

Welcome to Introduction to Cognitive Behavioral Therapy for Psychosis!

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Evidence Based Practices for Adults

UW Medicine
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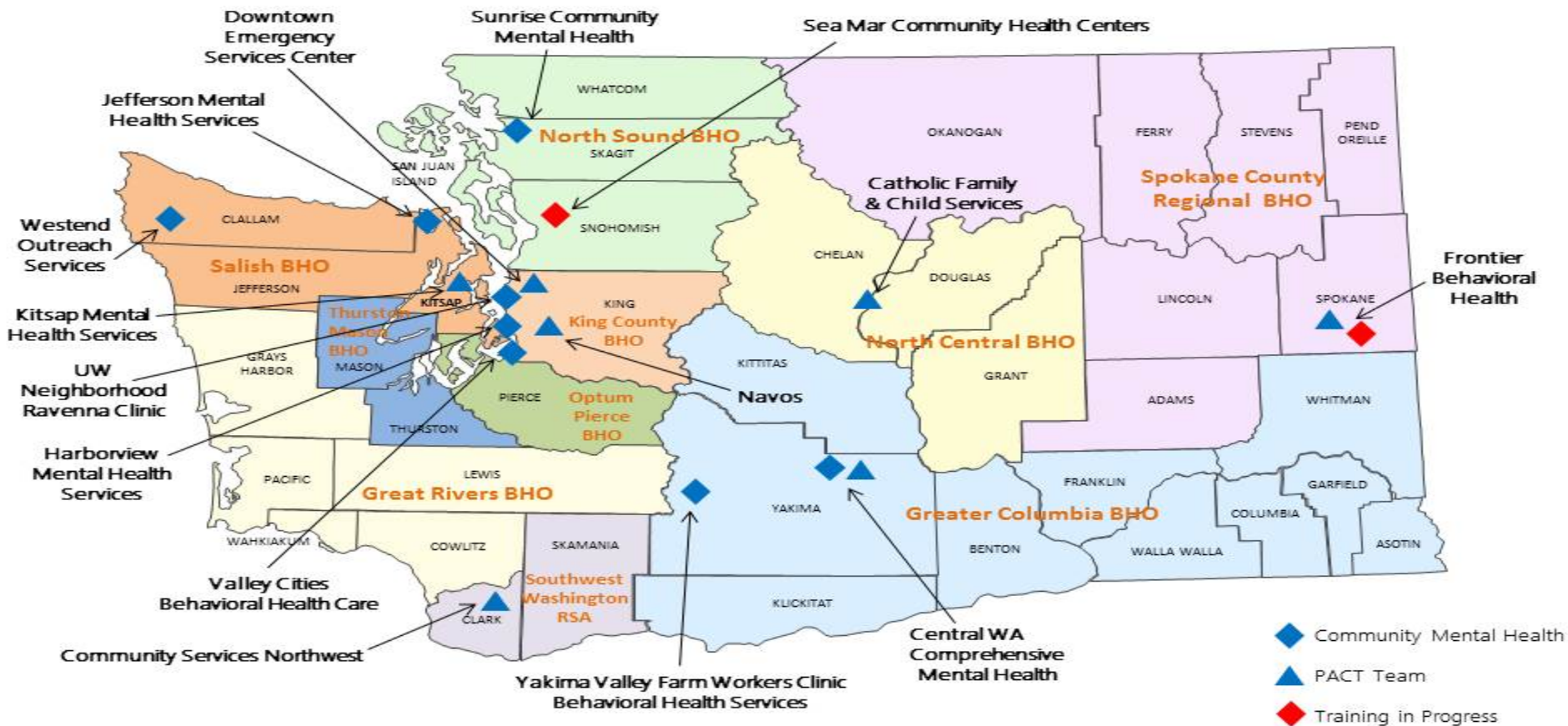
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Why are we here?



Schizophrenia ... is in fact the single biggest blemish on the face of contemporary American medicine and social services; when the social history of our era is written, the plight of persons with schizophrenia will be recorded as having been a national scandal.


- E. Fuller Torrey, M.D. (2013)





PSYCHOSIS

What it is and what it's not

- Psychosis is a broad description, not a diagnosis
“Psych” + “osis” = unusual mind
 - [Psychosis is common, understandable, and treatable](#)
 - Psychosis can be thought of as less common or “extreme” experiences that we all have had, have, or could have
 - Having these experiences does not mean that you are “crazy” or have “lost” your mind. Psychosis is only an issue to the degree these experiences are the source of impairment and distress
- 



Core Features of Psychotic Disorders

Delusions

- Unusual, improbable beliefs
- Rigidity held
- Resistant to disconfirming evidence
- Inconsistent with the individual's culture

Hallucinations

- Sensing stimuli that is not present/perceived by others

Negative symptoms

- Avolition
- Alogia
- Affect (diminished)
- Anergia
- Anhedonia

Disorganized speech

- Speech that is incoherent, nonlinear, or unintelligible
- Formal Thought Disorder (FTD) is *inferred* from speech

Abnormal motor activity

- Catatonia
 - Disorganized behavior
 - Agitation
 - Stereotypy
- 



Just how common are these experiences?

Ever have the feeling that others were deliberately trying to harm or upset you?

You're not alone! 70% of people have also endorsed.





Just how common are these experiences?

Ever think others were talking about you behind your back?

You're not alone! 93% of people have also endorsed.





Just how common are these experiences?

Think others were looking at you critically?

You're not alone! 80% of people have also endorsed.





Just how common are these experiences?

