Introduction to Strategies for Working with Psychosis informed by CBT-p: Engagement, Normalization, & Goal Setting

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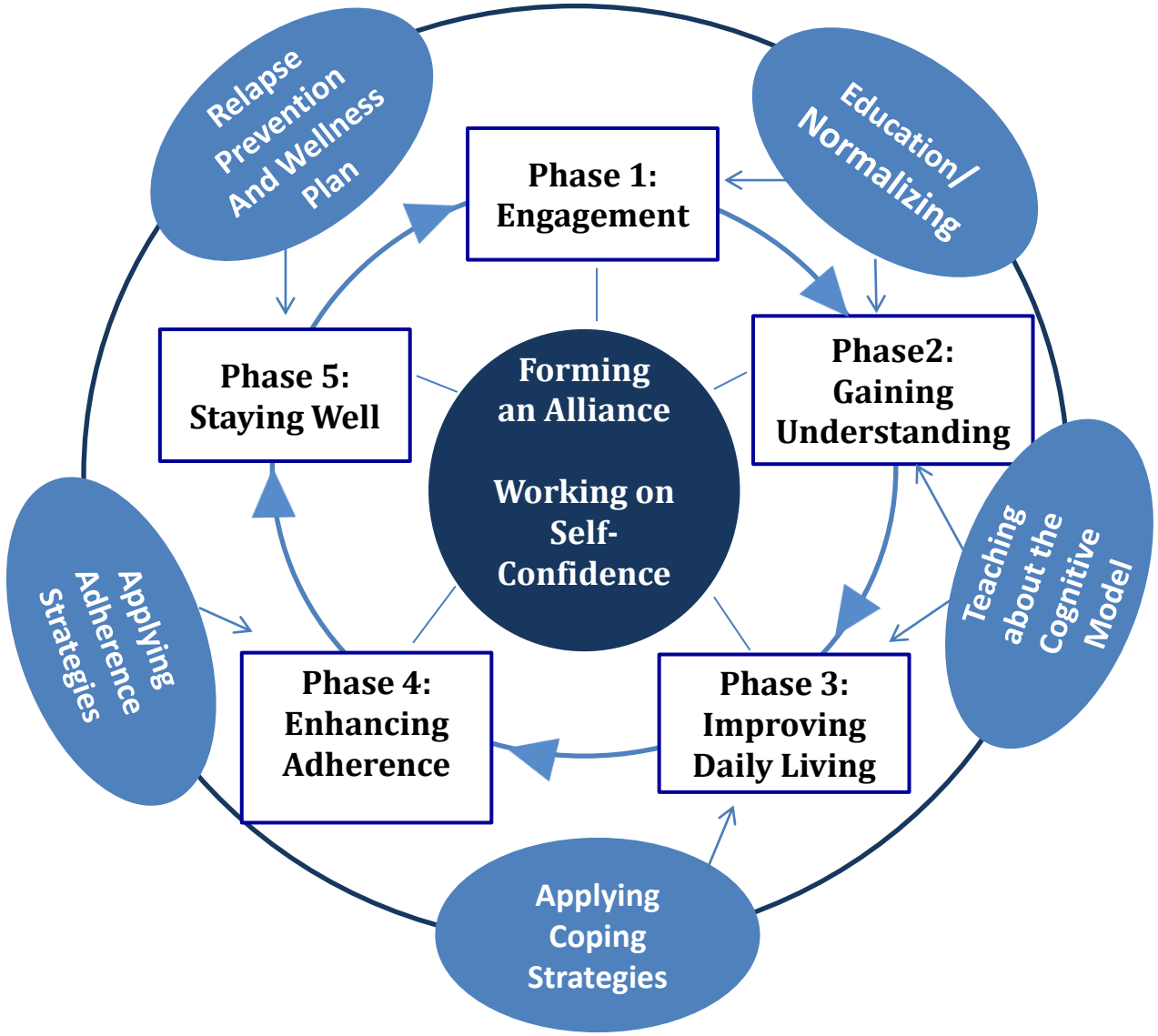
Second 2-hour section

Content	Associated Group Activity
Core 2	
Framework for Working with Psychosis	
Befriending and Engagement	Small Group Practice
How to build an alliance	
Goals	
Empathy	Small Group Practice
Challenges to Engagement	Practice and Discuss
Normalization	

CORE 2: STRATEGIES INFORMED BY CBT-P

A Framework for Working with Psychosis



What do individuals with schizophrenia want from treatment?

- Schizophrenia commission report (2012) indicates that consumers want:
  - To be listened to
  - Have their experiences validated
  - To be seen as a person
  - To be given hope

- More information and choice and collaboration in treatment

- Regaining sense of self and rebuilding lives with optimism

Adapted from: Brabban, et al., (2017). The importance of human relationships, ethics and recovery-oriented values in the delivery of CBT for people with psychosis. *Psychosis, 9*, 157-166.

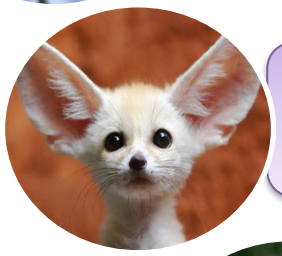
What is the top-rated characteristic of a mental health provider?

a. Expertise
b. Friendliness
c. Problem solver

Coursey. Schizophr Bull. 1995;21(2):283-301.
Brabban. *Psychosis. 2017. 9:* 157-66.

Core 2: Let's try some CBT-p Strategies!

Befriending, Engagement and Common Ground



Acceptance

Normalization

PARTNER UP

- Mode 1 exercise
- Mode 2 exercise

WHAT DOES GOOD ENGAGEMENT DO?
ACTIVATE THE "**ADAPTIVE MODE**"

- "Befriending"- explore clients' interest areas; neutral topics

- By identifying when clients are at their best -> look and feel more confident (affects problem solving and decision making)
  - What are you good at? Know a lot about?
  - "Focus on what is strong rather than what is wrong"

- Contrast with "patient" mode or "passive" mode
  - No power so why bother
  - Low energy, disinterest

Adapted from Grant et al., (2014). Psych Services, 11, 125-133; Wright, N. (2014)

BEFRIENDING/ENGAGEMENT COMPONENTS

- Conversation starters and interest finders
- Genuinely relate to interests
- Set the stage for an equal partnership in all efforts
  - Share control - Provide options and choices
  - Recall that many are brought to treatment not by choice
- Notice and affirm strengths often
- Use language the conveys hope and optimism
  - We will figure this out together
  - Once we complete this goal, what would you like to work on?
  - I've worked with many others who have found ways to improve their lives in significant ways with help from others

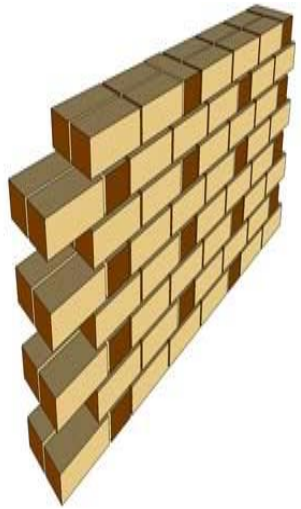
PRACTICE TIME

- What is your best conversation starter?
  - Share ideas about how to find interests / skills- befriending activities.
  - Report out: What is your best strategy?

