Introduction to Strategies for Working with Psychosis informed by CBT-p: Schizophrenia, Recovery, and Models of Intervention

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Best Practices in Schizophrenia Treatment (BeST) Center
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Name Your Zoom Square

- Once you are in, please take a moment to rename your Zoom square to your full name.
  - Click on (…) in the upper right-hand corner of your square
  - Select Rename
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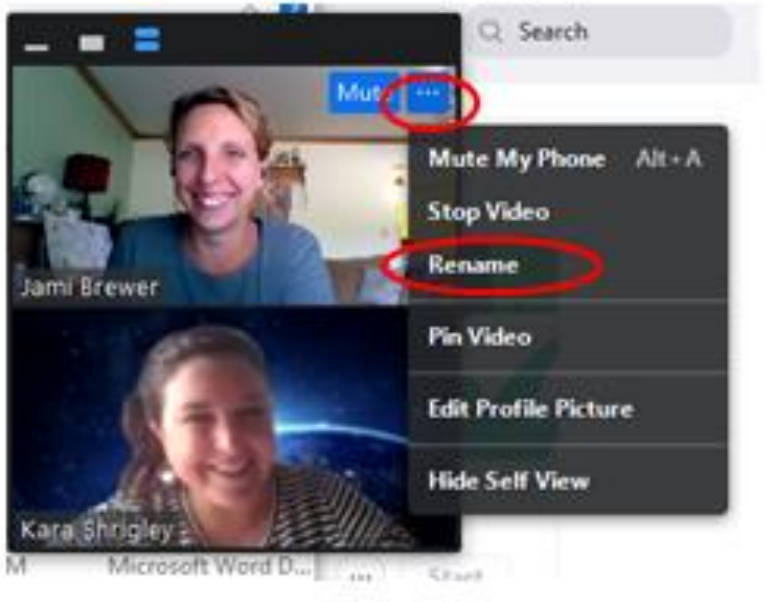
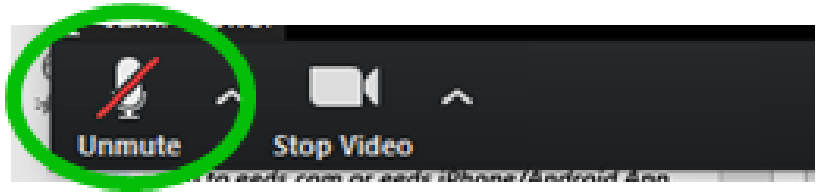


Helpful Tips

- Mute microphone when not speaking



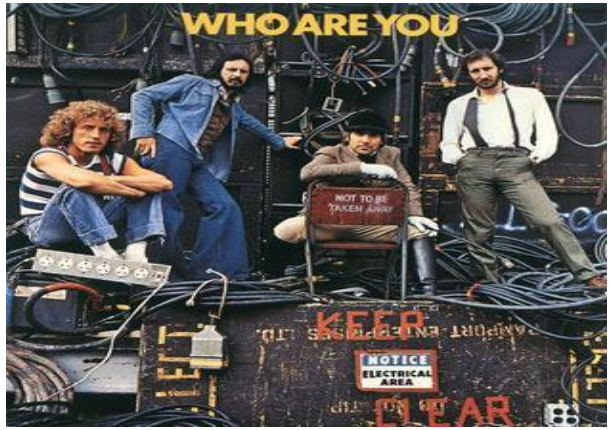
– **Press *6 to mute/unmute if calling in**

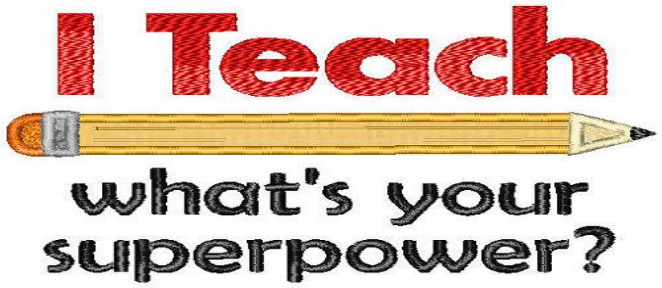
Instructions for the virtual world

- Virtual adaptation of an in person, **interactive** training session
- Mute your mics unless speaking (bottom left, microphone)
- If connection gives out or lose session, log back in.
- When polls come up, respond as quickly as possible. They are anonymous.
- Use the summary guide for reflection points

INTRODUCTIONS

- Name and strength- Chat box
- What you want to learn- Answer poll





BeST PRACTICES IN SCHIZOPHRENIA TREATMENT (BEST) CENTER AT NEOMED

The BeST Center's mission

- Promote recovery and improve the lives of as many individuals with schizophrenia as quickly as possible
- Accelerate the use and dissemination of effective treatments and best practices
- Build capacity of local systems to deliver state-of-the-art care to people affected by schizophrenia and their families

The BeST Center offers

- Training
- Consultation
- Education and outreach activities
- Services research and evaluation

The BeST Center was established

- Department of Psychiatry, Northeast Ohio Medical University in 2009
- Supported by Peg's Foundation and other private foundations and governmental agencies

First 2-hour section
Slides 4 – 65

Content	Associated Group Activity
Introduction	Introduction Activity
Continuum	
Stepped Care Model	
Living in a World of Appearances	Discussion of Illusions/Revealing the Picture
Core 1:	
Causes of SZ	
Symptoms of SZ	
Recovery Model	
Ben's Story	Process and Discuss