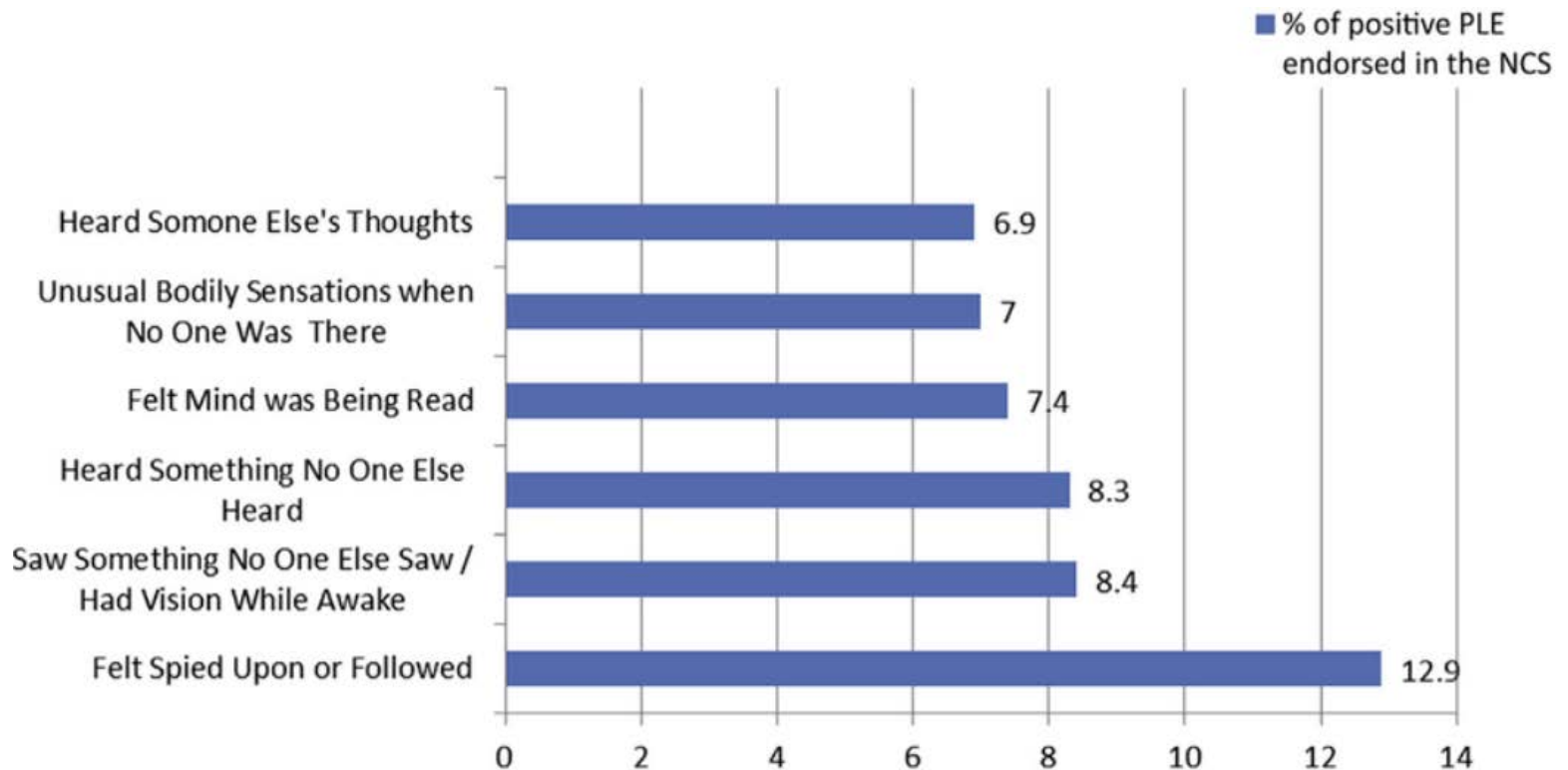
Hear something that others did not hear?

Anywhere from 2 - 84% of the general population have too.



Psychotic-like symptoms are quite common in the general population

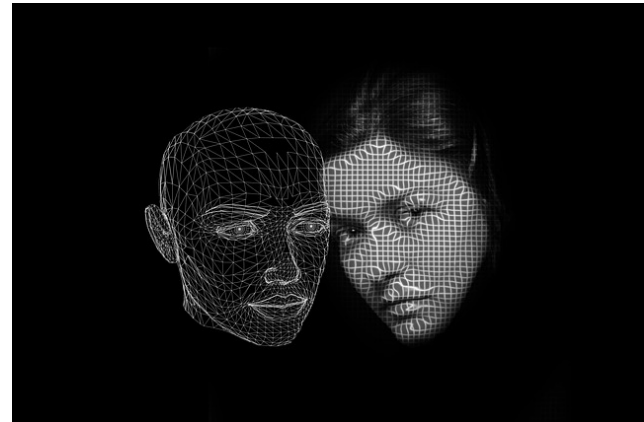
13 - 23% experience psychotic symptoms



Percentage of positive PLE endorsed in the US National Comorbidity Survey. (Data from Shevlin M, Murphy J, Dorahy M, et al. The distribution of positive psychosis-like symptoms in the population: a latent class analysis of the National Comorbidity Survey. Schizophr Res 2007;89:101-9.)