How to build and alliance?

REMEMBER- THERE MAY BE A GAP IN PERSPECTIVES

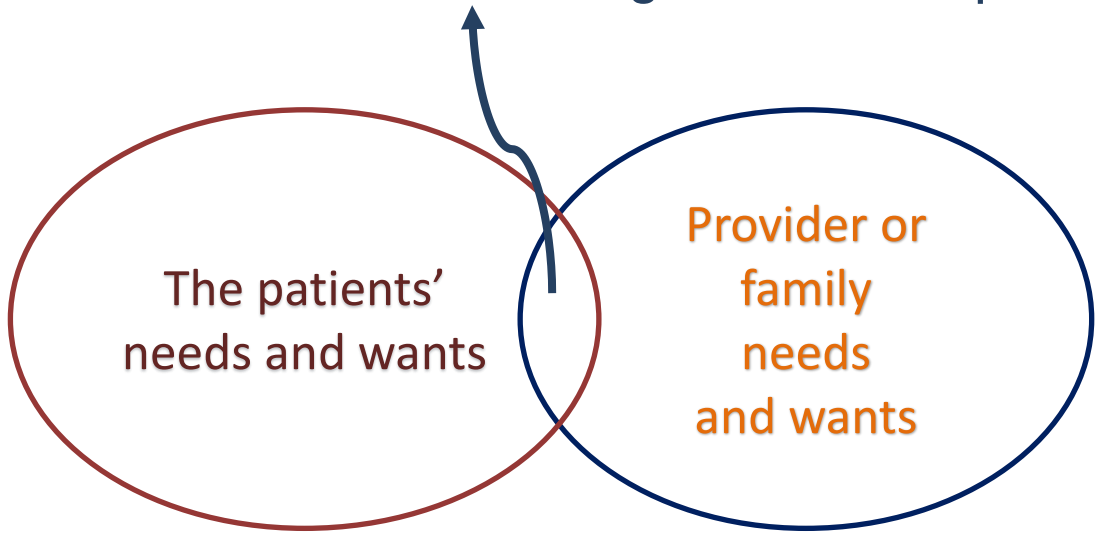
Client's perception: "I'm not ill"



Provider, family, friends, perception: "you need help"

ENGAGEMENT IS ABOUT FINDING COMMON GROUND

Find the Common Ground a meaningful value, aspiration, or goal

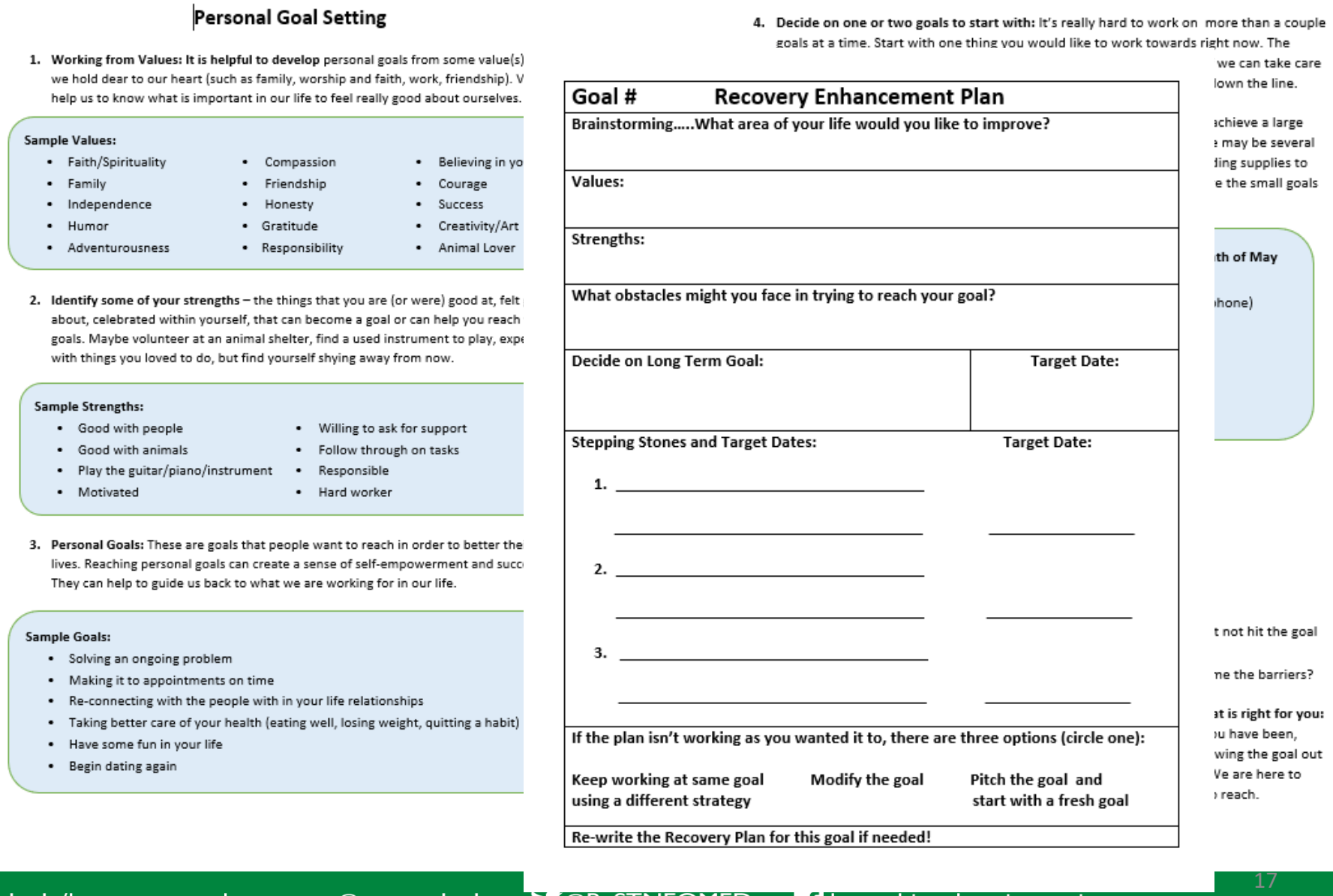


How to go from interests/strengths to goals

- Practice exploring the Activity – Value connections
  - I like to/want to do… (interest)
  - I am good at … (strength)
  - I really value… (value)

- Values clarification
  - What is it about _____ that appeals to you most?
    - Like to be productive/active (Value)
    - Like to earn money- to be self-reliant (Value)
- Long range goal planning:
  - With these interests and values- what would really like to be doing in one year? (long range goal)

WORKING ON A PLAN FOR GOALS



Personal Goal Setting

1. **Working from Values: It is helpful to develop** personal goals from some value(s) we hold dear to our heart (such as family, worship and faith, work, friendship). V help us to know what is important in our life to feel really good about ourselves.

