

Introduction to Strategies for Working with Psychosis informed by CBT-p: Cognitive Model and Basics of Working with Thoughts, Emotions, & Behaviors

Harry Sivec, Ph.D. & Valerie Kreider, Ph.D.

BeST Center, Northeast Ohio Medical University

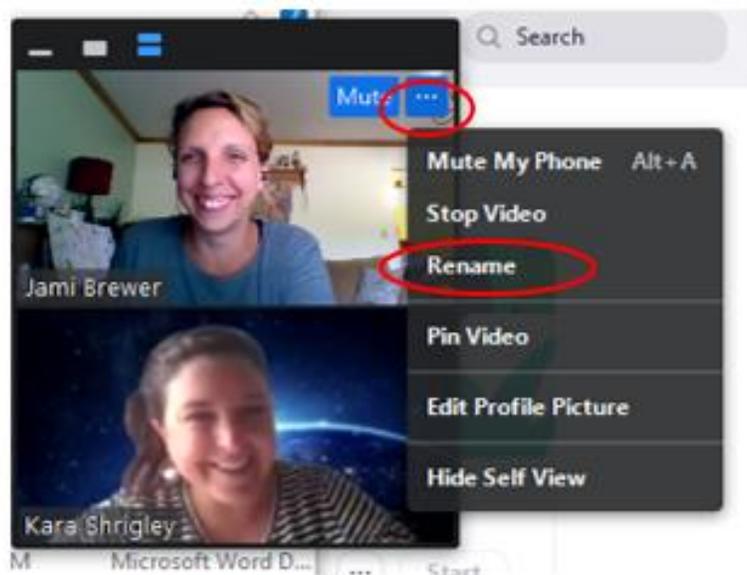
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Review of Take-Home work

- How did it go using the Stress Bucket?
- Did anybody visit Strong 365? This is your brain on stress (TED talk) or other info?
- Try any Engagement strategies?
- Try and Normalizing strategies?
- If not, what got in the way?

Content	Associated Group Activity
Organizing Sessions: START Model	Small Group Practice
CBTp Model	Small Group Practice
Working with Thoughts	Small Group Practice
Working with Emotions	Small Group Practice
Working with Behavior	
Formulation	Case Review
Summary	Review and Feedback

ORGANIZING SESSIONS

Flexible Structure

Making the most of your time together

Enhancing Structure

- Psychiatrists' and patients' agendas for outpatient consultations differ considerably (Thomson 2010).
- Understanding the patients' priorities and agreeing on a mutual agenda for the session is an important therapeutic process, and
- Structured and flexible

For each encounter **START**

S Socialize – support and safety (recovery mind-set)

T Target/Topic – Identify 1-2 things the client would like to work on

A Action with compassion – Collaborate, explain rationale

R Review – Ask for clients understanding of your conversation and ask client for feedback.

T Take-home work – things to work on before the next encounter

BeST Center, 2012

Structure	Task	Observations
S ocialize	Make it safe and comfortable to talk. Be kind and friendly and refrain from giving advice unless asked	Conversation starter Area of interest identified or brought up
T arget/Topic	Keep in mind the client's recovery goals- pick 1-2 targets You may talk about many things, but try to pick one thing to begin, to work on, and to conclude. Explore client's concern- LISTEN Expand client's understanding:	Topic (specific)= Explored topic with gentleness, curiosity Reflected content so client felt heard
A ction with compassion	Work on the task of the day or steps to address current concern; OR Steps to help client reach goal Encourage client input Remember to collaborate and to share decision making	What was most <u>distressing</u> or <u>interesting</u> to client for action? <ul style="list-style-type: none"> • Did client have choices? • Were decisions shared? • Was action important to client? • Was relevant education or normalization shared? • Connected interest to value to goal
R eview	Ask client for feedback: What was helpful/not helpful today? What sticks with you the most today? Anything we missed?	What did client take away from meeting?
T ake-home work	What would you like to work on between now and the next time we meet?	What is one valued action to do before the next meeting?