Psychotic disorders are far less common

- Schizophrenia =
~3 million Americans
- All Schizophrenia
Spectrum Disorders =
~5-6 million Americans





Expect Recovery

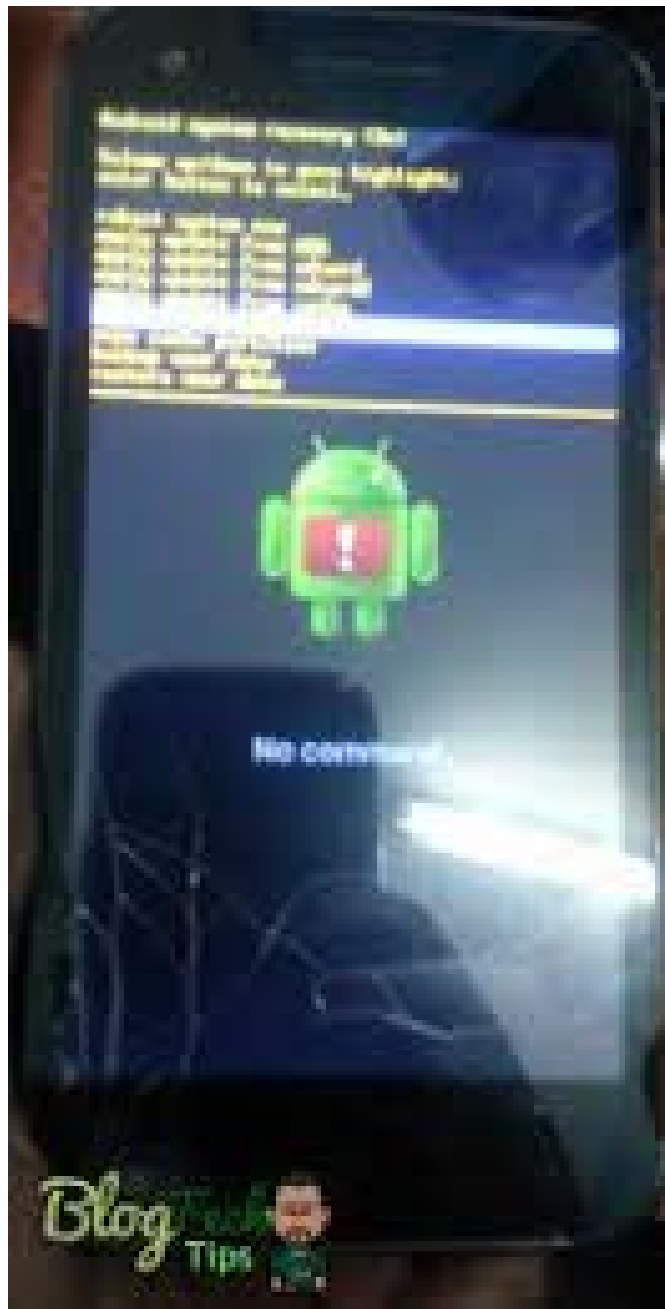
- **Recovery is more common than we are taught to believe.**
 - o Roughly 25% remission after first episode
 - o 15% late recovery
 - o The majority have no problems with voices or delusions at 20 year follow up
 - o 20% will experience chronic and debilitating symptoms
- **Early intervention efforts are yielding improved outcomes.**