Sample Values:

- Faith/Spirituality
- Family
- Independence
- Humor
- Adventurousness
- Compassion
- Friendship
- Honesty
- Gratitude
- Responsibility
- Believing in yo
- Courage
- Success
- Creativity/Art
- Animal Lover

2. **Identify some of your strengths** – the things that you are (or were) good at, felt about, celebrated within yourself, that can become a goal or can help you reach goals. Maybe volunteer at an animal shelter, find a used instrument to play, expe with things you loved to do, but find yourself shying away from now.

Sample Strengths:

- Good with people
- Good with animals
- Play the guitar/piano/instrument
- Motivated
- Willing to ask for support
- Follow through on tasks
- Responsible
- Hard worker

3. **Personal Goals:** These are goals that people want to reach in order to better the lives. Reaching personal goals can create a sense of self-empowerment and succ They can help to guide us back to what we are working for in our life.

Sample Goals:

- Solving an ongoing problem
- Making it to appointments on time
- Re-connecting with the people with in your life relationships
- Taking better care of your health (eating well, losing weight, quitting a habit)
- Have some fun in your life
- Begin dating again

4. **Decide on one or two goals to start with:** It's really hard to work on more than a couple goals at a time. Start with one thing you would like to work towards right now. The

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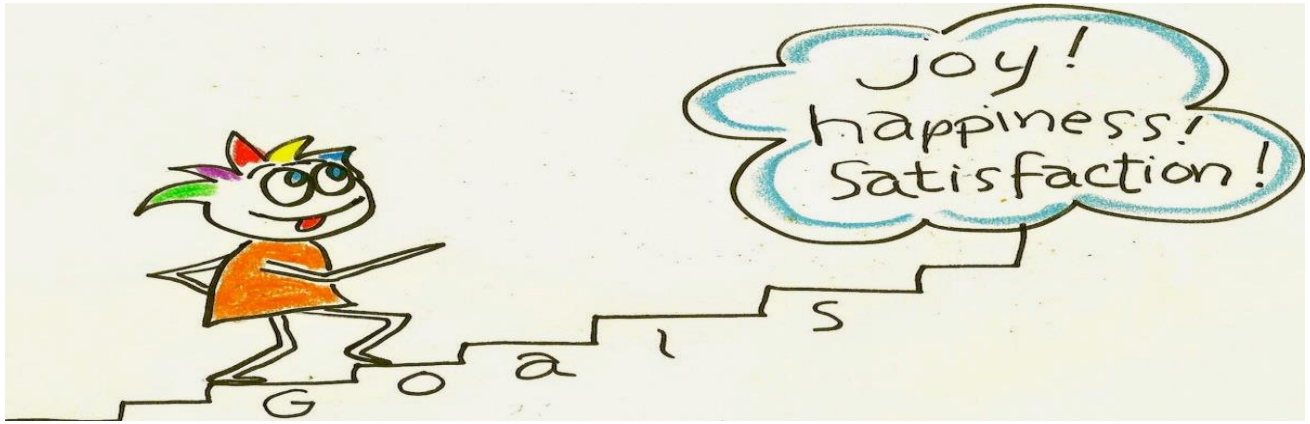
Goal # Recovery Enhancement Plan	
Brainstorming…..What area of your life would you like to improve?	
Values:	
Strengths:	
What obstacles might you face in trying to reach your goal?	
Decide on Long Term Goal:	**Target Date:**
Stepping Stones and Target Dates:	**Target Date:**
1. _____	_____
2. _____	_____
3. _____	_____
If the plan isn't working as you wanted it to, there are three options (circle one):	
Keep working at same goal using a different strategy	**Modify the goal** / **Pitch the goal and start with a fresh goal**
Re-write the Recovery Plan for this goal if needed!	

S1: pp 5-7

PRACTICE

- Think of current clients
- Practice going from interest/strength to value/aspiration to goals with your partner.
- Discuss within your working group what mini-goals that you might develop ?
  - Think simple and achievable



GOT THE GOAL- NOW, WHAT'S GETTING IN YOUR WAY?

- Symptoms- voices won't let me
- Defeatist beliefs (I can't do it)
- Practical limitations and lack of resources- no ride
- Cognitive factors (concentration, memory, difficulty with strategy)

- Because you are working toward the person's dreams and goals, you have permission and reason to address the barriers (which are often the symptoms!).

To review:

- Befriending/Engagement First
  - Makes it safe and find interests

- Finding Common Ground and Alliance
  - Often comes thru be-friending conversation
  - Clients aspiration linked with adaptive mode
  - Aspiration gives reason to address symptom
    - “what gets in the way of becoming…; or doing…?” Usually symptoms
  - Working on goal together builds alliance and a chance to teach and learn

For Improbable goals

"Everyone to recognize that I am the president"
"Call lawyer. Arrest everyone who is persecuting me"

- Explore **value** beneath the belief- "if this happened, how would your life be different or what would you be doing differently?"
  - Develop goals based on response

- "What can be done in the short term to improve your life, while we work on understanding these concerns?"

From Recovery oriented-CT (Beck, et al.)