CBT-p Overview

Efficacy

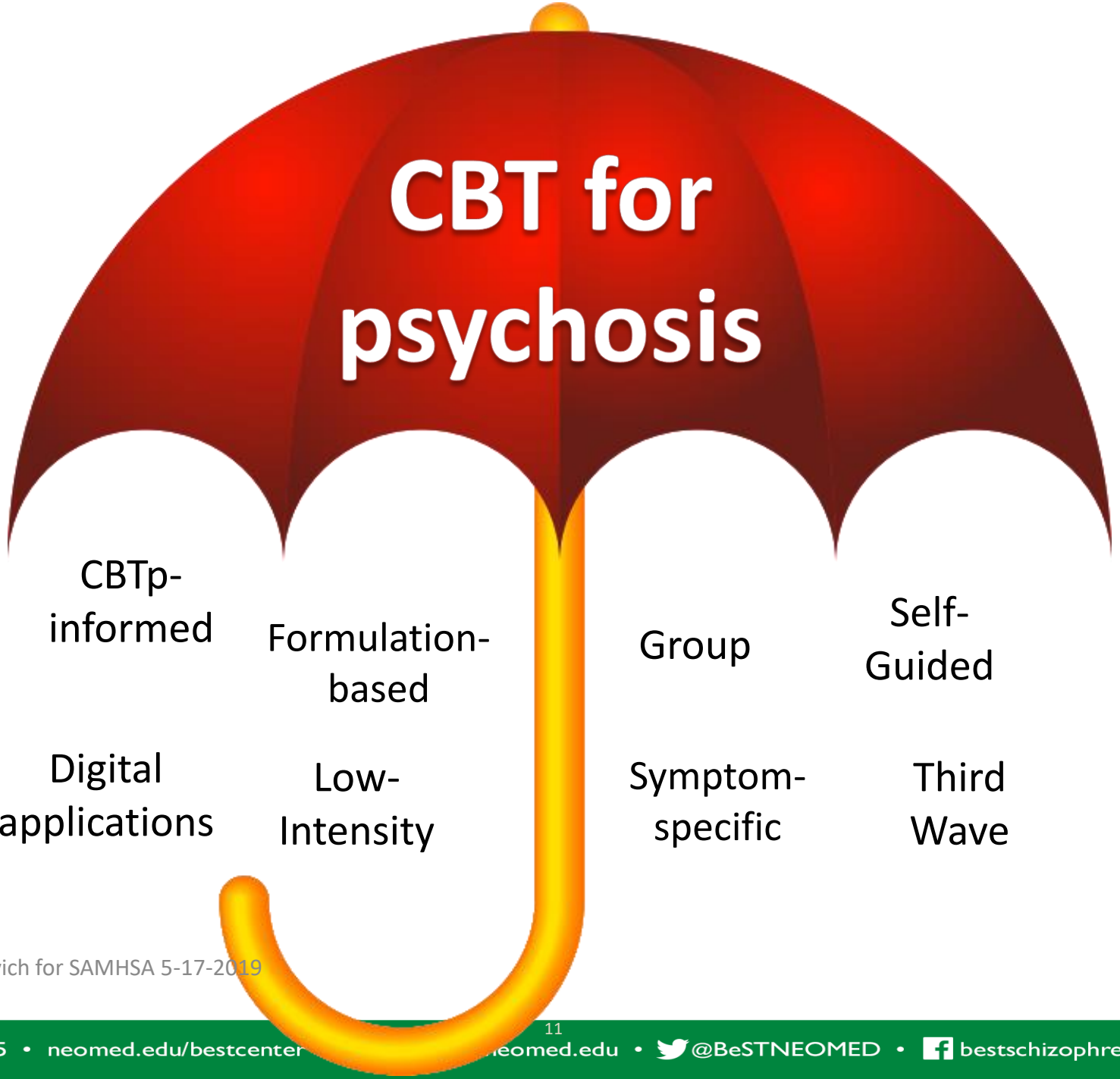
Different ways to apply CBT-p

Coordinating resources to maximize personal recovery

CBT-p Program overview: What we are about

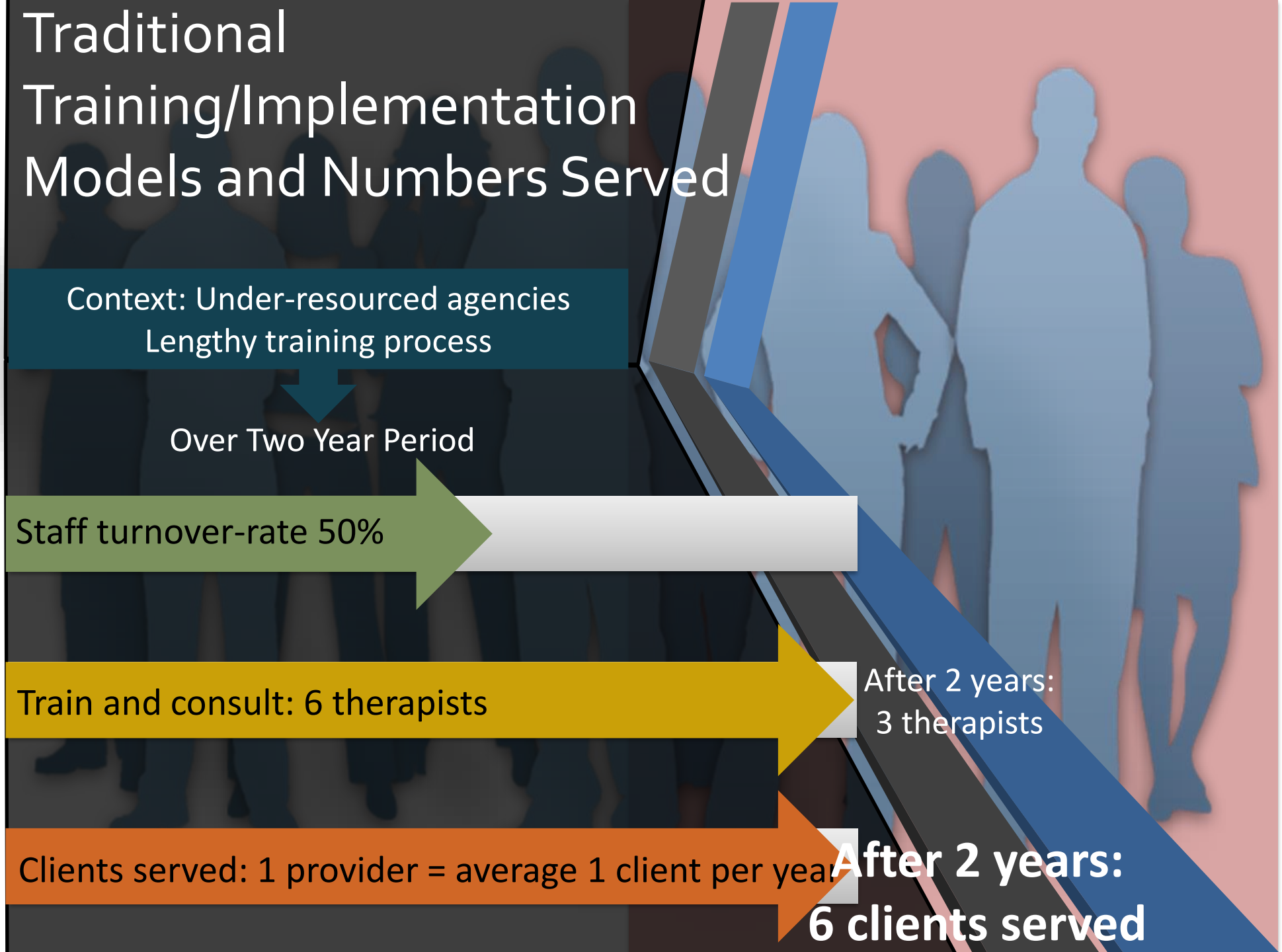
- ***We believe CBT-p can help individuals with psychosis reach their recovery goals!***
- CBT-p shows positive outcomes:
  - For treatment resistant clients: es= .47; (Burns, et al., 2014)
  - For hallucinations (es= .44) and delusions (es= .36) (van der Gaag, et al., 2014)
  - Relatively larger benefits for non-symptom domains such as
    - Quality of life (es= .49) and emotional well-being (es= .61) (Peters, et al., 2015)
    - General well-being (es= 1.16) Freeman et al., 2014

- We want to help agencies develop self-sustaining programs of providers who can provide a range of services informed by CBT-p/MI/Mindfulness to fidelity