Severe

Less severe

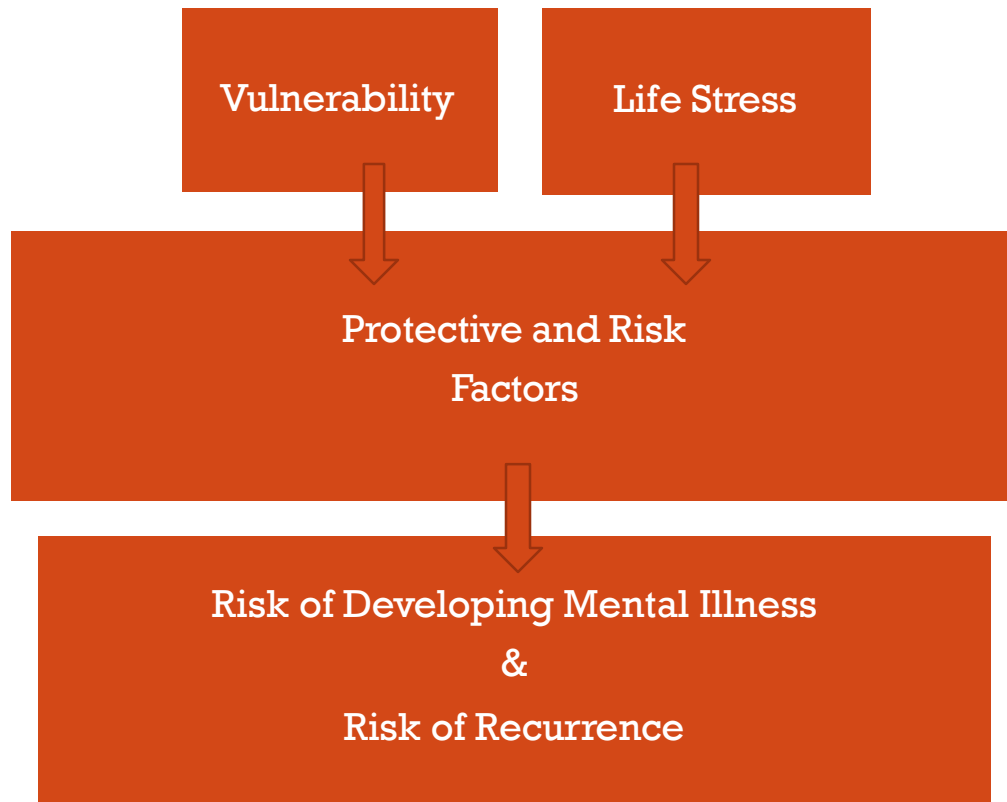


Psychosis is a
vulnerability of the CNS

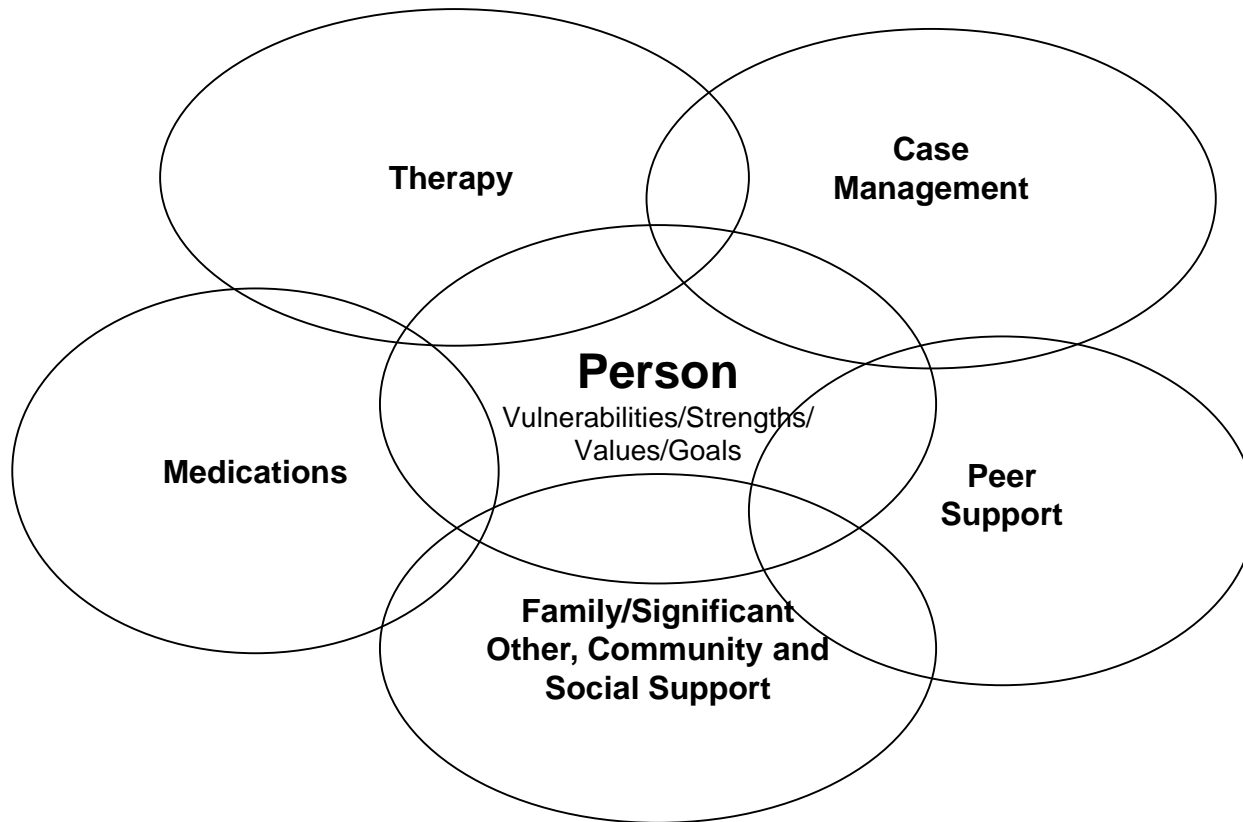
Stress-Vulnerability Model

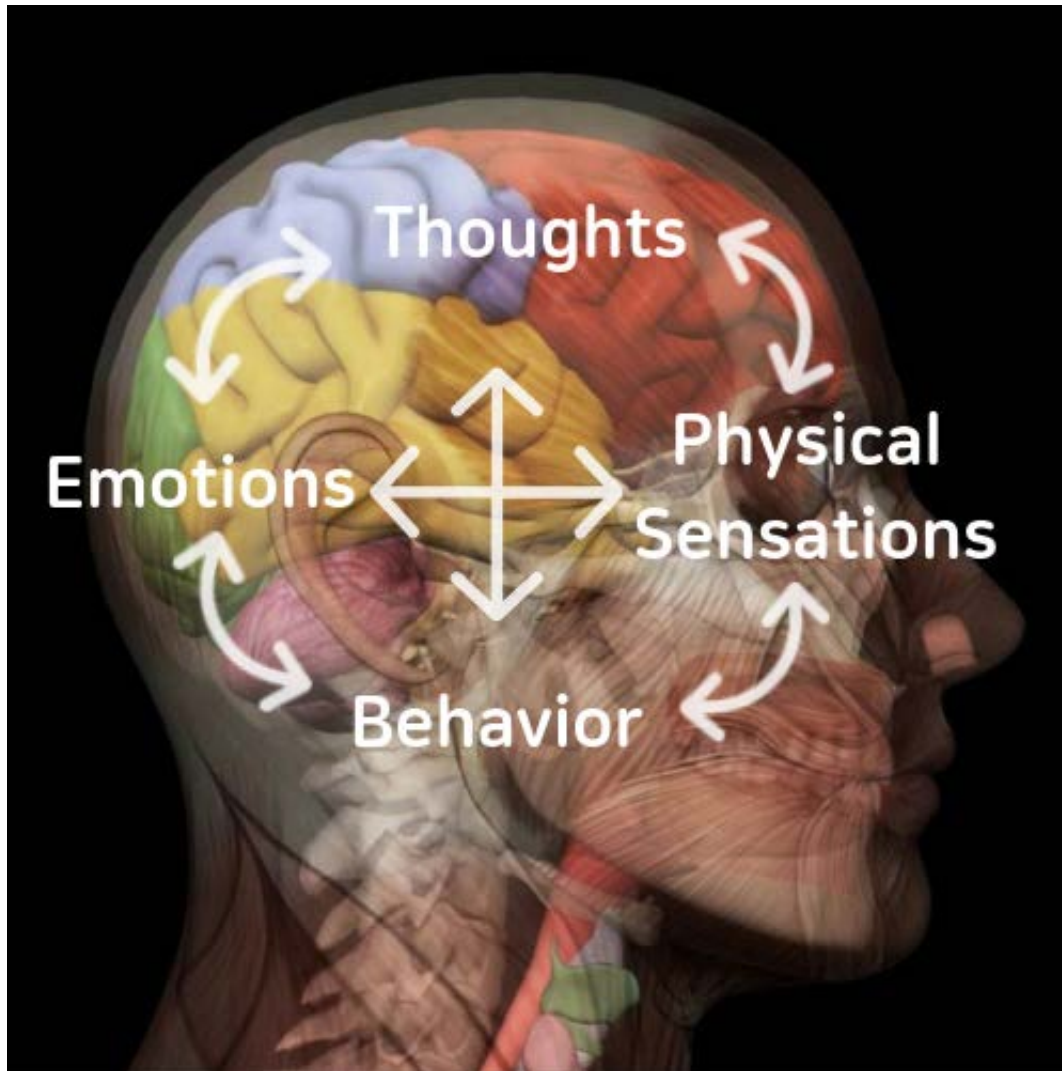


Stress-Vulnerability Model