For No goals or Vague goals

- Values clarification exercise- Demonstration
  - **Card Sort** (identify goals/values in order of importance to client)
  - **Values list-** go from Values to goals

Values list: see Wright et al., 2014, *Treating Psychosis*

Values Card sort: see Moyers and Martino (2006)
https://casaa.unm.edu/inst/Values%20Card%20Sorting%20Task%20for%20Individuals%20with%20Schizophrenia.pdf

LET'S REVIEW-DISCUSS WITH YOUR TEAM

- What stood out in this section?
- New learning
- Things you want to practice?
- There are some short scales to use that can help determine level of alliance
  - Session Rating Scale (SRS)
    - Miller, Duncan, Johnson, 2002
  - Working Alliance Inventory (WAI)
    - Horvath (1984)

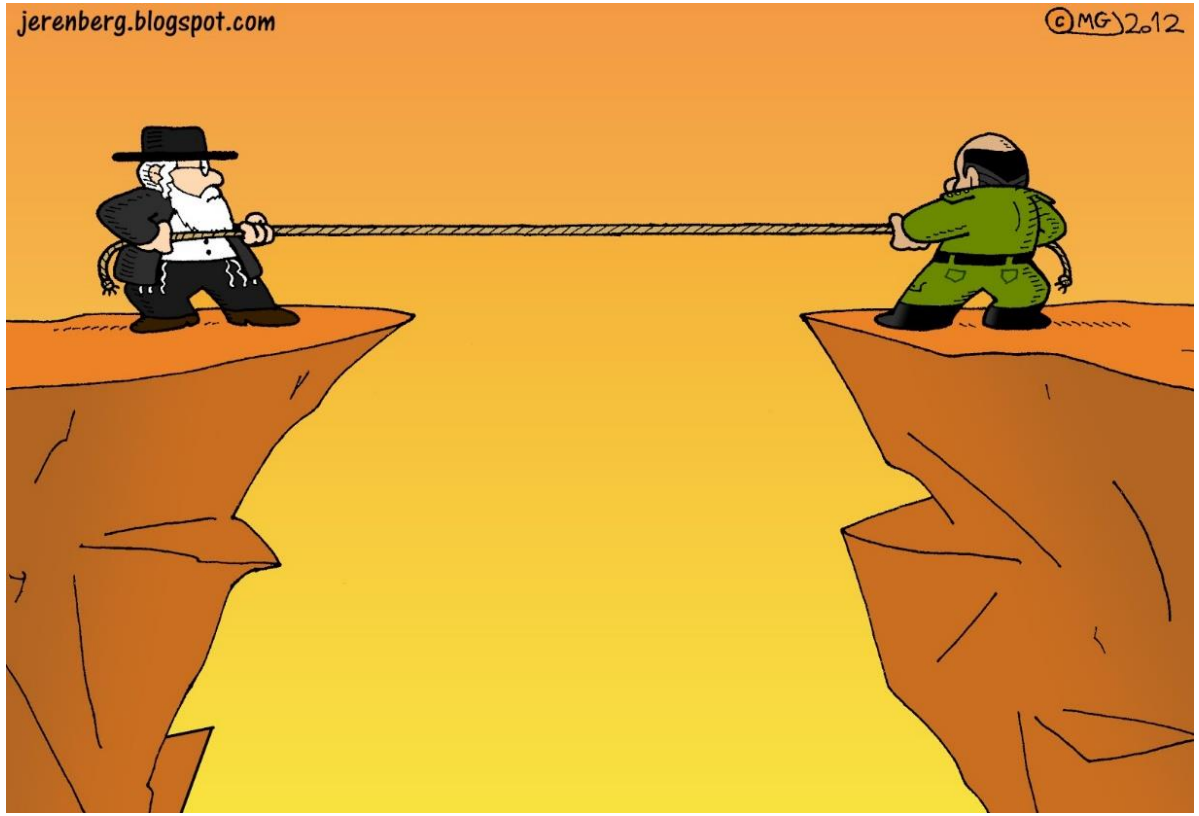
Listen and responding to Psychosis: How to talk about psychosis in a CBT-p way

Remember: client wants to be heard!

Having a CBTp Mindset

- We all need to treat ourselves gently – holding our hearts and our minds, and even our own judgments of self and others with the gentleness of a mother holding her new born baby

STRATEGY BEGINS WITH MINDSET



- If you feel like you are pulling teeth or trying to pull the client across a finish line, you are both working too hard

- Rather than play "tug of war" over a rather scary issue, simply:
  - Ask permission…
  - Find cues the client can use to slow the session down
  - Take breaks
  - Be kind
  - Be compassionate

O'Donoghue, E.K., et al. (2018). ACT for psychosis recovery. Oakland, CA: Context Press.

ACCEPTANCE

Initially suspending disbelief	• Psychosis: "Someone put a chip in my brain, can you help me get it out?" • Response = Do not assume to know
"Tell me more to explore"	• Adopt a curious, interested approach; DO NOT directly confront or agree • Tip: "I've not heard of that, can you tell me a little more so I can understand better?" What led you to this conclusion?
"Reflect to connect"	• Listen and reflect back without reaction or judgment • Tip: "So let me see if I got this right,"…. repeat what client says • Goal = client feels heard

Nelson, H. E. (2005). Amador, X. (2000)…

EXAMPLES OF ACCEPTANCE, AWARENESS, AND THE USE OF LANGUAGE

- I'd be interested in hearing more about that idea/experience
- What is happening in this moment?
- How do you explain these experiences?
- Tell me more about what you have tried to do in order to manage this experience.

Adapted from Moving Forward: Introduction to Psychosis (2012)

Empathy
Put yourself in the client's position

Empathy is a choice, and it's a vulnerable choice. In order to connect with you, I have to connect with something in myself that knows that feeling.

Brené Brown

EMPATHY

- Empathize with what client says without agreeing with the content (from Amador)
  - Frustrations
  - Fears / Distrust
  - Discomfort
  - Desires/positive emotions

- If don't feel empathy, then… (from Hazel Nelson)
  - Missing important information
  - Content may be hitting a sensitive topic for you

TRICKY QUESTIONS:

- Do you believe me? (psychotic experience)
- Do you think that I need medicine?

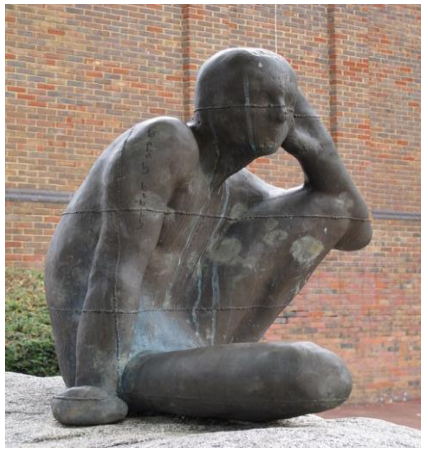
DO YOU BELIEVE/AGREE WITH ME? (from Amador, 2000)

- Empathize with experience

- Delay with respect: "I will answer your question. First, if ok with you, would like to learn more about…"

- Three A's (for giving your opinion)
  - **Apologize**- that what I say may feel hurtful
  - **Acknowledge**- that I may be wrong
  - **Agree**- to disagree