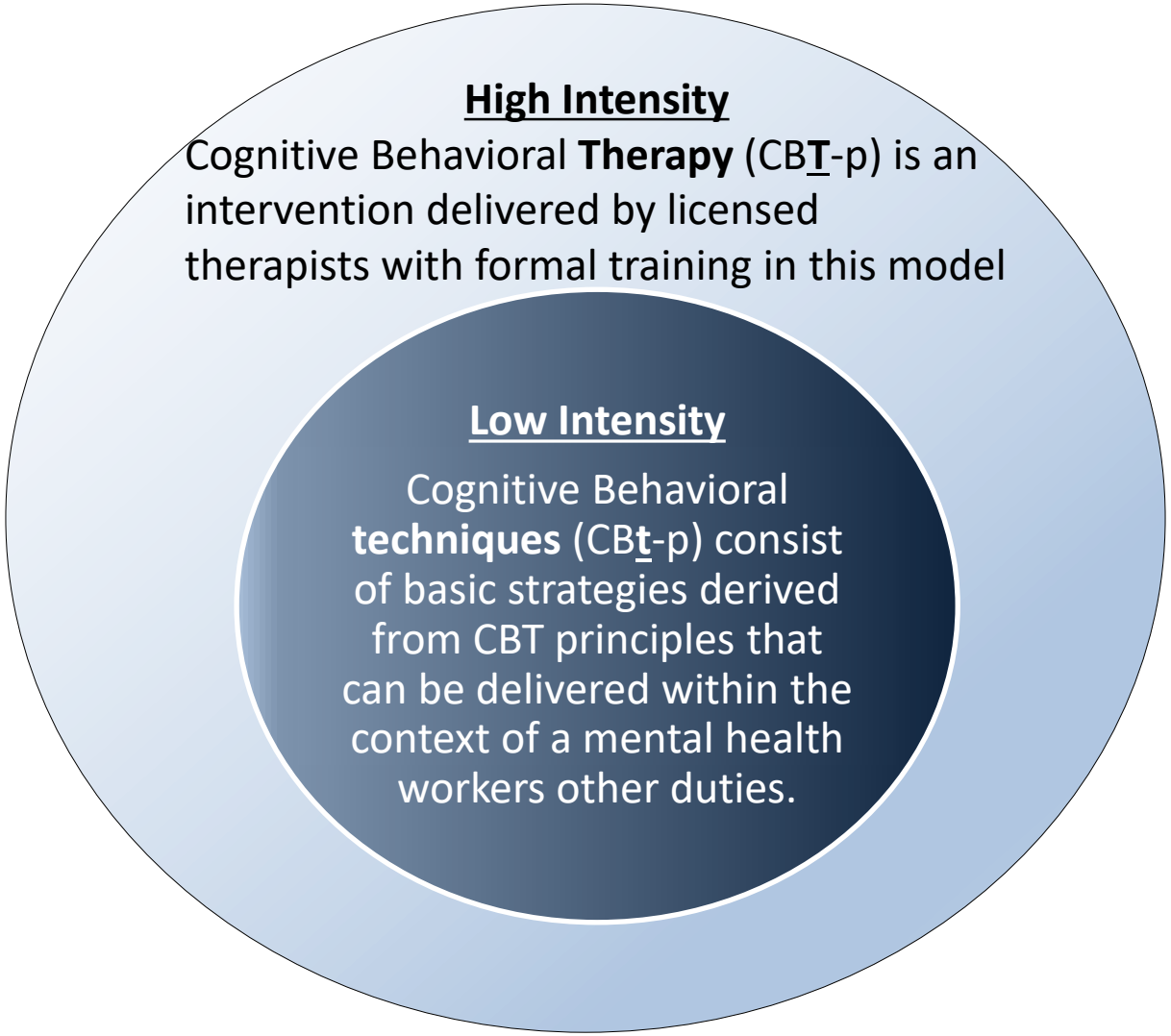


Kopelovich for SAMHSA 5-17-2019

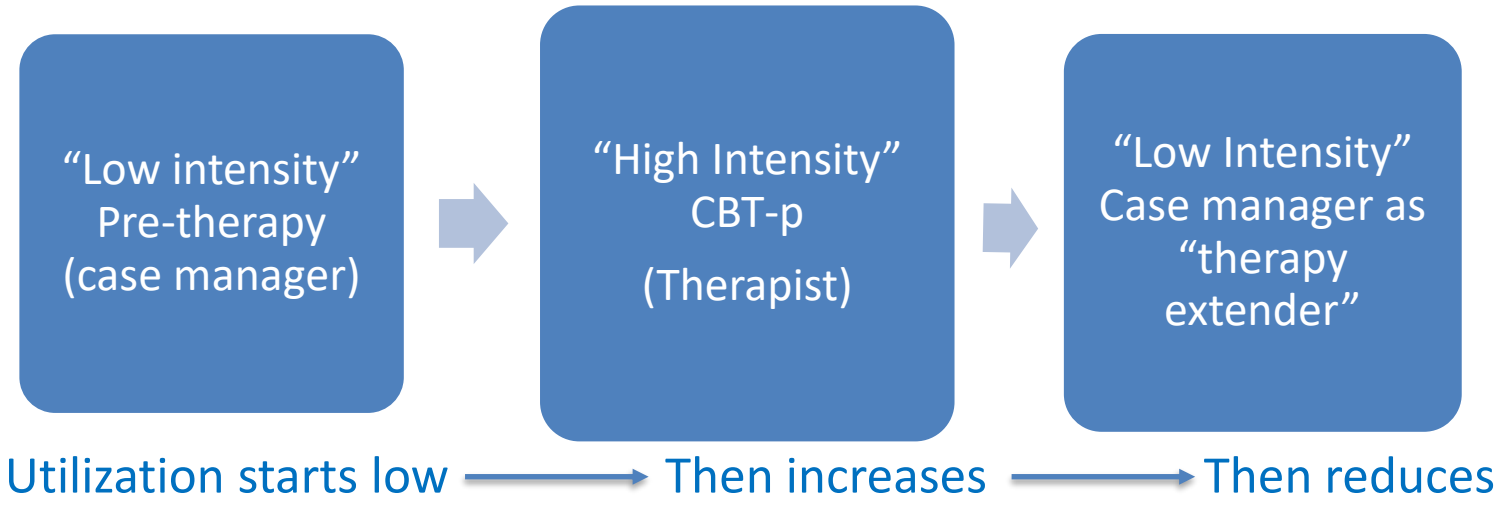
Traditional Training/Implementation Models and Numbers Served