CBTp is not a stand-alone approach

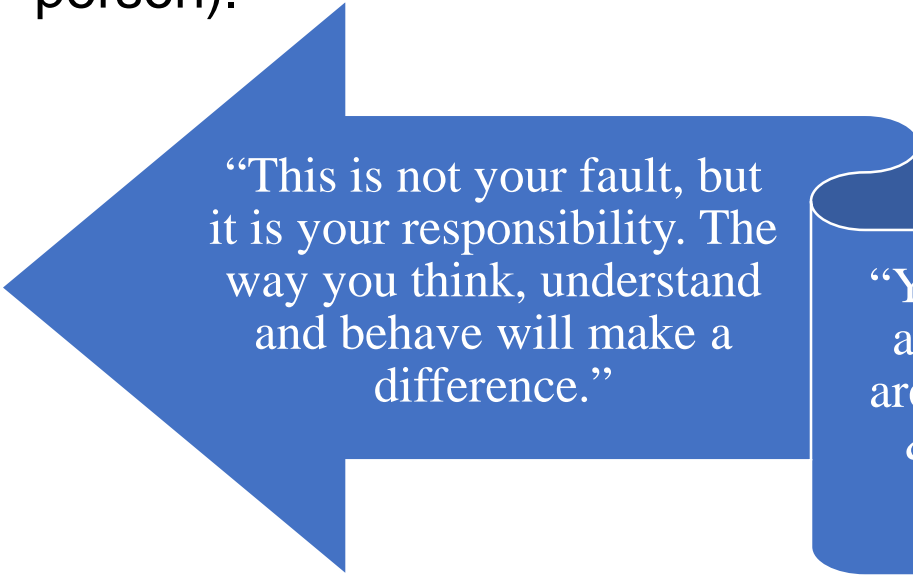




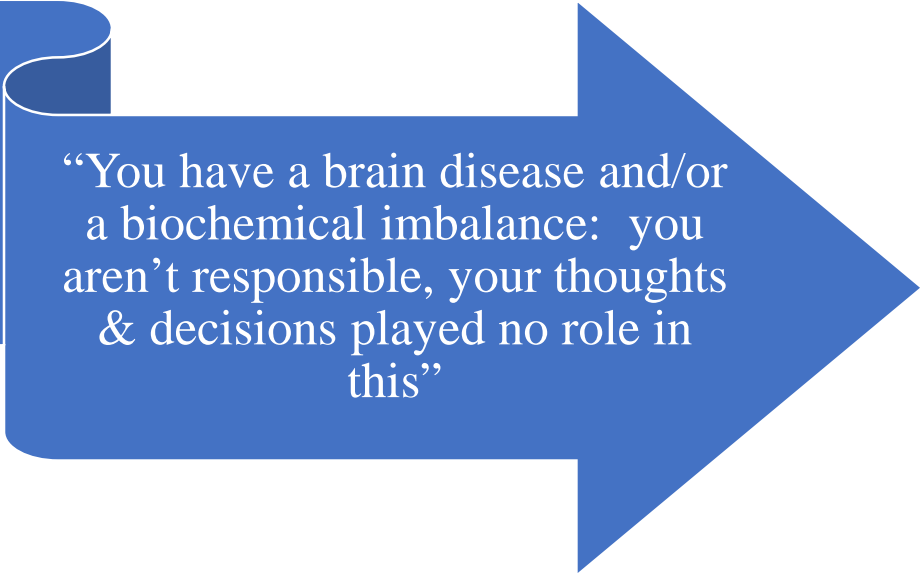
Cognitive Model

Cognitive Model versus Biomedical Model:

How we understand a problem will dictate how we treat it (and the person).