SMALL GROUP PRACTICE- RESTING IN ENGAGEMENT



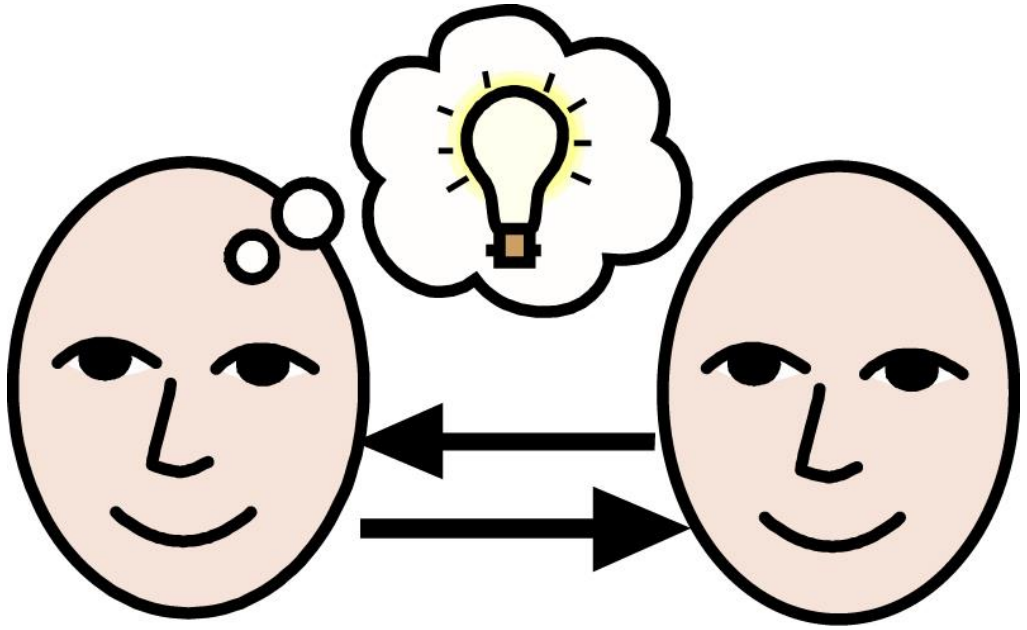
- Short role play example (volunteers)
  - Audience participation

- Practice listening to and responding to psychotic content
  - *First step is to understand their experience!!*

- <u>Skill development goal</u>- identify one new way to respond to psychosis (use engagement practice sheets for ideas)
  - Role Plays

WHAT DID YOU LEARN?

- What was your experience exploring voice hearing?
- What was your experience exploring delusional belief?
- What was it like to manage disorganized thinking?
- What would you like to practice?

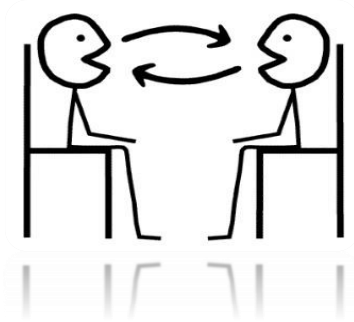


Challenges to Engagement

Common Barriers to Engagement

Client factors

- Symptoms
- Blocking beliefs
  - Won't listen to me
  - Will up meds or send me to hospital
- Other- Cultural, religious or other background factors



MHP factors

- Attitudes and blocking beliefs
  - People with psychosis are dangerous
  - It is my responsibility to help the person… remain in therapy… stay safe…change… make progress
  - I might upset the person if we talk about__
  - No one gets better with this illness
  - I feel so bad for this person (pity)

Why Do Clients Lack Awareness of Their Symptoms/Illness?

Anosognosia – "lack of insight" into or "lack of awareness" of illness

- A result of anatomical damage to the brain by the disease process
- Not caused by damage to one specific area; A person's awareness of illness involves a brain network, and damage in any part of this network can lead to impaired awareness of illness
- NOT the same as denial
- Believed to be the single largest reason why individuals with schizophrenia and bipolar disorder do not take medications
- Affects about 50% of individuals with schizophrenia and 40% of individuals with bipolar disorder with psychotic features
- When taking medications, awareness of illness improves in some individuals

Anosognosia versus Denial

- More likely to be Anosognosia if:
  - Lack of insight is severe and persistent (months to years)
  - Belief (not ill) is fixed and does not change with overwhelming evidence (poor self care for months, homeless, etc.)
  - Illogical explanations or confabulations are used to explain away the evidence (this is common in brain injury). Ex. Homelessness? Doing market research…

- Advantage of this model?
  - The problem is brain dysfunction, not the person, which leads us to cognitive remediation efforts (i.e., strategies to help with areas of deficit). More hopeful and strategic.

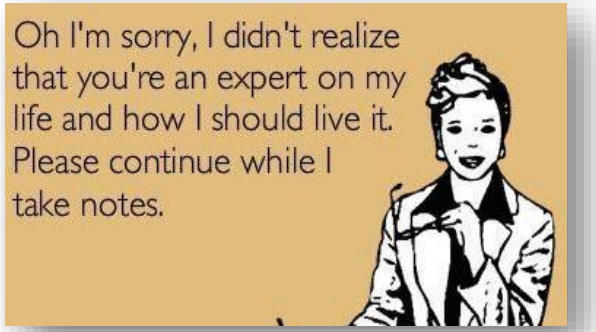
DESIRED OUTCOMES FOR ENGAGEMENT

- **Client feels heard**
  - Hearing the client and validating his or her concerns does not mean you agree, you condone, you are going to enable.
  - It only means that you genuinely hear the client in a non-judgmental, compassionate way, with acceptance, and with genuine curiousness as to his or her experience.

- **Instill hope**
  - This person has lost so much. He or she can still have good things happen, and in fact deserves good things to happen, and you can help!

Common Missteps

- Jumping right to giving solutions before fully listening to client's perspective (Amadore, 2000)
- Unsolicited advice: "You should…." (Amadore, 2000)
- Giving solutions
  - You should knit
  - How about exercise – let's get you a membership
  - Let's clean up this apartment
- Covering too many topics in one session
- Confronting and arguing
- Omitting something the client said
- Reacting defensively: "I know that YOU believe it's true"



Whose recovery is it anyway?

When to take a break

- It is always ok to take a break from talking about symptoms, especially if client seems distressed ("tactical withdrawal").

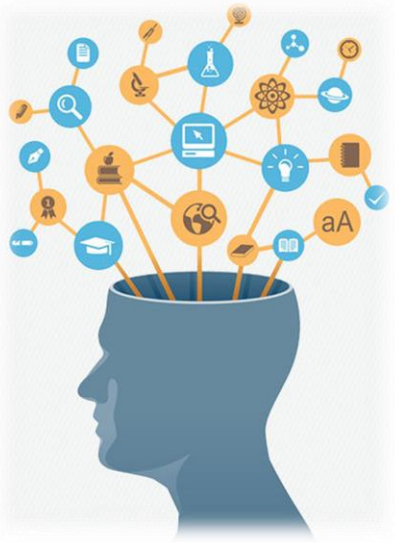
- Help the client transition- "this seems upsetting to you, why don't we take a break and come back to this later if that is ok with you."