Treatment on a Continuum: Maximizing the Workforce

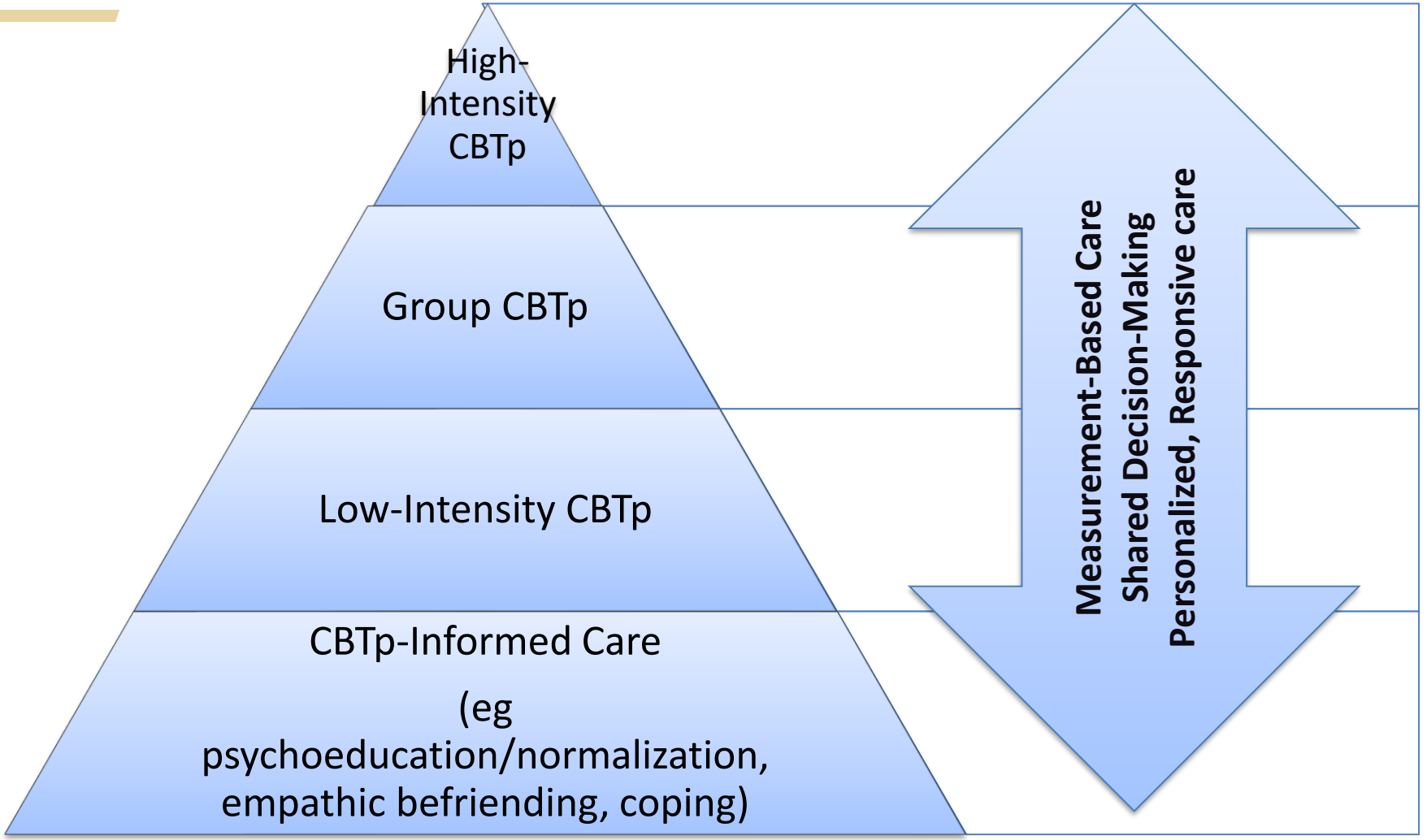


TREATMENT ON A CONTINUUM:
ACROSS DISCIPLINES AND PHASES OF TREATMENT

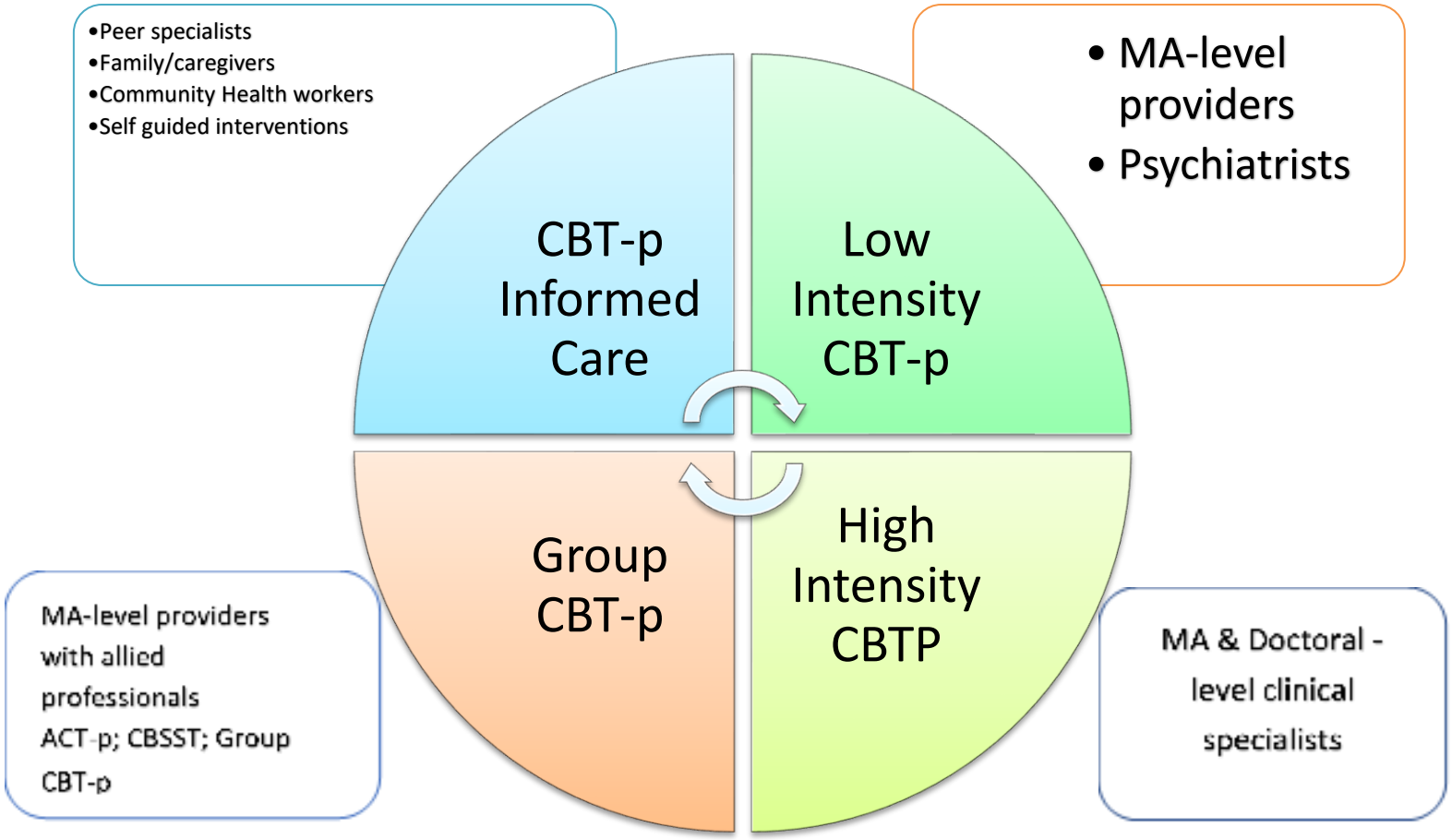


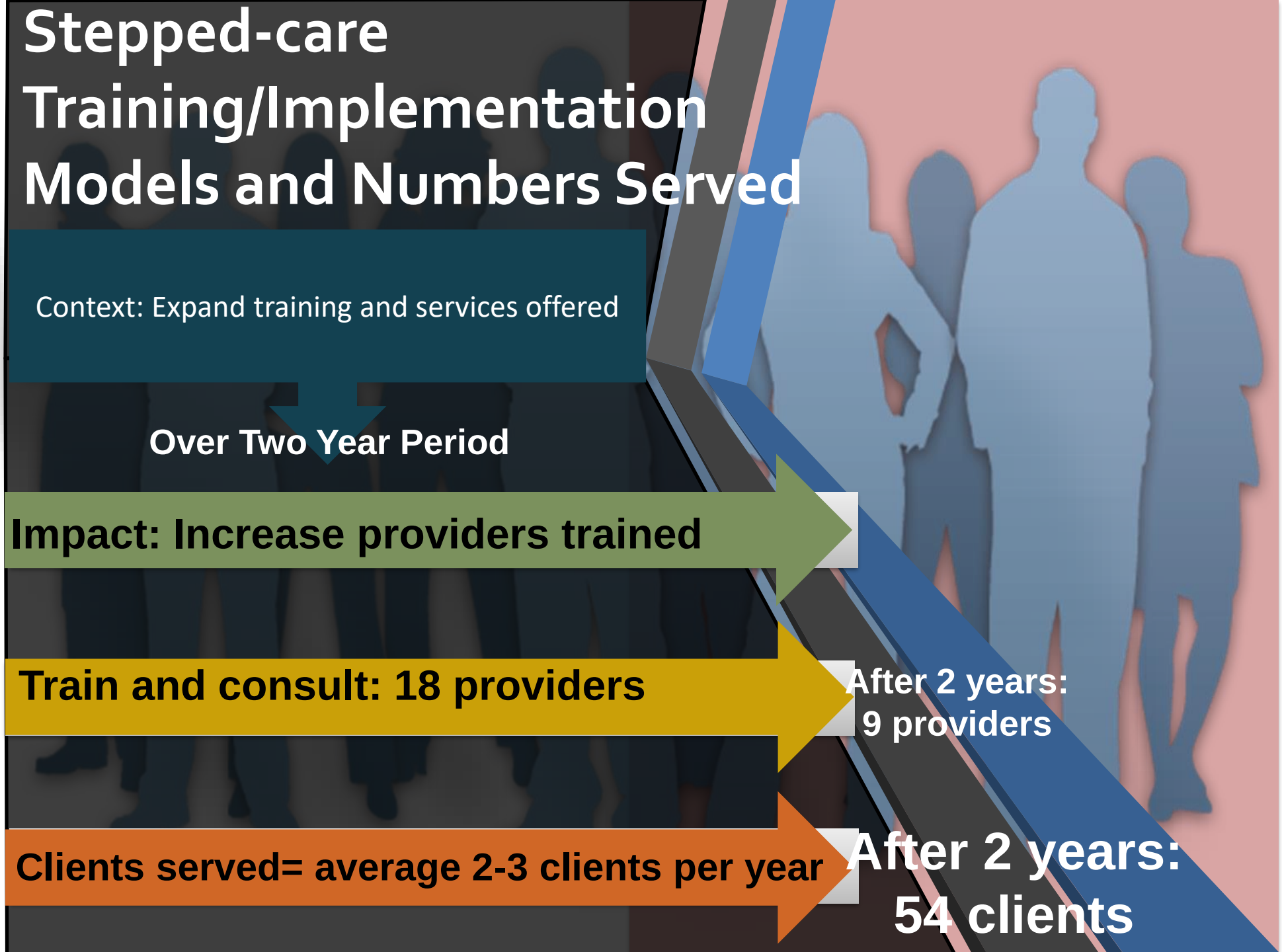
Stepped Care Service Delivery Model

(Kopelovich et al., 2018)
Kopelovich for SAMHSA 5-17-2019



DIFFERENT TYPES OF SERVICES INFORMED BY CBT-P




Stepped-care Training/Implementation Models and Numbers Served
Context: Expand training and services offered
Over Two Year Period
Impact: Increase providers trained
Train and consult: 18 providers
After 2 years: 9 providers
Clients served= average 2-3 clients per year
After 2 years: 54 clients

Expand Training

Expand modalities

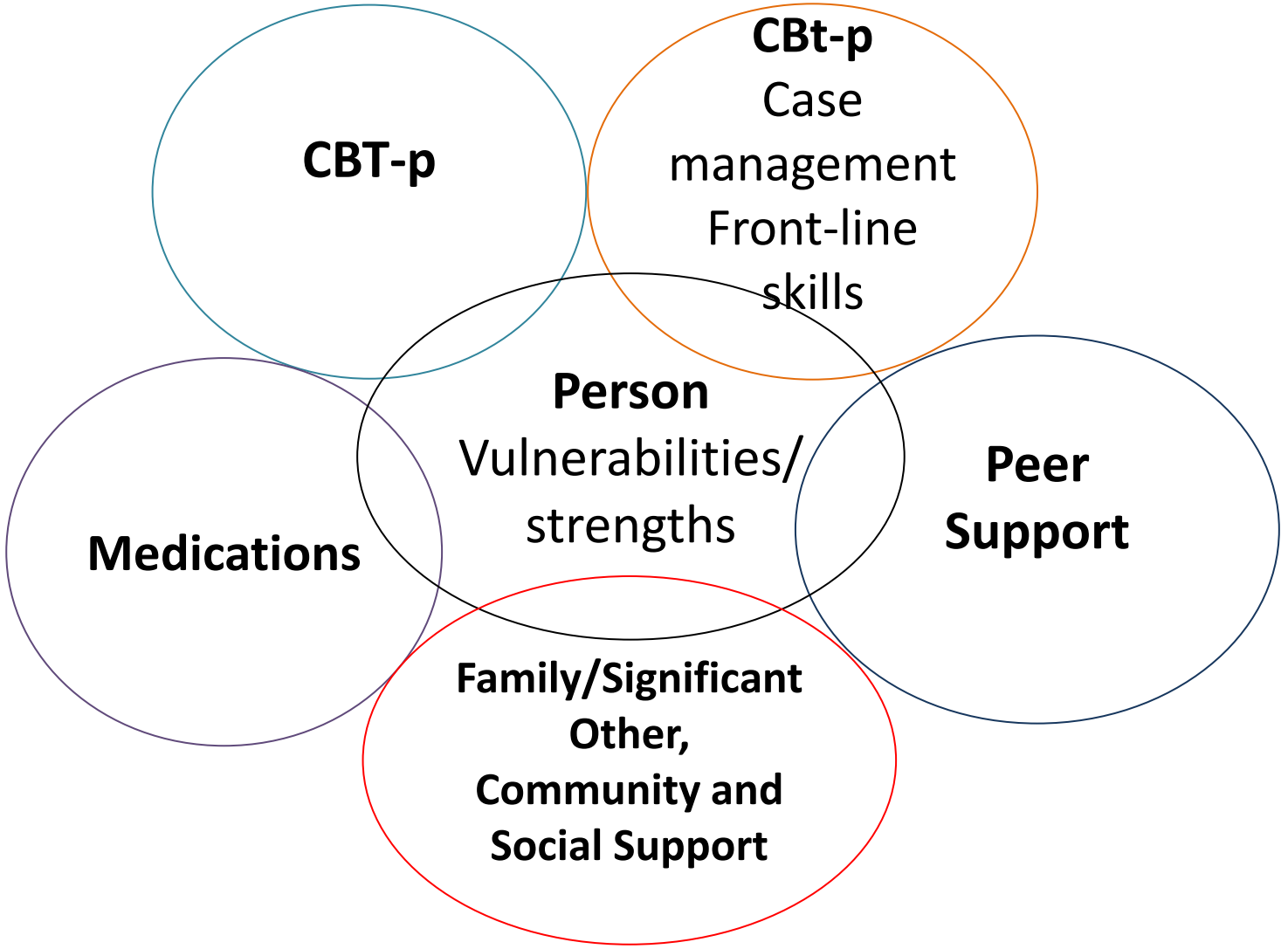
Provide Systemic Support

More clients served

Traditional model

Stepped Care

An Integrated Team Approach



Working with Psychosis

Foundations of Interventions

Core 1: Understanding and Knowledge	Core 2: Interventions & Strategies Informed by CBTp
Empathy for experience of psychosis ▪ Experiential	Strategies for Building Alliance ▪ Engagement
Definitions, descriptions, and meanings associated with psychosis ▪ Three models of viewing psychosis	Strategies for reducing stigma ▪ Acceptance ▪ Normalize
Recovery mind-set ▪ Examples and implications	Strategies for new understanding and coping ▪ Overview of skill training areas
Expectation management: will not cure psychosis with this training; will aid in the recovery process!!	