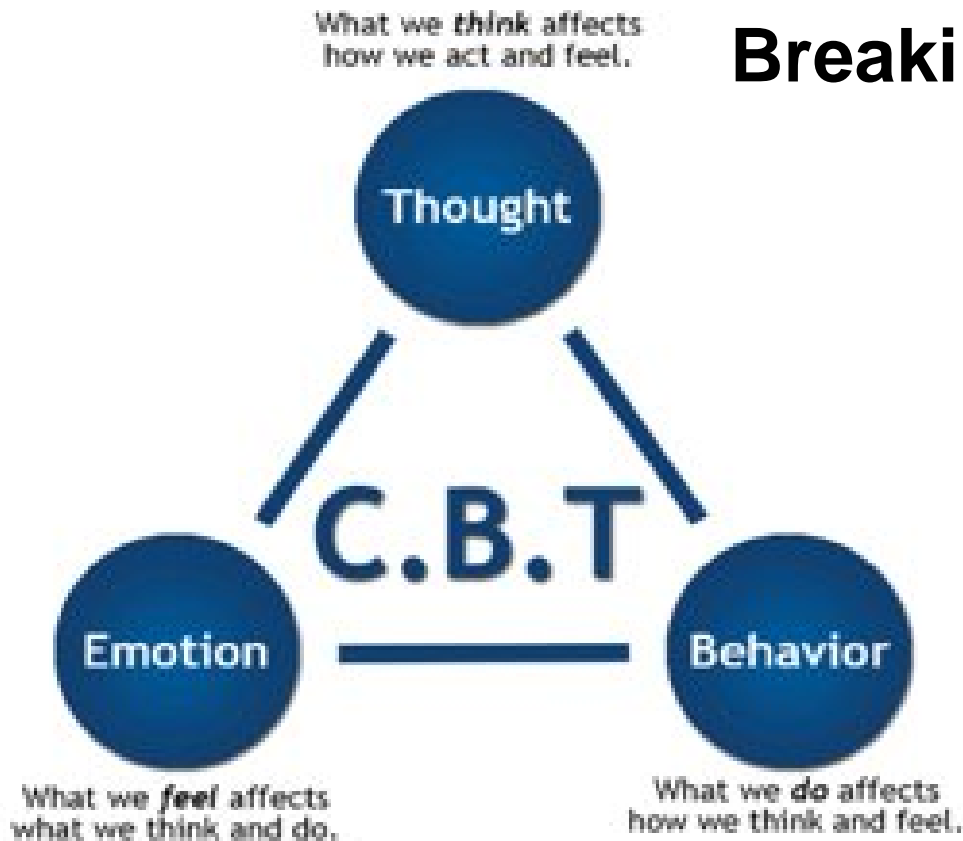


“This is not your fault, but it is your responsibility. The way you think, understand and behave will make a difference.”



“You have a brain disease and/or a biochemical imbalance: you aren't responsible, your thoughts & decisions played no role in this”

The Cognitive Model: Triangle



Breaking down the problem

- Small changes in one area can have a domino effect.
- We will focus our efforts on 1 or 2 factors.

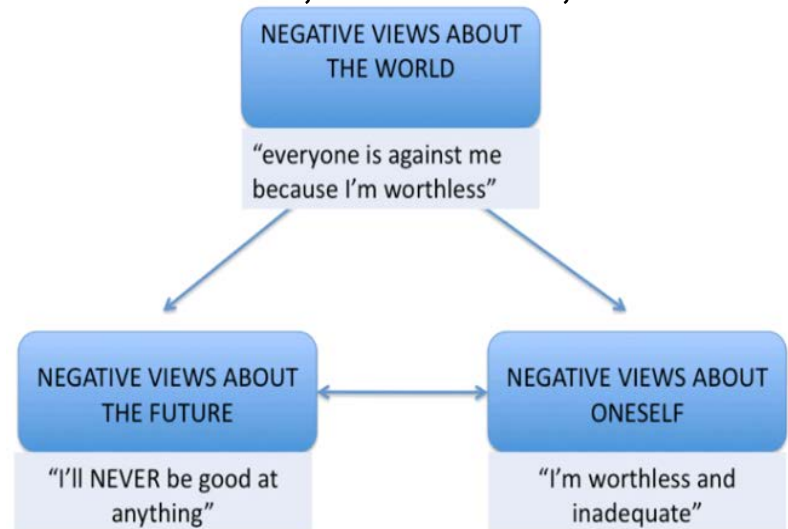
Automatic Negative Thoughts

- Compulsive, brief, evaluative thoughts and images used as the lens with which we “see” events
- Partial, inaccurate and overly rigid
- Most common thinking error related to psychosis: Jumping To Conclusions
- Originate from negative core beliefs and then reinforce those beliefs