How long to work on engagement?

- Can take several meetings before even approaching something that looks like a clear goal.

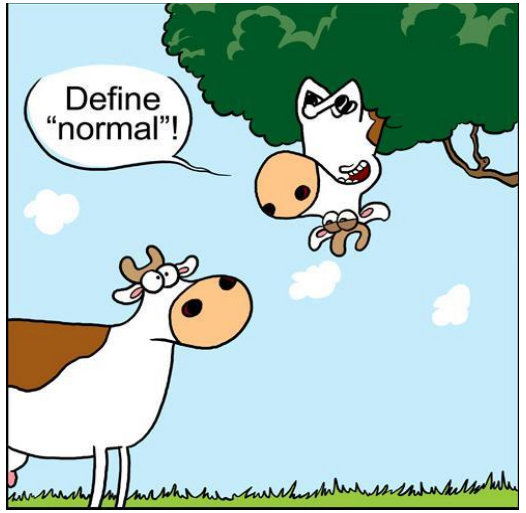
- Early on it is most important that the client feels safe enough to talk, really feels listened to, and becomes open to hearing another perspective.

NORMALIZATION AND EDUCATION



Normalization Strategies

- Allows for safety to discuss topics that carry stigma
- Well-managed self-disclosures
- Information and examples of commonness of experiences



Brabban. *Psychosis. 2017. 9*, 157-66.

Normalization: How common is voice hearing

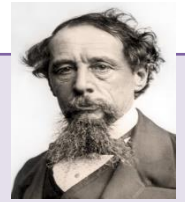
- How many people report hearing voices no one else has heard
  - Approximately 8% normative samples in the U.S.
  - Famous voice hearers

- Voice hearing common
  - Grief
  - Sleep deprivation
  - Certain substance use
  - Exposure to trauma

Hayward. (2012). *Overcoming distressing voices: A self-help guide using cognitive behavioral techniques*. London: Robinson.

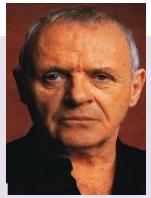
ARE PEOPLE WITH PSYCHOSIS REALLY ABLE TO RECOVER?

Famous Voice Hearers



Charles Dickens

Brian Wilson



Anthony Hopkins

Normalization: Looking at Psychosis on Continuums

Enjoys being in school plays, shows talent in music and singing.	Grandiosity ⟷	Begins preparations to run away to LA convinced of certain super-stardom.
Goes to a party and feels like everyone is looking at her.	Suspiciousness ⟷	Fearful of going out in public because there are people who are out to get her and harm her.
Hearing a white noise sound, whispering, buzzing type sounds	Auditory Hallucinations ⟷	Hearing voices that are outside your head saying critical, demeaning things – "You are a loser", and, "You are a failure."

Melton, Ryan. (2013). Retrieved from: http://www.ohsu.edu/edcomm/flash/flash_player.php?params=1`/hosp/peds/gr012413.flv`vod&width=640&height=480&title=PEDS 1-24-13 on 12/11/17.

NORMALIZATION: TRUE FACTS ABOUT PSYCHOSIS

- Did you know that many people who experience psychosis only experience it one time? And many individuals who experience more than one episode still manage to lead happy and productive lives?
- Did you know that nearly all of us have experienced something that can be described as psychotic. Most of us have had some kind of hallucinatory experience!

Adapted From Moving Forward: Introduction to Psychosis (2012)

How might you use normalization in conversation:

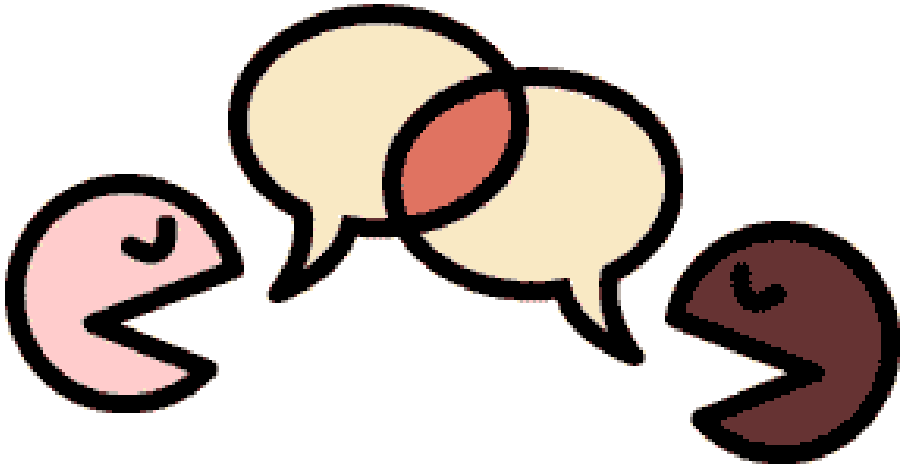
Dr. Douglas Turkington

Explores client's understand-ing of voices

Discusses others ways to think about reasons for voices

SMALL GROUP TEAM DISCUSSION

- How do you currently provide normalization for experiences?



Favorite Web-sites:

"Knowledge is power and knowledge sharing is power sharing"- Pat Deegan

- Strong365

https://strong365.org/

- Hearing voices network

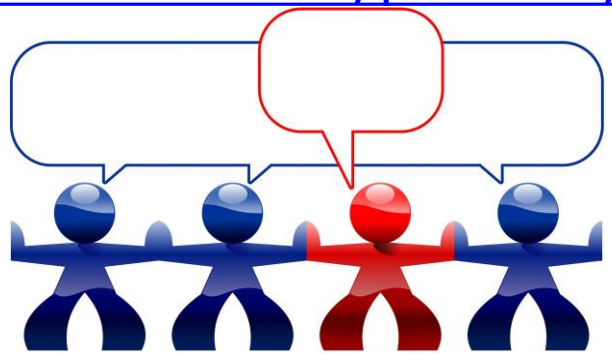
https://www.hearing-voices.org/

- ACT for psychosis

https://contextualscience.org/

- Open Minded Online

https://openmindedonline.com/portfolio/engaging-with-voices-videos/



#1 NORMALIZATION THEME: STRESS AFFECTS THINKING

"At times of high arousal, we all lose cognitive balance" (Chadwick)