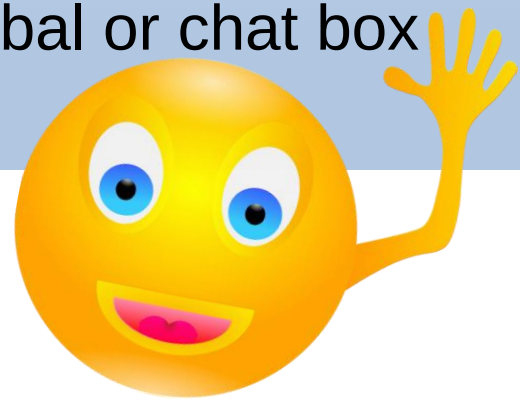
Core 1: Understanding and Knowledge

Let's all Get on Equal Footing

EMPATHY EXERCISE

- If we haven't been through what our clients' have been through, it's hard to have empathy

- Toward that end…. Let's go from the inside out
  - ✓ Listen to prompts and take notes
  - ✓ Will be assigned to discussion group to reveal reactions
  - ✓ Important to share reactions- verbal or chat box



REVIEW AND REFLECT

What are the themes that stood out to you?

- Challenges?
- Strengths?

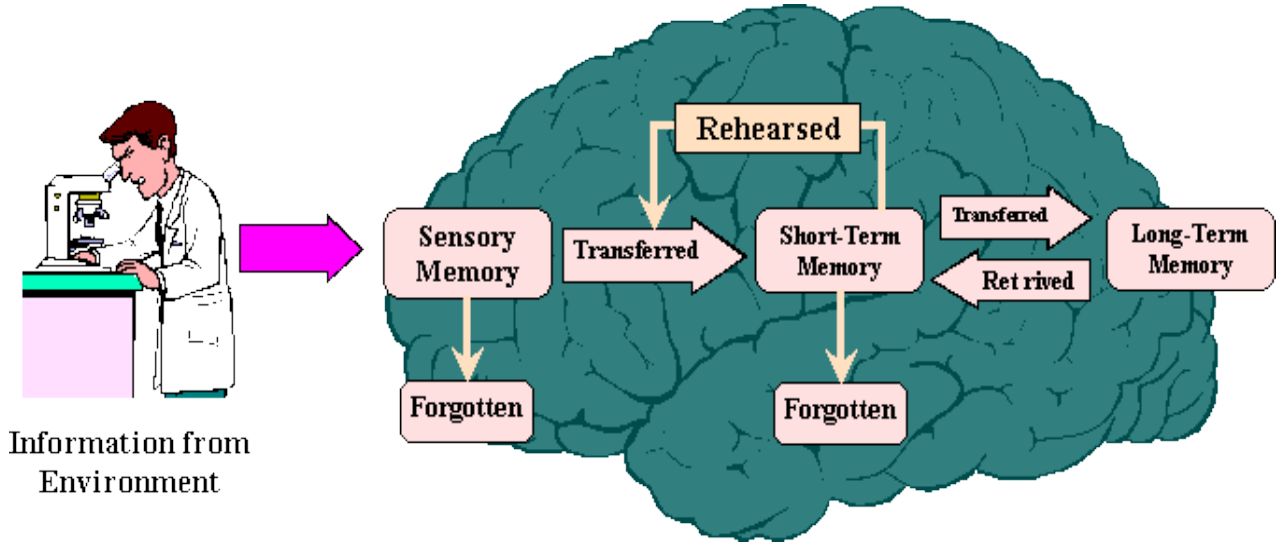
What do you think is important for the client based on this experience?

THINGS TO KEEP IN MIND FROM THE EXERCISE

- Goals/interests before psychosis!
- How do people manage unusual experiences?
- How is family involvement perceived by the person experiencing psychosis?
- Thinking about oneself as mentally ill? Common reactions?
- How do people want to be treated during this type of experience?

On Being Human:

Using the CBT model to understand how our brain processes information?



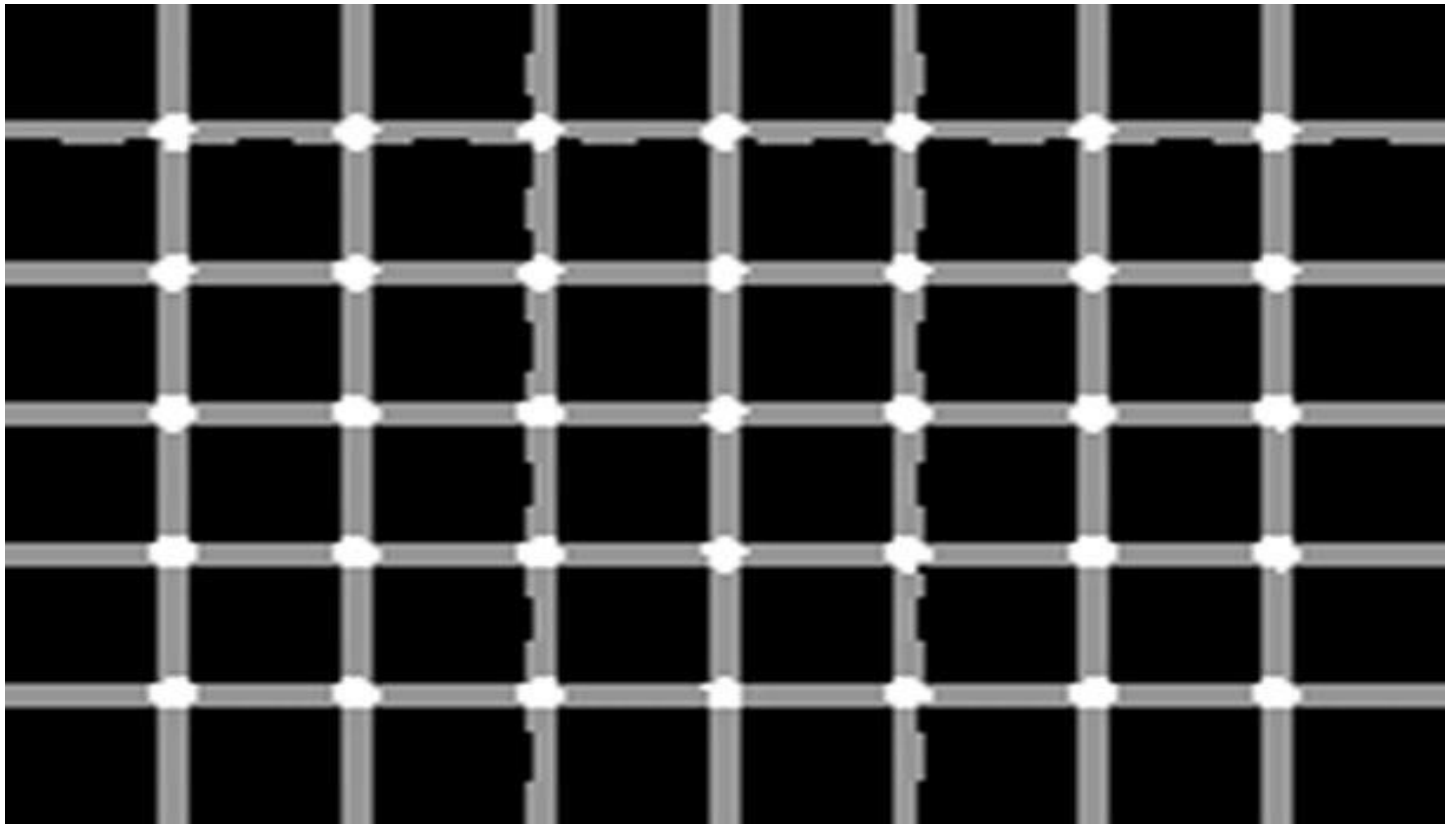
We live in a world of "appearances"

