

CBTp: Key Messages and Additional Resources

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**NORTH AMERICA
CBT FOR PSYCHOSIS
NETWORK**

Learning Objectives

1. To highlight key messages that underlie all CBTp-informed interventions
2. To demonstrate ways that we might open conversations around “Thinking About Our Thinking”

...and to sneak in information from the February 25, 2020 ECHO presentation around formulation and treatment basics for positive symptoms of psychosis (including availability of self-help books)

What CBTp is...

A collaborative, empowering, and hope inducing therapeutic approach that may lead to a number of potential positive outcomes:

- Reduction of positive and/or negative symptoms
- Reduction of distress associated with delusions and hallucinations
- Reduction in comorbid distress (e.g., anxiety, depression, stigma)
- Improvements in coping, problem solving, interpersonal skills, general functioning and quality of life

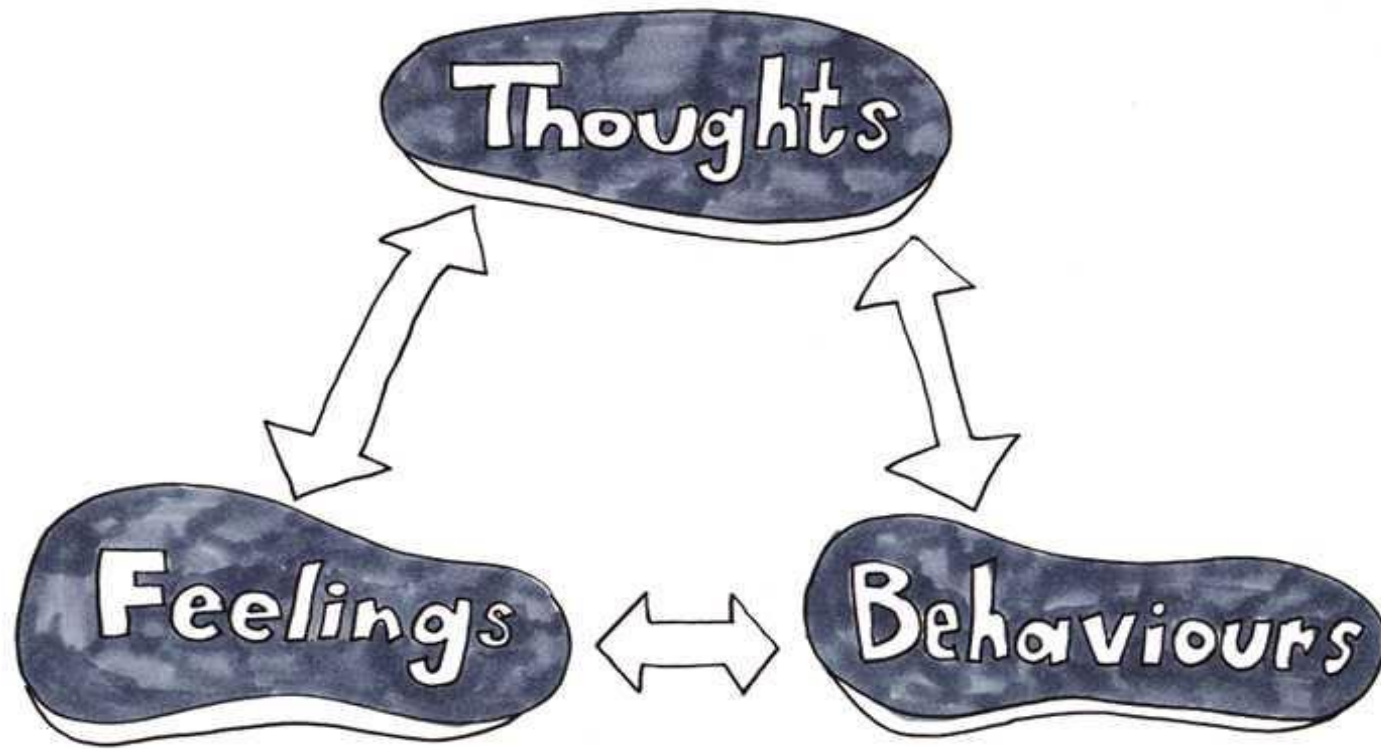
What CBTp is...