Psychosis=

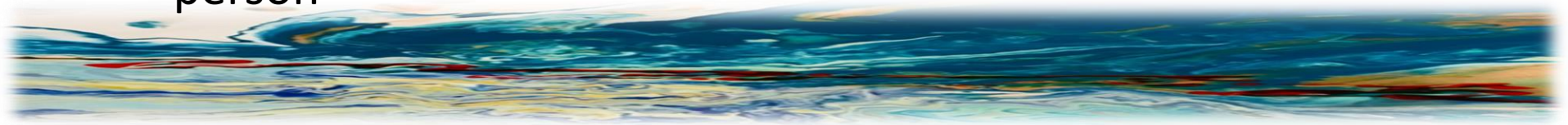
Increased emotional arousal / salience / sensitivity (e.g., paranoia, voice hearing)

Decreased (overwhelmed or compromised) **cognitive** resources

HIDDEN ROLE OF TRAUMA IN PSYCHOSIS

- Incidence of trauma
  - Very common for those who experience psychosis
  - Very often not specifically identified and treated

- Ways trauma comes through in psychosis
  - Voice hearing/hallucinations (intrusions/flashbacks)
  - Symbol and metaphor (the symptom, *voice content or delusional theme*, reflects something of the trauma)
  - Build up of stress and negative emotions (from early and repetitive traumatic experiences) eventually overwhelms the person



Adapted from: Fowler et al 2006 (Chap 5). The Catastrophic interaction hypothesis. In Trauma and Psychosis: New directions for theory and therapy.

STRESS AND THE DEVELOPMENT AND MAINTENANCE OF SCHIZOPHRENIA

The development of schizophrenia used to be called a “one hit” theory

- Genetics/biology

Then came the “two hit theory”: The Stress Diathesis Model

- Genetics/biology
- Environment

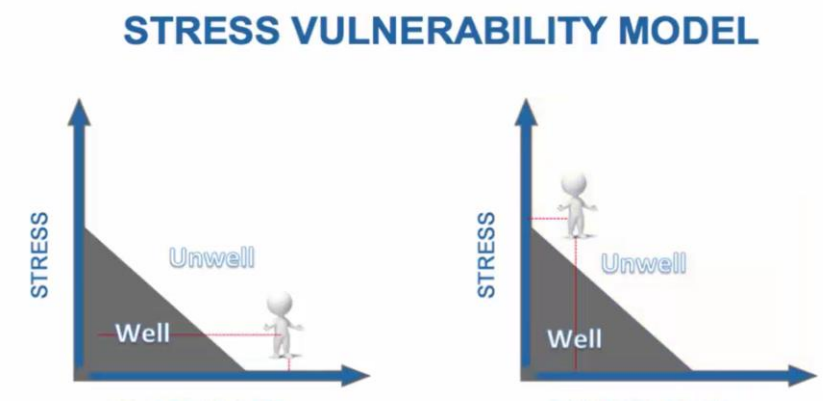
Davis, J.E., Eyre, H., Jacka, F.N., Dodd, S., Dean, O., McEwen, S., Debnath, M., McGrath, J., Amminger, M., McGorry P., Pantelis, C., Berk, M. (2017). A review of vulnerability and risk for schizophrenia: beyond the two hit hypothesis. Neuroscience and Biobehavioral Reviews. http://dx.doi.org/10.1016/j.neubiorev.2016.03.017

NOW…IT'S CALLED THE MULTI-HIT THEORY

Schizophrenia is sometimes called a "syndrome" due to the many factors involved in its presentation	
Genetics/biology	Vitamin D deficiency in utero development in infancy
Environment	Viral infections
Cannabis use in adolescence	Smoking
Childhood trauma	Lower IQ
Social Defeat	Social Cognition – lack of emotion recognition
Maternal nutrition before and during pregnancy	Davis, J.E., Eyre, H., Jacka, F.N., Dodd, S., Dean, O., McEwen, S., Debnath, M., McGrath, J., Amminger, M., McGorry P., Pantelis, C., Berk, M. (2017). A review of vulnerability and risk for schizophrenia: beyond the two hit hypothesis. Neuroscience and Biobehavioral Reviews. http://dx.doi.org/10.1016/j.neubiorev.2016.03.017