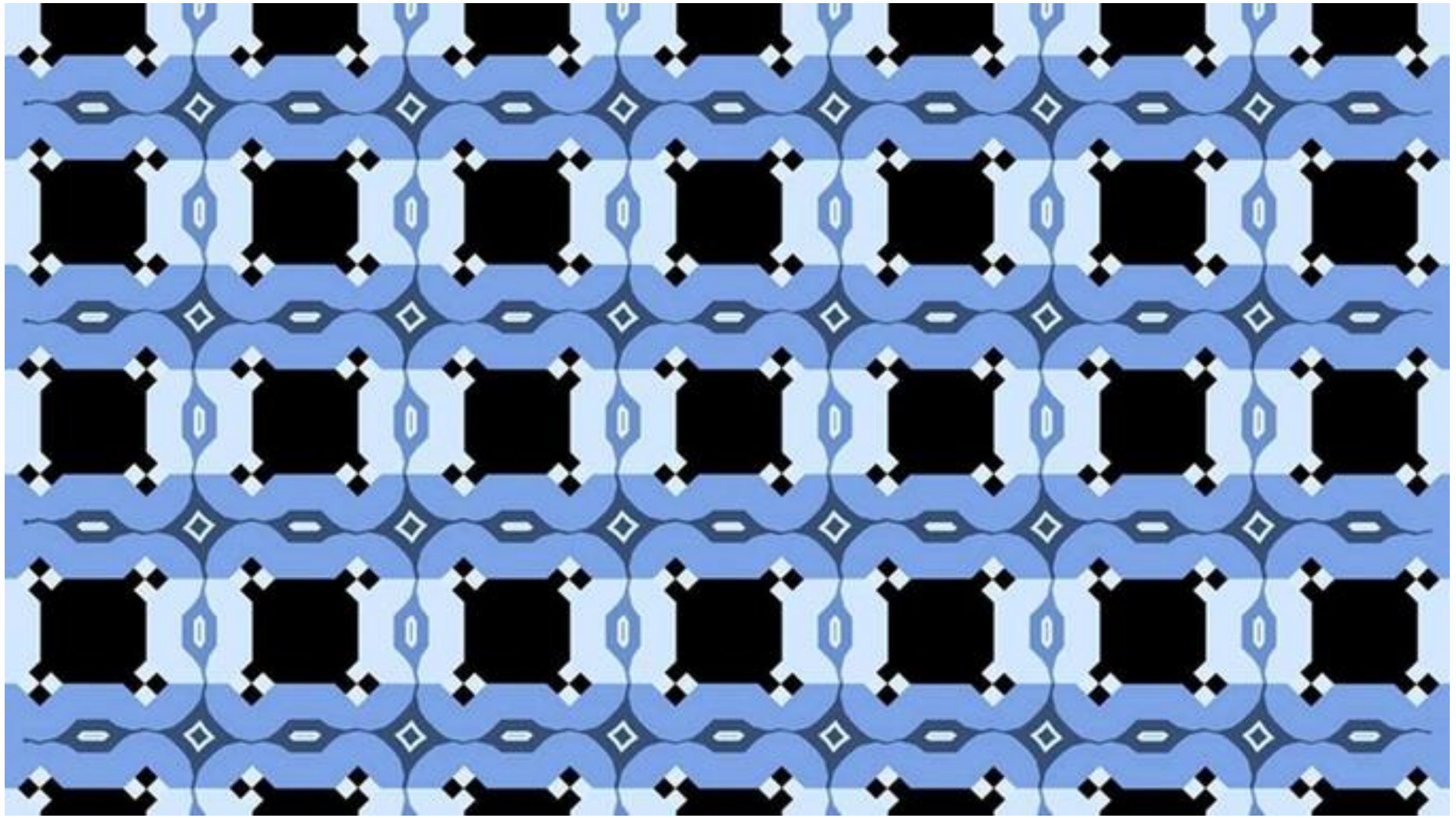
- In other words, we see the world as we construct it:
  - SO, there is often more than one way to "accurately" interpret things.

- ***How*** we interpret things depends on
  - **Sense-perception**
  - **How our brain/mind works** (thinking, reasoning, memory, past learning)

* From Chadwick (2006)- *Person-based CT for distressing psychosis*.

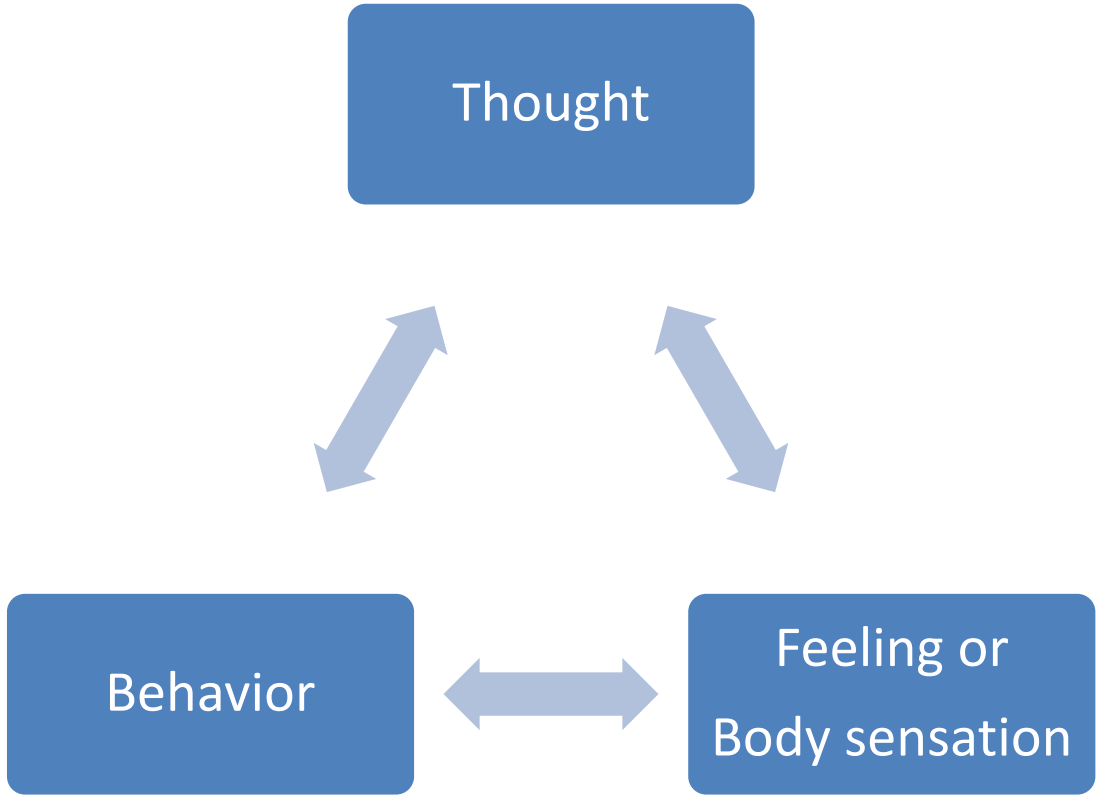
Illusions: visual and Auditory





Using Cognitive Model to Understand Experience

SITUATION OR EXPERIENCE LEADS TO...

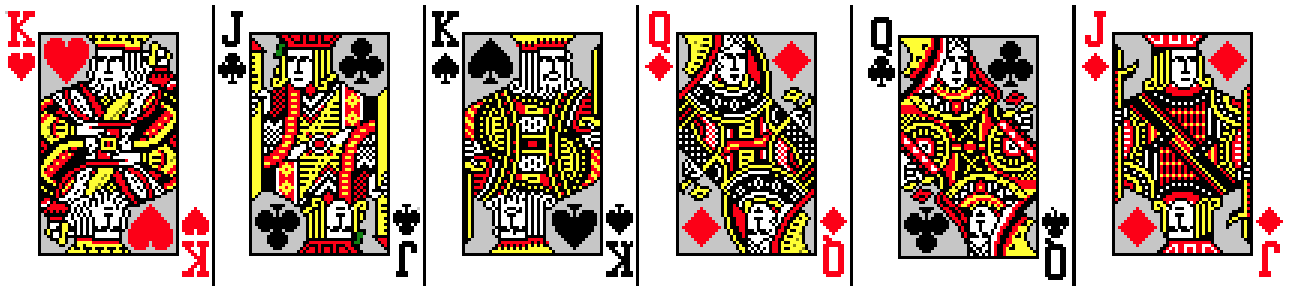


Would you like to Ride a Roller Coaster?

REACTIONS OF TWO PEOPLE IN LINE

How do we explain "unusual" events?

- Please silently choose one of these playing cards and concentrate on it.
- Do not point at it or name it, and do not tell me which card you have chosen.

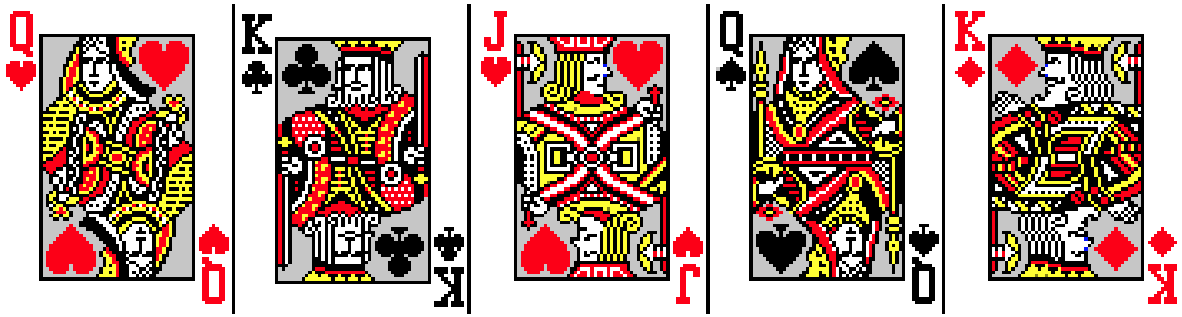


Adapted from Moritz, et al., (2011).

How do we explain things?

- The card you have chosen will now be selected and removed from the deck.

How we explain things



Has your card been removed?

How do you think this was done?