Morrison, A.P., & Barratt, S. (2010). What are the components of CBT for psychosis? A Delphi study. *Schizophrenia Bulletin*, 36 (1), 136-142.

- Collaborative and exploratory
- Normalizing – Psychotic experiences are viewed on a continuum with non-psychotic experiences
- Flexible and accommodating of individuals' needs, abilities and preferences

- Interested in personal understanding of psychotic experiences
- Recognizes that psychotic experiences can be quite understandable if we understand the individual

- Concerned with reframing thoughts and modifying behaviours that are contributing to current difficulties
- Involves practice with a variety of skills both inside and outside of sessions



The Cognitive Model

Thoughts Are Not Facts

- We all have troubling thoughts from time to time, and we all have inaccurate or biased thoughts more often than we realize
 - Even thoughts that aren't accurate, can have a big impact on how we feel and what we do
 - Even thoughts that aren't accurate come from somewhere, and often make sense given our prior experiences
 - If we pay attention to our thoughts, we can evaluate whether they are balanced, accurate and realistic, and we can work on modifying them so that they are a better reflection of what's really going on

On a Fundamental Level...

Troubling Thought

If it is true

We need to problem solve, or do something to change things

If we can't change things, then we need to focus on coping. For example:

Engage in self-care

Shift our attention

Focus on helpful perspectives

If it isn't true

We can explore and shift our thinking. For example:

Examine the evidence

Generate alternative explanations

Conduct a behavioural experiment

But Where It Gets Tricky...

Troubling Thought

When we believe “it is true”

We seek out or notice only evidence that is consistent with the initial thought

We interpret ambiguous information in ways that confirm the initial thought

We act as though the thought is true

...and then we believe the thought even more

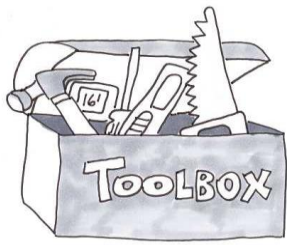
When we believe “it may or may not be true”

We are more likely to consider alternative explanations and to be open to evidence on either side

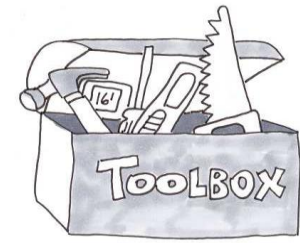
We are more willing to do things to test it out

We are more likely to act as though it may not be true, and to go about our daily life

...and then we believe the thought less



CBTp Toolbox



Behavioural Tools & Coping Skills

- Relaxed Deep Breathing
- Guided Imagery
- Behavioural Activation: Getting Active
- Mindfulness and Letting Go
- Progressive Muscle Relaxation
- Grounding
- Self-Soothing
- Reviewing Coping Skills Lists
- Coping Cards
- Noticing Positive Characteristics
- Reducing Avoidance
- Practicing Self Compassion
- Behavioural Experiments

Cognitive Restructuring Tools

- ABC Worksheet:
 - Noticing Our Thoughts and Finding Alternatives
- Identifying Cognitive Errors
- Generating Alternative Explanations
- Examining the Evidence
- Problem Solving
- Considering Ways of Coping
- Challenging Anxious/Depressive Thinking
- Keeping a Voice/Thought Diary
- Challenging Beliefs About Voices
- Challenging Paranoid & Unusual Beliefs
- Strengthening Adaptive Core Beliefs

Slides from:

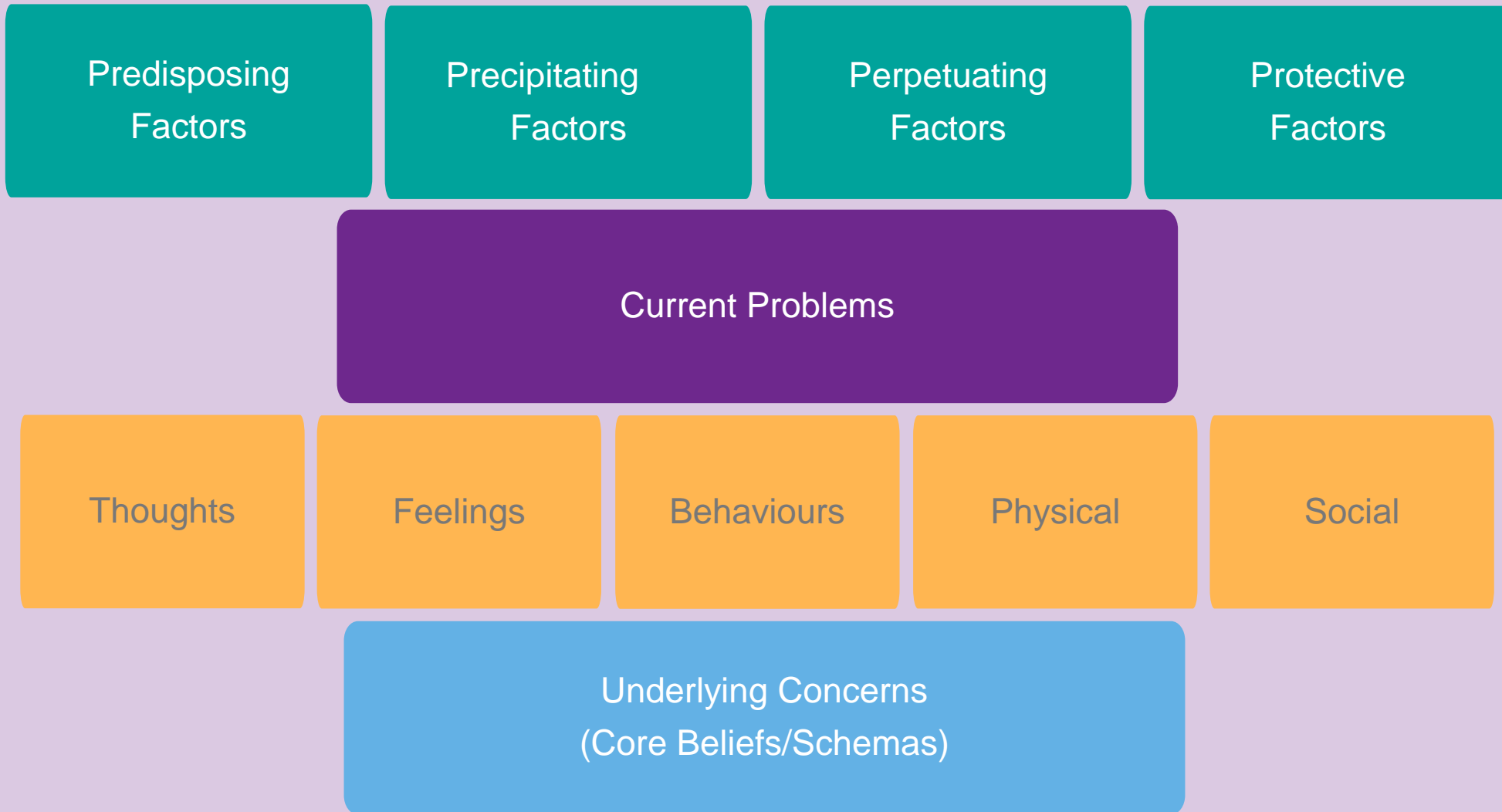
CBTp: Key Considerations and Lightning-Fast Overview

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February 25, 2020

CBTp Formulation



CBTp for Paranoia and Unusual Beliefs

Formulation Basics:

- Paranoid and unusual (delusional) beliefs are often seen as extension of beliefs held prior to onset of illness
- Emphasis is placed on understanding the role of predisposing, precipitating, and perpetuating factors (i.e., trauma, negative beliefs about the self, substance use, etc.)
- Maintained by various cognitive distortions/biases (i.e., jumping to conclusions, confirmation bias etc.), hypervigilance and behavioural avoidance

CBTp for Paranoia and Unusual Beliefs

Treatment Basics:

- Use of guided discovery to understand antecedents of delusional beliefs and the nature of the evidence used to support these beliefs
- Generally starts by sensitively exploring the evidence used to maintain the delusional beliefs
- Generation of alternative explanations and further research/homework to explore them
- Generation of testable hypotheses (behavioural experiments)
- ***Sowing the seeds of doubt***
- Reducing avoidance and safety behaviours
- Targeting underlying core beliefs and building self esteem
- When beliefs are resistant to change, focus in therapy is on reducing distress and interference (i.e., focus on coping responses, reducing avoidance, etc.)

CBTp for Distressing Voices

Formulation Basics:

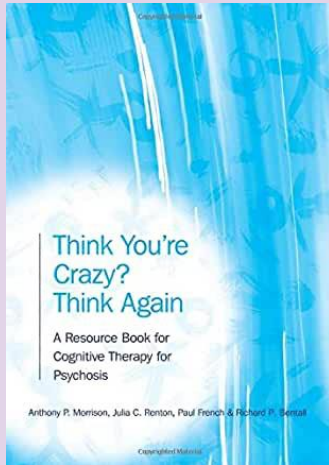
- Voices may reflect externalized automatic thoughts or remote memories
- Often precipitated by a combination of a vulnerability to externalize as well as by experience of stressful events and/or trauma
- Cognitive appraisals and core beliefs are involved in the development, persistence and distressing nature of voices
- Often maintained by safety behaviour (e.g., avoidance)
- It is frequently the distressing beliefs that one holds about their experience of hallucinations that are seen to be most problematic (e.g., beliefs about the origin of the voice, the controllability of the voice, or that others can hear the voice)

CBTp for Distressing Voices

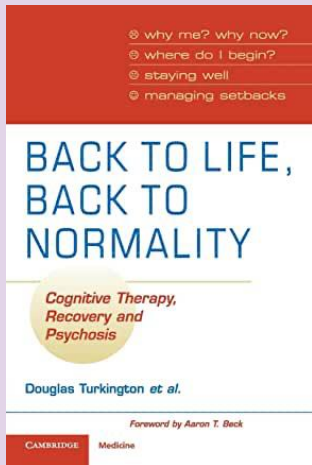
Treatment Basics:

- Normalizing explanations are frequently provided
- Frequently focused on building beliefs that voices are not omnipotent and are controllable (addressing power)
- May focus on challenging content of voices and/or beliefs about voices
- Reducing avoidance and safety behaviours
- Targeting underlying core beliefs that are related to voice content
- Often focused on enhancement of coping skills:
 - Distraction/shifting attention (e.g., getting active, listening to music, writing, etc.)
 - Focusing/relaxation (e.g., subvocalization, relaxed breathing, rational responding)
 - Metacognitive and third-wave (e.g., mindfulness, acceptance)

Self-Help Resources

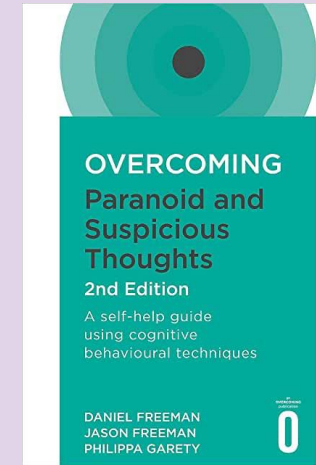


Think You're Crazy?
Think Again
Morrison, Renton et al.
(2008)



Back to Life, Back to
Normality
Turkington, Kingdon et al.
(2009)

Overcoming Paranoid
and Suspicious Thoughts
Freeman, Freeman & Garety
(2016)



Overcoming Distressing
Voices
Hayward, Strauss & Kingdon
(2018)