DEMONSTRATION OF START PRINCIPLES

Volunteer

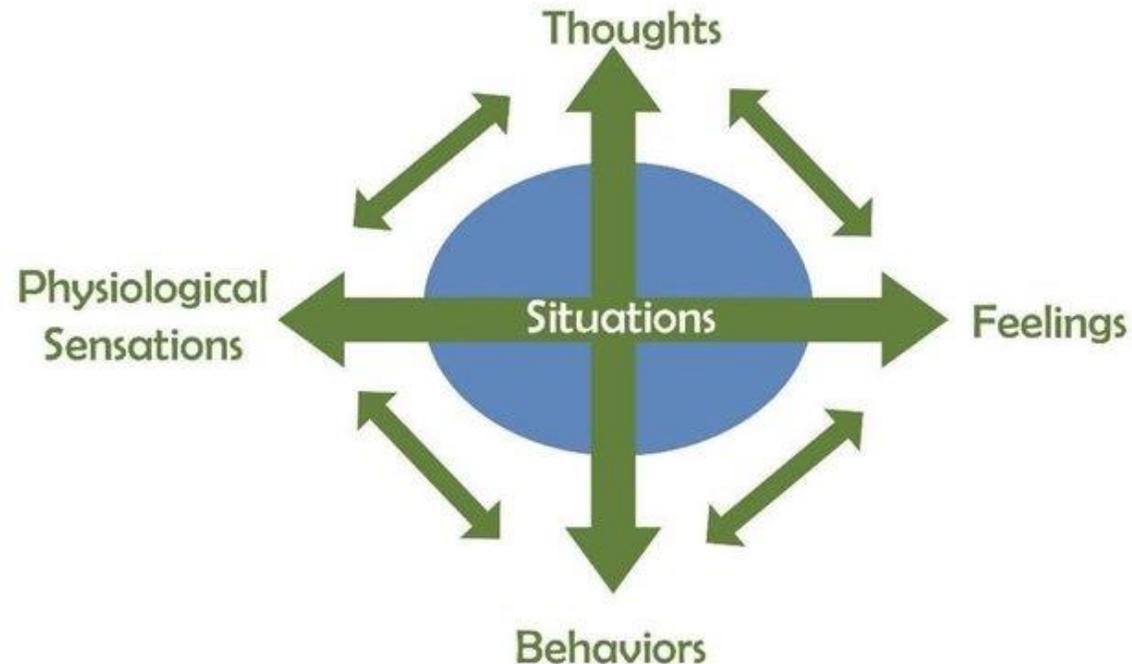
Review worksheet p. 13 and note the different sections

USING CBT MODEL TO UNDERSTAND AND INTERVENE IN PSYCHOSIS

Strategies to work with thoughts, emotions and
behaviors in psychosis

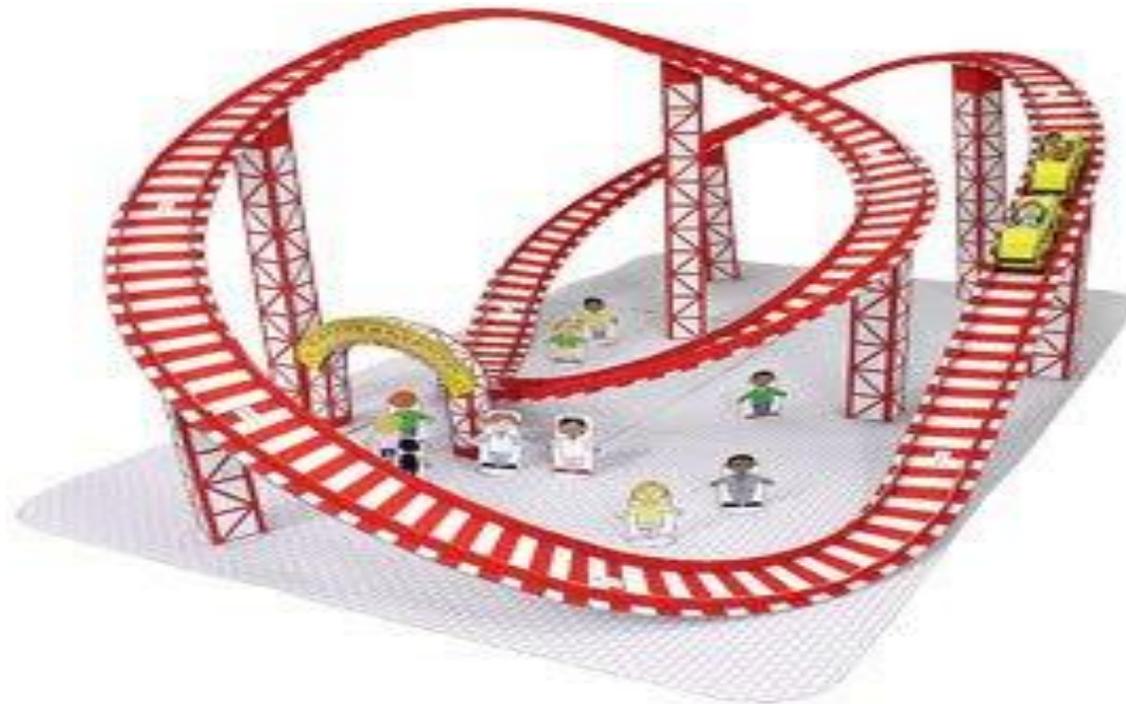
USING THE COGNITIVE MODEL TO HELP INCREASE CLIENT'S UNDERSTANDING

- Teaching clients how thoughts influence reactions is intended to slowly increase awareness of factors that can empower the client



HOW DO YOU TEACH THE COGNITIVE MODEL?