When experiences lead to "unusual" beliefs

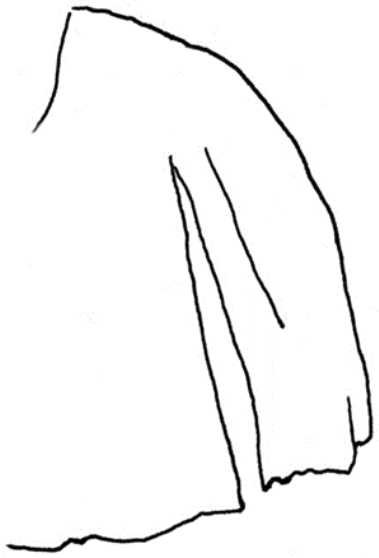
- <u>How many believe</u>
  - Believe in magic 27-67%
  - In witchcraft, voodoo or occult? 44%
  - That they are here for special purpose or mission? 37%
  - That thoughts can be transferred between people? 50%
  - That it is possible to predict the future? 50%
  - In ghosts? 15-25%

*Peters, Joseph, and Garety (1999)
Cox and Cowling (1989)

COMMON THINKING HABITS

What is this?

- shirt
- rocky hill
- cave
- girl
- old tent
- fountain



Adapted from Moritz, et al., (2011).

What are Some Take-home Messages?

- There is more than one way to look at situations
  - ***So***… consider looking for different perspectives

- It is not the event, but how you react which is most important (*Epictetus*)
  - We are all prone to thinking habits which influence our decisions
  - ***So***… let's practice slowing down and identifying helpful and unhelpful responses.

    - Consider teaching the CBT model to your clients!

UNDERSTANDING SCHIZOPHRENIA

Causes of Schizophrenia: Different Pathways to Illness

- Role of **genetics**

- Toxoplasmosis – increases risk by less than twofold
- Childhood adversity
- Cannabis use (during adolescence)
- Childhood viral infections of CNS

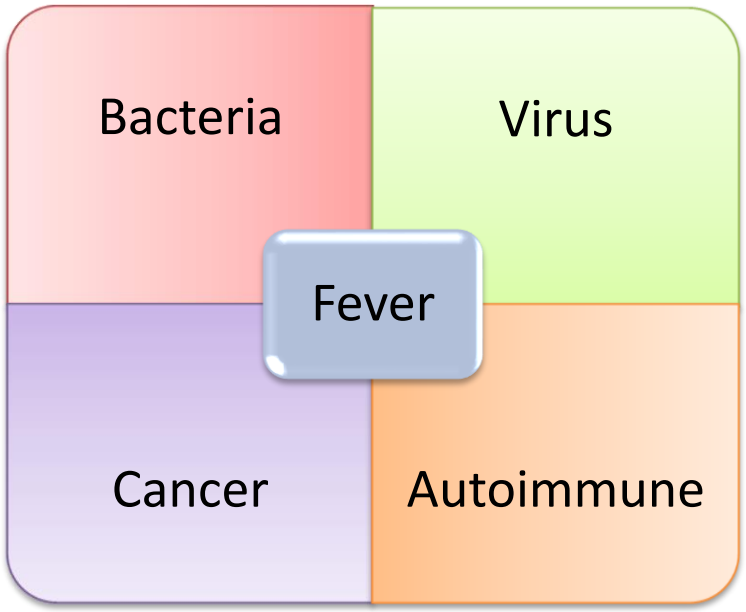
Increase risk by two to threefold

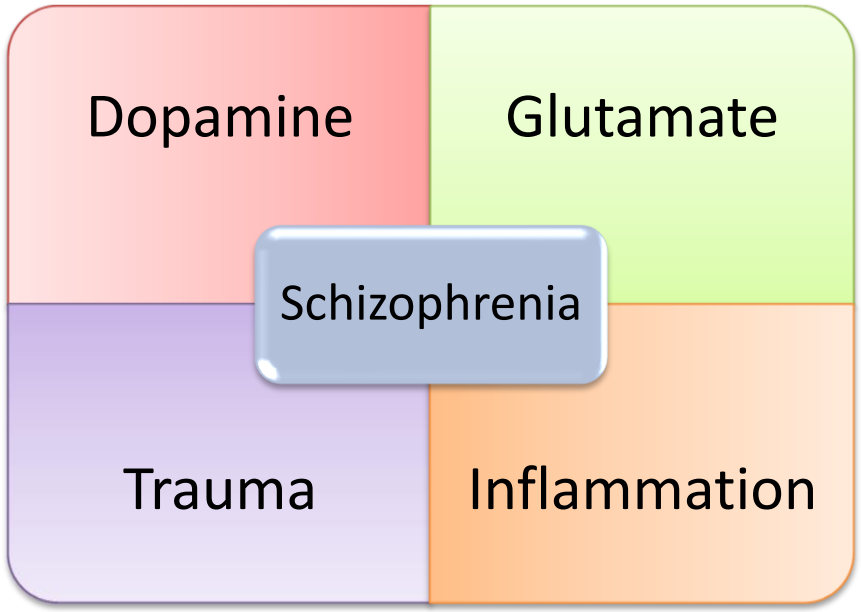
- Daily use of high potency cannabis – increases by about fivefold

- **Those who have suffered 5 different types of trauma (sexual, physical) – increases by about fiftyfold**

McCarthy-Jones, S. (2017). The concept of schizophrenia is coming to an end – and here's why. The Conversaton. https://theconversation.com/the-concept -of-schizophrenia-is-coming-to-an-end-heres-why-82775?utm_source=pocket&utm_medium=email&utm_cam

DIFFERENT CAUSES, DIFFERENT TREATMENTS

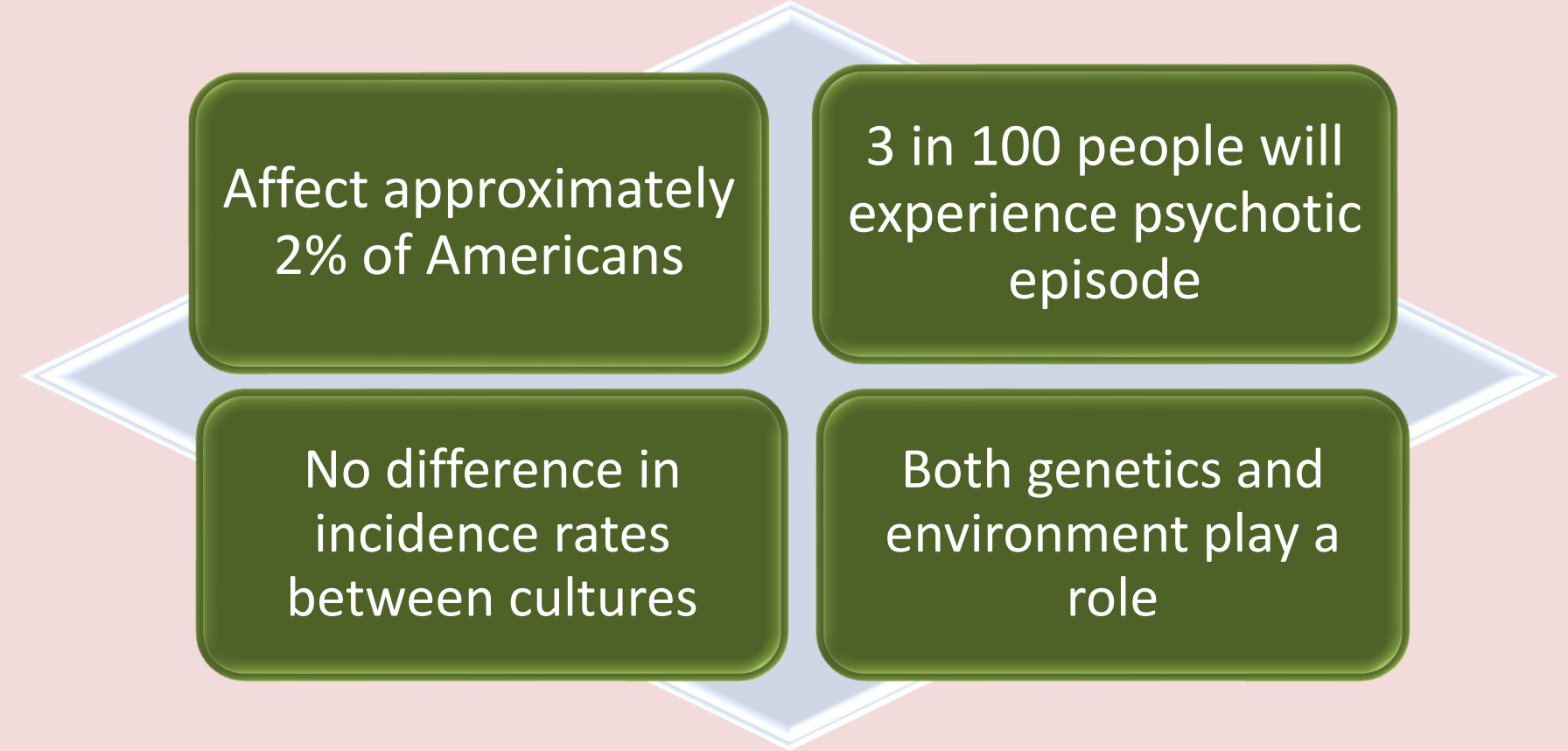




The term “Schizophrenia” is *symptom* descriptive, but not *physiologically* descriptive.

Messamore, Eric (2017). Basics and Beyond. PowerPoint Given at BeST Center, NEOMED.