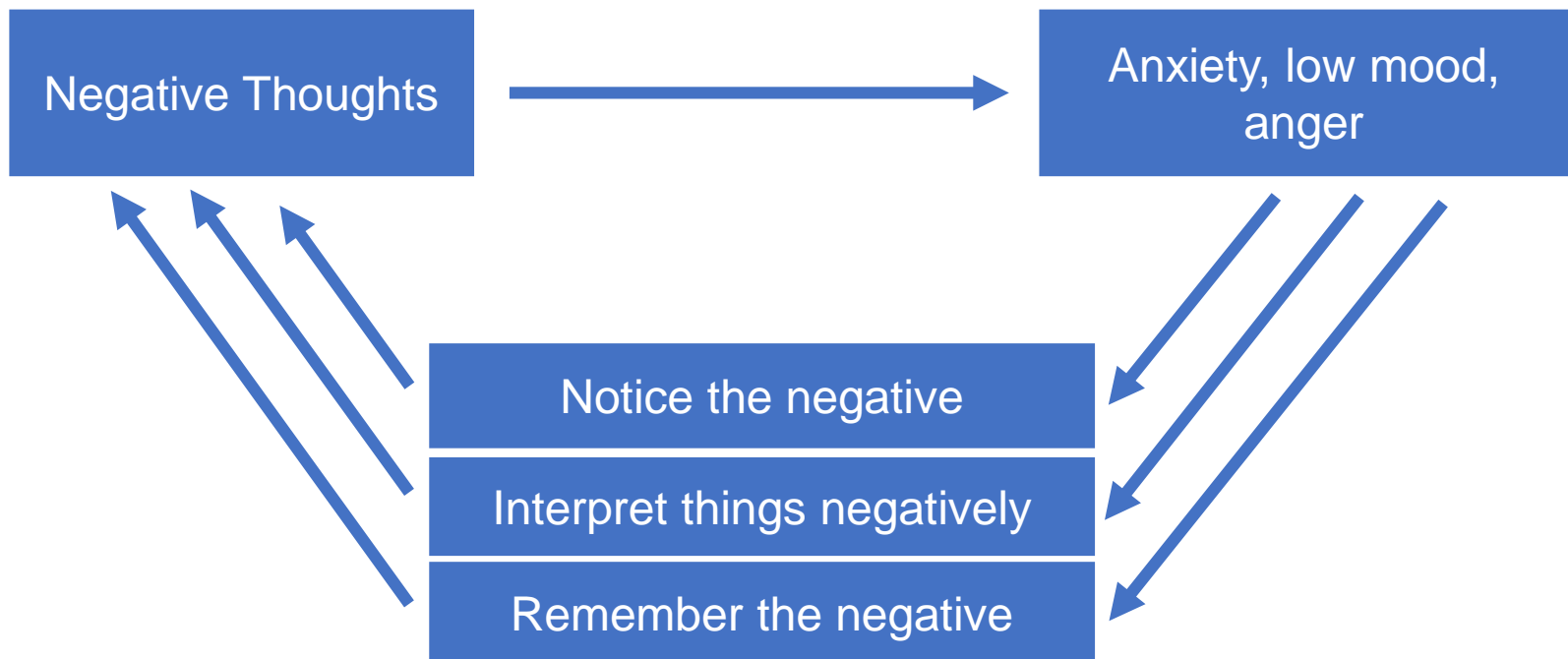


Core Beliefs (Schemas)

- Most central, fundamental beliefs about *ourselves*, *others/world*, and *our future*
- Absolute and rigid
- Become active during external life events, stressors, ambiguous situations
- Typically based on
 - Salient events in childhood
 - Adverse events or trauma
 - Repeated patterns
 - Social learning
 - Genetic contributions



How Emotions Prime Automatic Thoughts



Slowing Down

CBT helps clients slow down and tease apart the think-feel-react process.

- What am I feeling?
- What was going on right before I started feeling that way?
 - Situation (just the facts)
 - My *interpretation* of the situation (the thought)
 - What else might be going on that is affecting my interpretation?
 - What is another way of looking at this?



Applying CBT to psychotic and related symptoms

- CBTp attempts to identify, understand, and address (by evaluating or accepting) distress thoughts/interpretations.
- Underlying premise:
 - Thoughts and beliefs are interpretations of our experience and often based on underlying schemas
 - Psychotic experiences are common, understandable, and modifiable



Jim

Voice: If you leave the house you'll die

T: I'd better stay home.

Bx: Stay home; call police

E: Fearful



Janice

T: My voice has said this before and I've been fine.

Bx: Leave the house

E: Cautious

What happens next?

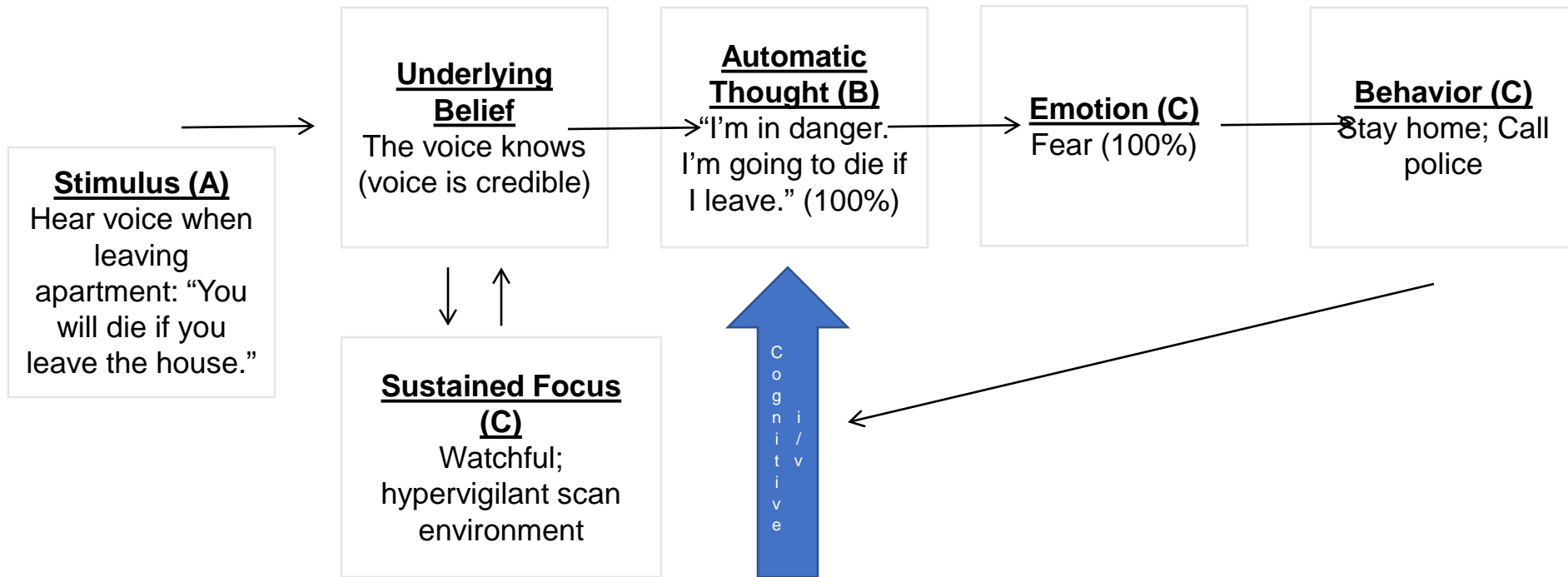


- What happens when Jim stays home?
- What does Jim learn when he stays home?



