

CBTp: Key Considerations and Lightning-Fast Overview

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February 25, 2020

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**NORTH AMERICA
CBT FOR PSYCHOSIS
NETWORK**

Objectives

1. Provide an overview of the key components of CBT for psychosis
2. Provide a summary of different CBTp skills/resources that are helpful in working with positive symptoms

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...

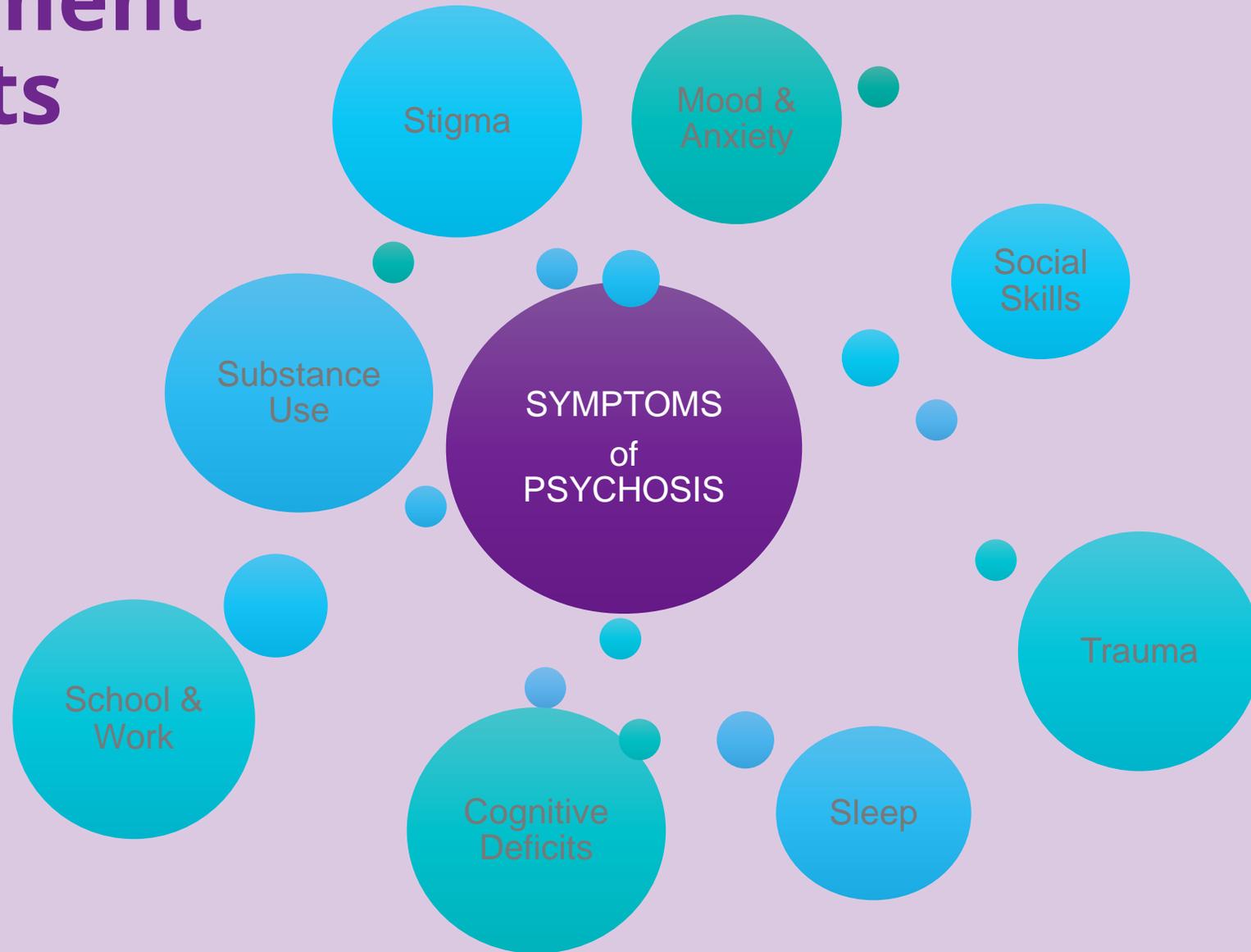
Morrison, A.P., & Barratt, S. (2010). What are the components of CBT for psychosis? A Delphi study. *Schizophrenia Bulletin*, 36 (1), 136-142.

- 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

Treatment Targets



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:

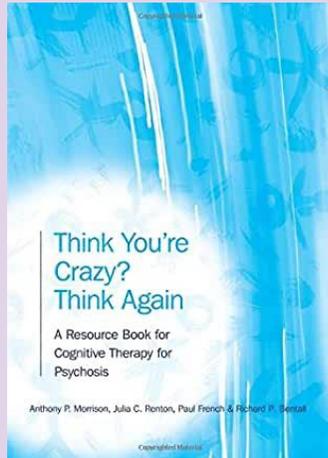
- Voices may reflect externalized automatic thoughts or remote memories
- Often precipitated by a combination of a vulnerability to externalize as well as by experience of stressful events and/or trauma
- Cognitive appraisals and core beliefs are involved in the development, persistence and distressing 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

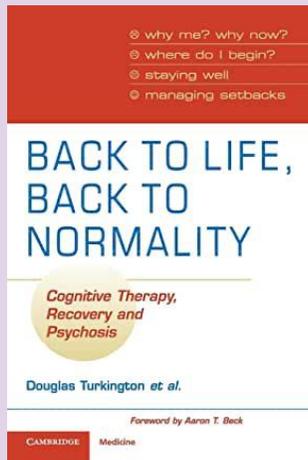
Treatment Basics:

- 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

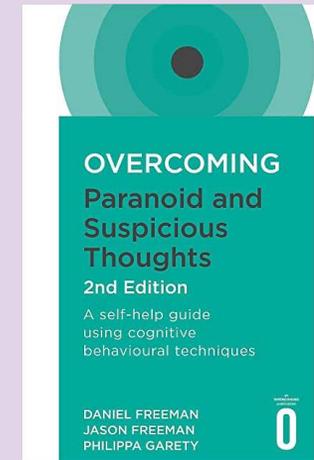


Think You're Crazy?
Think Again
Morrison, Renton et al.
(2008)



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)