Schizophrenia Spectrum Disorders: Stats



Warning signs – Before the Psychosis Starts

- Increased difficulty with work or school
- Difficulty concentrating
- Odd thinking or behavior
- Feeling like something is just not right
- Having trouble putting words and sentences together clearly – disorganized thoughts; confusion
- Emotional outbursts for no apparent reason

- Feeling afraid with no apparent reason
- Hearing things or voices that no one else can hear
- Withdrawal from usual interests, hobbies, friends and family
- Poor personal hygiene
- Baseline functioning begins to fail/deteriorate

Positive Symptoms

Reflect an **excess or distortion** of normal functions – *something added*

Symptoms may include:

Delusions: Beliefs not based in reality

- Usually involve misinterpretation of perception or experience

Hallucinations: Seeing or hearing things that don't exist

- Can occur with any of the senses
- Hearing voices most common
- One model – misperceived automatic thoughts

Positive Symptoms Cont'd

Symptoms may include (cont'd)	**Thought disorder:** Difficulty speaking and organizing thoughts	May result in stopping speech midsentence or putting together words in a meaningless way (known as "word salad")
	Disorganized behavior: May show in number of ways	Examples: childlike silliness, unpredictable agitation

Negative Symptoms

Diminishment/absence of characteristics of normal function – *something taken away*	
Examples	Loss of interest in everyday activities
	Appearing to lack emotion
	Reduced ability to plan or carry out activities
	Neglect of personal hygiene
	Social withdrawal
	Loss of motivation

Negative Symptoms Cont'd

- May appear with/without positive symptoms
- Difficult to treat with medication
- Impacts all aspects of individual's life (i.e., work, school, relationships)
- Many individuals are "blamed" for these symptoms (e.g., lazy)

Cognitive Symptoms

Involve problems with thought processes	Problems with making sense of information
	Memory problems
	Difficulty paying attention

May be most disabling symptoms in schizophrenia

Interfere with ability to perform routine daily tasks

Ways to Think about Schizophrenia

How we think about schizophrenia affects what we do

Different models for thinking about schizophrenia

Stigma

Biological

Recovery

STIGMA

- Beliefs about the illness:
- Never able to get better
- Always deteriorating
- Nothing really helps
- Person may be violent
- They should be locked away
- They are dangerous

Stigma View

Impact of Stigma

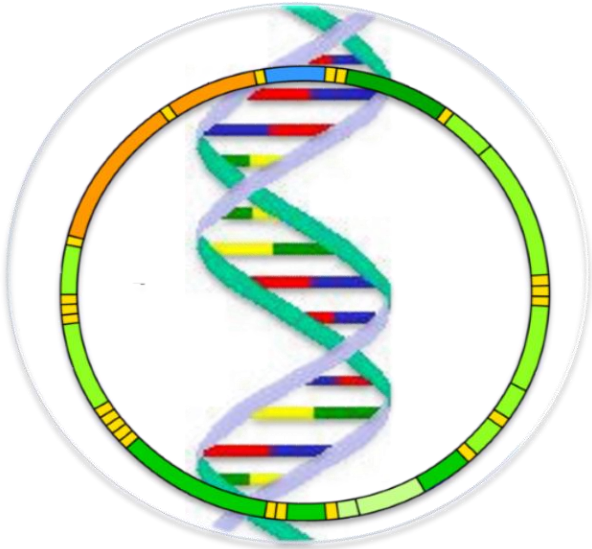
Actions that may follow from the stigma view:

- Exclusion
- Discrimination
- Avoidance
- Use of Intrusive interventions: Controlling or managing activities for the person with the illness; coercive measures (loss of freedom and self-direction).

See Manuel et al., 2013

BIOLOGICAL

- <u>Belief about illness and impact</u>:
- Biological in nature
- Requires medical intervention
- Focus is on symptom management
- Doctors and medicine are paramount
- Can be more disease focused than person focused



Biological

Recovery

- Client is an ACTIVE agent in recovery process
- There are many causes of psychosis
- Psychosis is seen as a continuum
  - All of us experience odd things at some point
  - Psychosis is an extreme variant of common experiences
- Responsibility: Much like the addiction model – one is not responsible for having the disorder, but one is responsible for recovery – and communities are also responsible to help

Recovery

YOUR ATTITUDES AND EXPECTATIONS MATTER

- O'Connell and Stein (2011)
  - Clients of case managers who held more optimistic expectations about the internal resources of individuals with schizophrenia were employed significantly more days
  - Compared with clients of case managers who held lower expectations about the personal resources or efficacy of individuals with schizophrenia.

Ben's Story

BEN'S STORY - SMALL GROUP REFLECTION

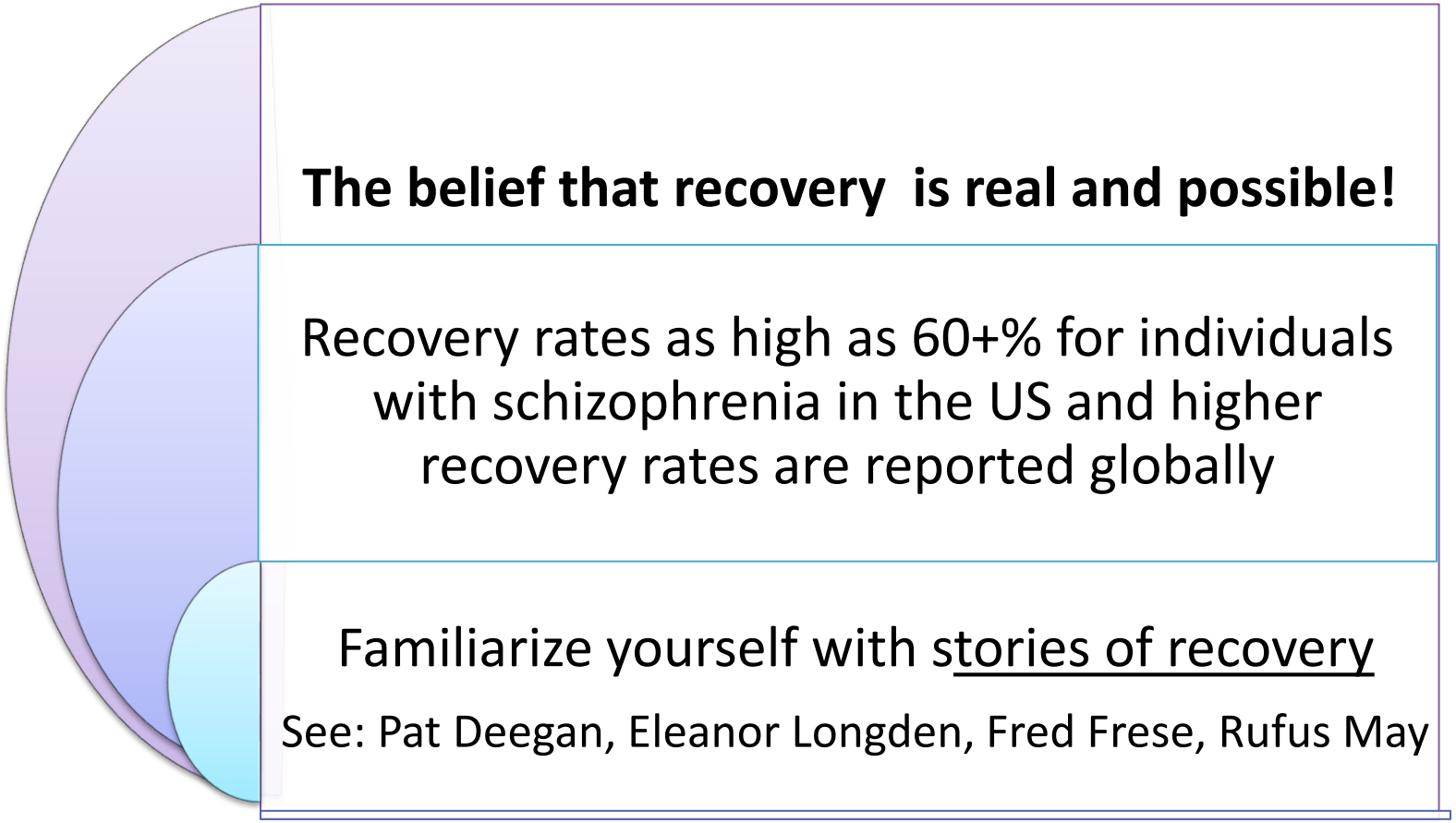
- What would it be like to have the experiences that Ben describes?
- Discuss his level of awareness or insight related to his experiences
- Take home message for you?

RECOVERY IS…

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

SAMHSA's Working Definition of recovery (from Substance Abuse and Mental Health Services Administration, 2006). National consensus statement on mental health recovery. Rockville, MD: US Department of Health and Human Services. Accessed online Aug 2015 http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF

RECOVERY EMERGES FROM **HOPE**



Highlights of the Recovery Model?

- What stands out so far?
- What would you like to clarify?

Preparation for next meeting

Homework:

Read Section 1 of Manual- *Recovery Enhancement Practices for Psychosis (REP): A treatment approach informed by Cognitive Behavioral Therapy for Psychosis*

Explore strong 365 website

What is Psychosis?

https://strong365.org/what-is-psychosis/

Brain basics

https://strong365.org/brain-basics/smart-neuroplasticity/

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- Van der Gaag, M., Valmaggia, L.R., Smit, F. (2014). The effects of individually tailored formulation-based cognitive behavioural therapy in auditory hallucinations and delusions: A meta-analysis. *Schizophrenia Research, 156*, 30-37.