external stimuli (voices)
  - Beliefs of voices that are most distressing
    - Related to power
    - Identity and intention of voices (e.g., person believes voices are out of their control and wish to harm them)

Hallucinations

- Behavioral Experiments:
  - Simple experiments to help gather information relevant to beliefs bout voices
  - Trying techniques for controlling voices can serve to challenge beliefs
    - Wearing earplugs
    - Reading aloud
    - Relaxation techniques/distraction

Developing Resiliency

- Identifying personal strengths
- Identifying prior situations where individual felt resilient
- Reflect on how resiliency can promote well-being
- Discuss strategies to build resiliency and acknowledge positive qualities in themselves

Relapse Prevention Strategies

- Self-Management Planning
  - Identification of early warning signs of a psychotic episode
  - Reflect on types of stressors/triggers
  - Monitor early warning signs
  - Make a plan about what to do when warning signs start
  - Reflect on coping strategies, balanced thinking and techniques to stay well

Relapse Prevention Worksheet

- My most significant early warning signs are?
- Plan of action:
  - What will I do if I notice these early warning signs?
  - What would I say to my friends/family?
  - What would I ask friends/family to do to help me?
- What are my support options?
  - Friends, family, community
- Professional support network and contact info

Relapse Prevention Worksheet

- What are all the things I can do to help myself?
- What situations are potential problems for me?
- What coping strategies have I found most useful?
- What are my common unhelpful thoughts?
- What are my balanced beliefs?

THANK YOU