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
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 goal 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 experienced psychotic symptoms.
- Treatment is important and the earlier a person receives it the better he/she will feel.
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

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<tr>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td><strong>Activating Event</strong></td>
<td><strong>Beliefs</strong></td>
<td><strong>Consequences</strong></td>
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<tr>
<td><strong>High Risk Situation</strong></td>
<td><strong>Automatic reactions/thoughts</strong></td>
<td><strong>Feelings or behaviors</strong></td>
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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

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