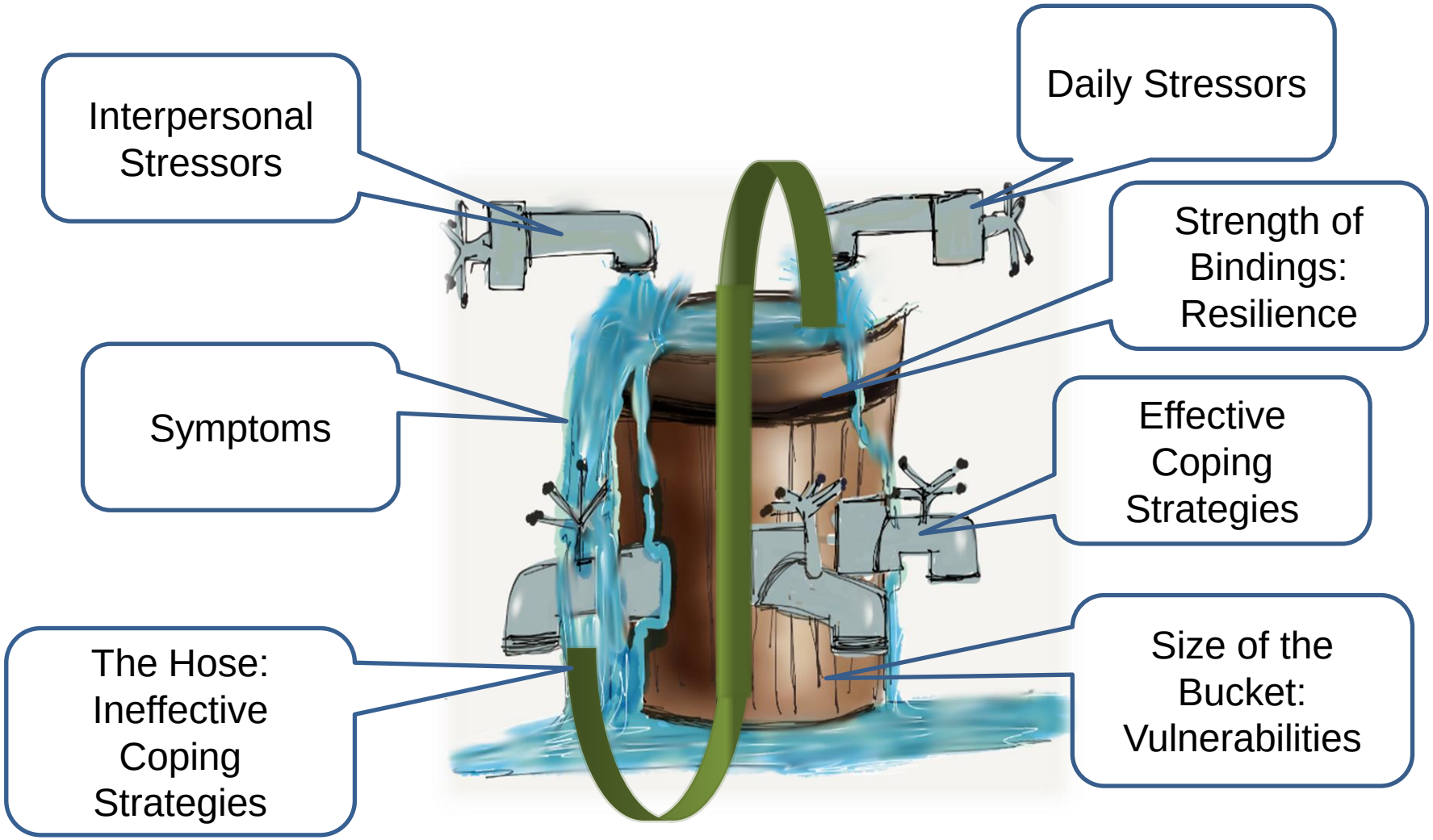
STRESS-VULNERABILITY:
A MODEL FOR UNDERSTANDING AND ACTION

- Stress- Current stress load
- Vulnerability- genetics/physiology and situational factors (role of past trauma)
- Protective factors- reduces impact of stress and vulnerability- minimize likelihood of psychosis
- Risk factors- increase likelihood of symptoms (substance use)



From Moving Forward: Introduction to Psychosis (2012)

The Stress Bucket



S1: pp 11-12

Adapted from Brabban and Turkington (2002)

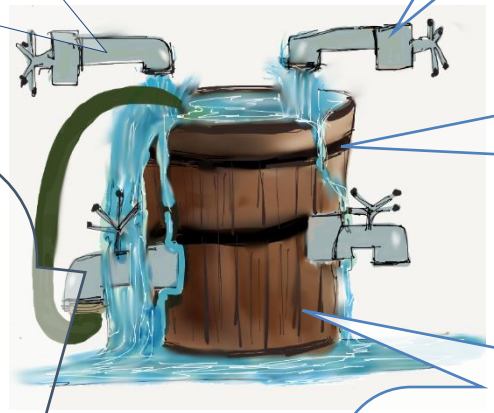
Stress Bucket Example

Interpersonal Stressors

1. Mom and Dad argue about me all the time
2. Can't find any friends, they think I'm weird
3. People don't want to hire me

General Stressors

1. Can't find a job
2. Can't pay my bills
3. Medication makes me drool
4. Cant find a girlfriend now
5. Can't think straight b/c of meds



Resilience

1. I was really smart in High School
2. I helped my mom get through the divorce
3. I quit using drugs

Begin to work on and change the unhelpful coping strategies. What do you need to work on?

1. I stay in bed most of the day
2. I eat a lot and never move
3. Sometimes I talk to my voices out loud and people think I'm strange
4. When I get really mad, I break things

Vulnerabilities

1. There's lots of mental illness in my family
2. My Dad drinks and has "bipolar"
3. I did use a lot of drugs, especially pot
4. Mom doesn't have any money – we live in government housing
5. We have nothing but welfare and food stamps

The Stress Bucket

Used for an individual or with a family…

- The stress bucket can be used to identify current stressors, coping skills (healthy or unhealthy), and symptoms.

- It can be used to explain and demonstrate past difficulties.

- It can also be used to demonstrate a change in functioning (worse to better or visa versa).

- Additionally, it can be used as a preventive exercise: “What stressors do you anticipate?”; “What coping skills might be helpful?”; What do you know about your vulnerabilities?”; What resilient qualities can you pull from?”

PRACTICE NORMALIZATION STRATEGY

STRESS BUCKET MODEL

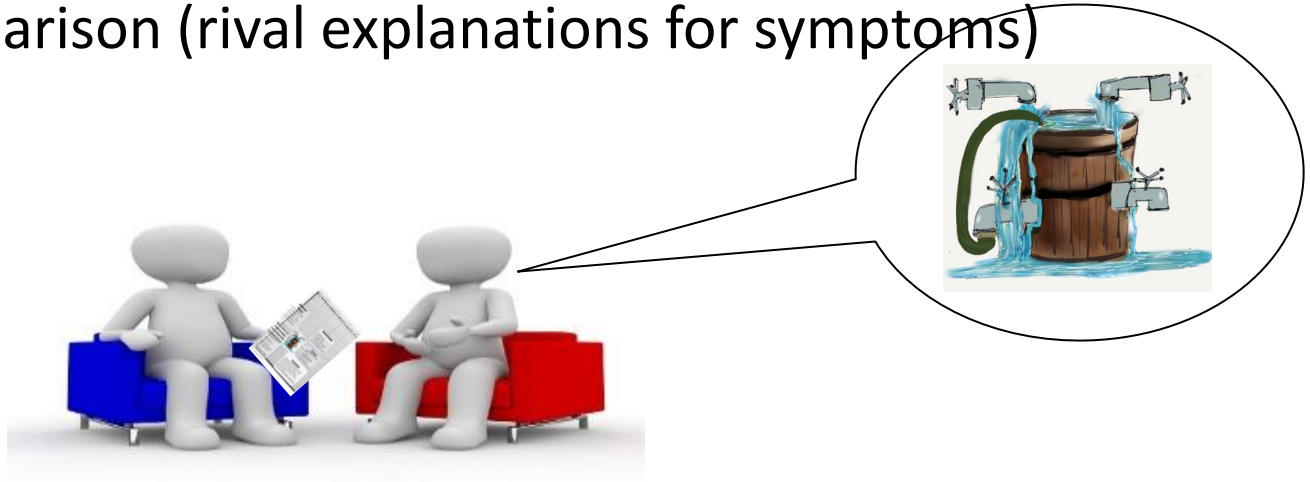
Demonstration Role Play – This is what it might look like……

Uses:

General education

Use to review a recent symptom or moment of distress

Use in comparison (rival explanations for symptoms)



SUMMARY AND PRACTICE POINTS

- Engagement strategies
  - Befriending
  - Finding Common ground
  - Asking questions while suspending disbelief
  - Use checklist to check self with strategies
- Normalization
  - Practice using self-disclosure
  - Practice providing education information
  - Practice using the stress-bucket
- Consider viewing: your brain on stress. https://strong365.org/this-is-your-brain-on-stress/

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