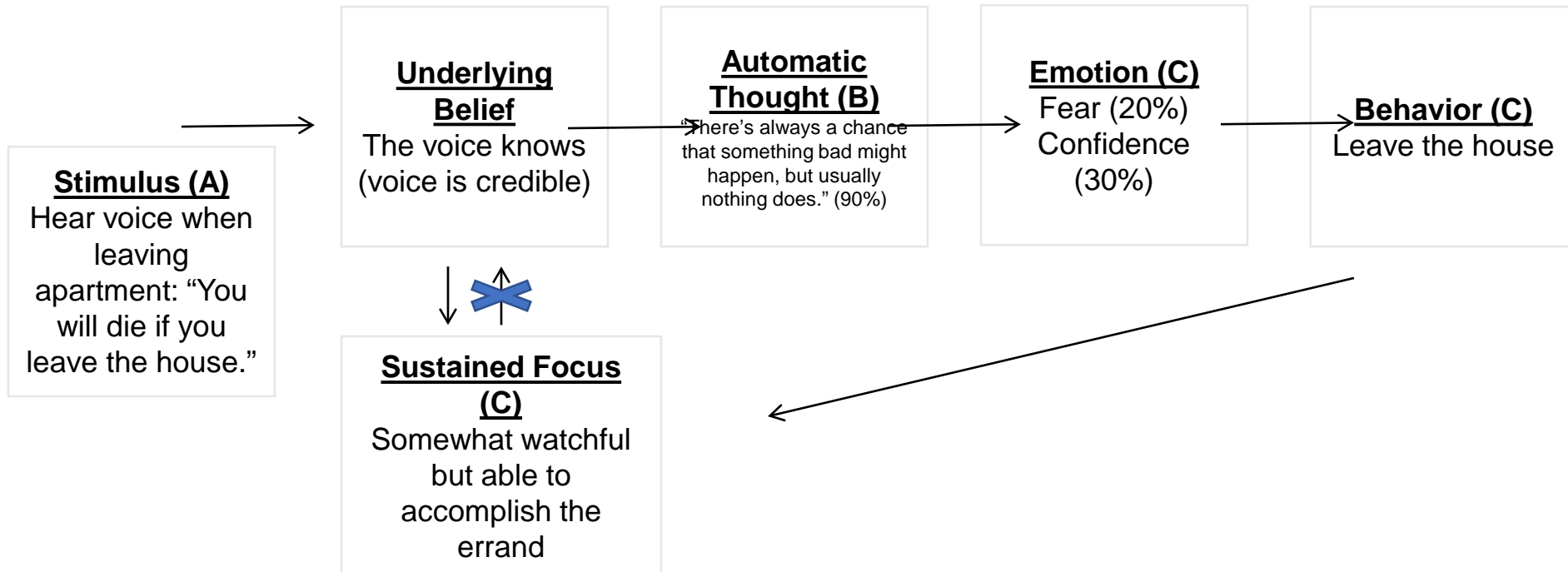
- What happens when Janice leaves the house?
- What does Janice learn?

Jim's Cognitive Model



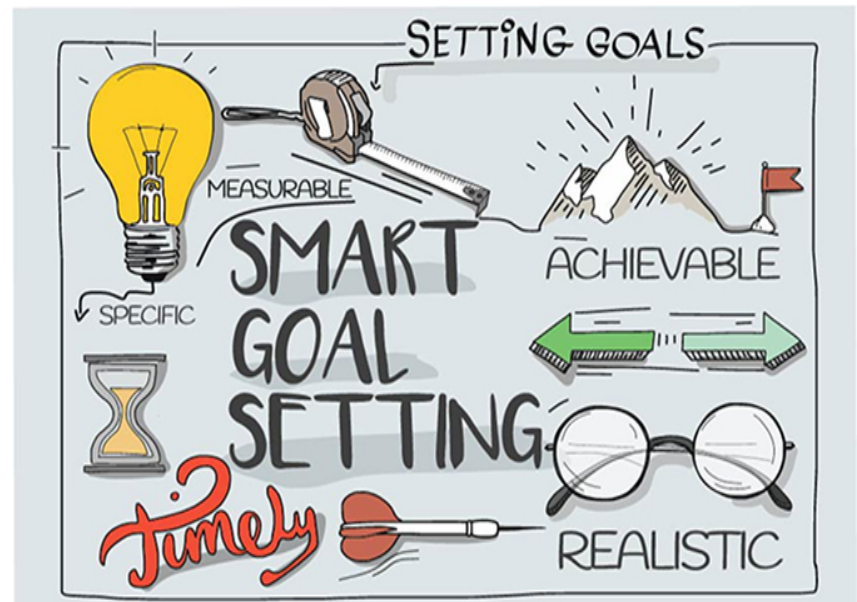
Source: Aaron T. Beck Psychopathology Research Center, 2014

Janice's Cognitive Model



Source: Aaron T. Beck Psychopathology Research Center, 2014

- Reduce the distress and impairment associated with psychosis.
- Use skills to progress toward personal valued goal(s).



Working with voices

- Behavioral Strategies for voices
 - Distraction
- Cognitive Strategies for voices
 - Cognitive Restructuring
 - Compassion for voices
 - Mindfulness
 - Assertive communication
 - Voice time

Working with Delusions

- Gently rephrase
- Be curious, non-judgmental, and responsive to client
- Start to bring down anxiety to reduce vulnerability to paranoia
- Psychoed and normalization
- Diffuse the thought: thinking something doesn't make it true
- Begin to form hypotheses about the *meaning* of the delusions
- Reduce time for beliefs by getting the client **active***
- Help the client consider alternative beliefs / pie chart
- Teach STOPP method
- CR

Thank you for your attention!

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