Situation: Waiting to ride the roller coaster



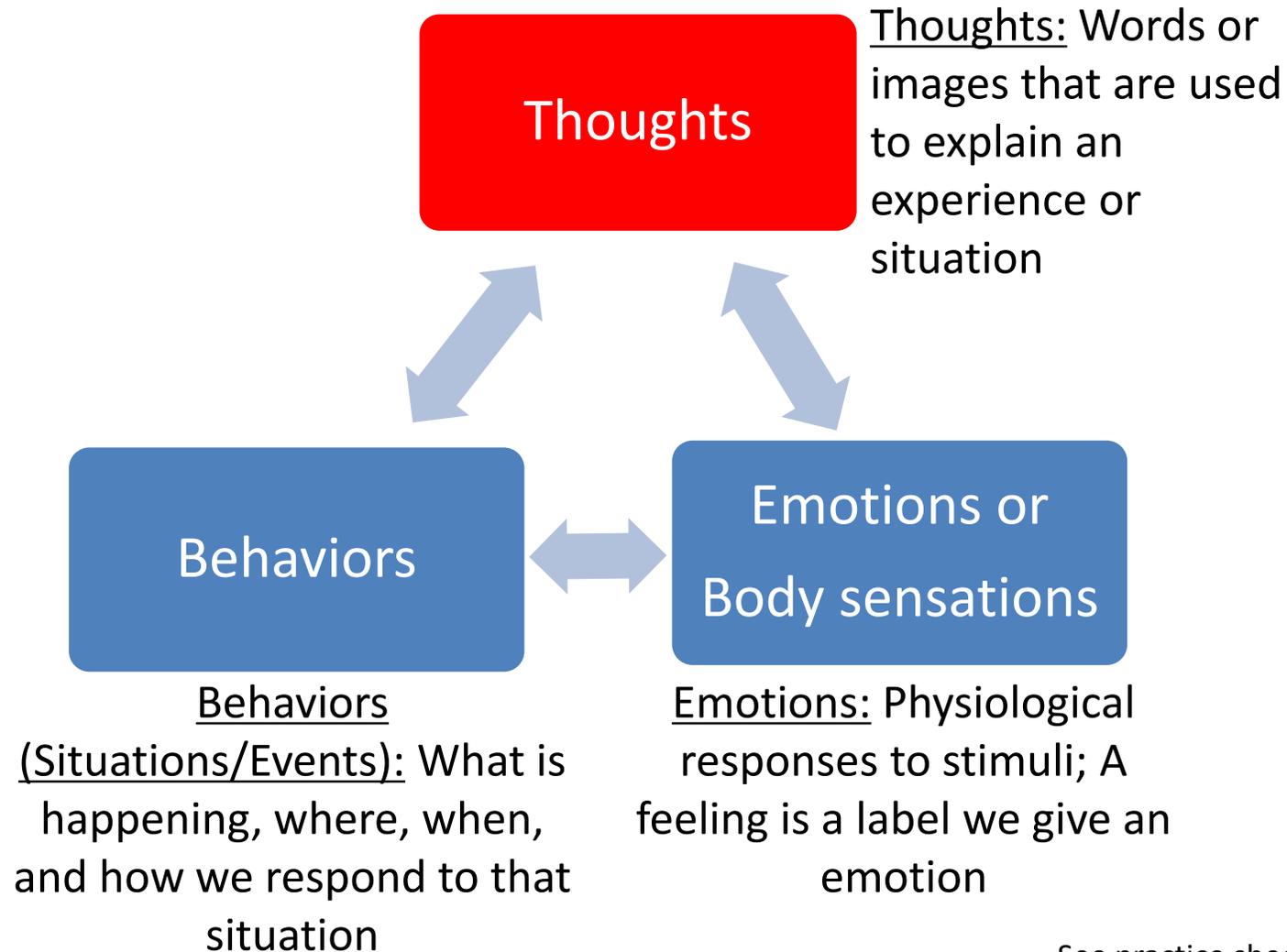
(from Creed, Reisweber and Beck, 2011)

REACTIONS OF TWO PEOPLE IN LINE

 A cartoon illustration of a young boy with spiky yellow hair, wearing an orange t-shirt and purple pants. He has a wide, happy smile and his arms are raised in excitement. A blue curved arrow points from the word 'Excited' above him to his head.	<p>Excited</p> <ul style="list-style-type: none">– This will be fun!– Exciting– Had fun last time– Great to do with friends, photos afterward	 A cartoon illustration of a young boy with spiky yellow hair, wearing a grey suit jacket, a white shirt, and a purple bow tie. He has a terrified expression with wide eyes and a grimace, and is sweating profusely. A blue curved arrow points from the word 'Scared' above him to his head.	<p>Scared</p> <ul style="list-style-type: none">– This will be terrible!– I will get sick– I may die– Don't want my friends to see me scared
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Thoughts mediate your reaction

HOW TO USE CBT MODEL FOR ANY GIVEN SITUATION



See practice sheet adapted from
Mind Over Mood (Greenberger and Padesky)

PRACTICE- CBT BASICS

DESCRIBING EXPERIENCES

- Poll 1: Identify the aspects of experience exercise
 - See p. 14 in handout packet

TRANSLATING THE MODEL TO UNDERSTAND AN EXPERIENCE

- What happened? Situation/experience
- What did you think? Self-talk
- What was the outcome? Emotions, behaviors



EXAMPLE- CBT MODEL AND PSYCHOSIS

RANDOM IMAGES POP-UP ON COMPUTER SCREEN

Thought/Belief

- Devil is tormenting me
- I have no control
- I am bad and I am being punished
- Map experience on to cognitive model
- Then ask questions to increase awareness

Outcome

- Emotions: Upset, angry, scared,
- Behavior: stay to self, say extra prayers

Thought: Devil is tormenting me
I have no control; I am bad

Behavior: stay to self, say extra prayers

Emotions: Upset, angry, scared

WAYS TO EXPAND COGNITIVE PERSPECTIVES: GUIDED DISCOVERY

- What was most distressing for you?
- What did you tell yourself?
- How did you get to that conclusion?
- Clarify: When you think ..., you feel... and do Is that right?
- Any other way to think about it?
- Any information may have missed?

WAYS TO EXPAND COGNITIVE PERSPECTIVES?

- What was most distressing for you?
 - Felt out of control and punished
- What did you tell yourself?
 - Devil is tormenting me with these images
- How did you get to that conclusion?
 - Sinned in the past and this is punishment
 - Clarify: So- when you see the image you think, “devil is tormenting me” for past sins; and you feel distressed (scared, panicked, threatened, etc.)
- Any other way to think about it? Something else cause the problem with computer?
 - Explored technology- how computers typically work and advertisements?
 - Later in therapy explored faith beliefs (e.g., was punishment the only way behaviors can be addressed?)



SUMMARIZE: GENTLY LINK THOUGHTS TO EMOTIONS

- Images pop up
 - Think- “evil, punishment” → feel distressed
 - Think- “common computer error” → less distressed
- In this case- discovering the computer problems collaboratively made all the difference



REFLECT AND COMMENT

- Thoughts about translating psychotic content using the CBT model?
- Challenges for you in using this approach?
- Up next- Strategies from CBT-p that can help persons examine and work with their thoughts/ self-talk differently

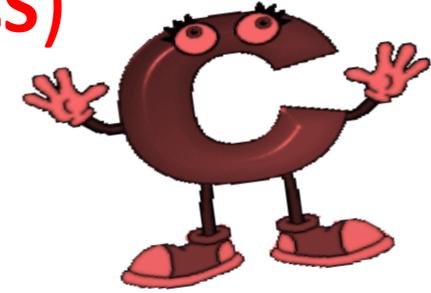
CBT BASICS- HOW AND WHEN TO EVALUATE THOUGHTS

- Not all thoughts are factual, accurate or helpful
- Fact versus Interpretation exercise
 - Poll 2; see p. 15 in your packet

Basic Strategies for Working with Thoughts

- 3 Cs- evaluating thoughts
- Learning about and catching common unhelpful thinking habits
- Cognitive restructuring- a bit more formal and typically falls in the scope of counselors and therapists
- Improving flexibility in thinking
 - Alternative explanations exercise

TEACHING WAYS TO WORK WITH THOUGHTS: THREE QUESTION TECHNIQUE (3 Cs)



Situation: What happened?

1. What thought did I have? What did I tell myself? **(Catch it)**
2. Is the thought accurate? What evidence do I have? Does thinking this way help or hold me back? Reality check.
(Check it)
3. What is another way to think about this situation? What might a good friend say about this situation? Does the new way help me? **(Change it)**

See pp 16-20

IDENTIFY UNHELPFUL THINKING HABITS (P. 4 HANDOUTS)

- Jumping to conclusions
- Emotional reasoning- feels this way (scary), so *must be* this way (scary)
- All/nothing reasoning- it is either all one way or another
- <https://www.getselfhelp.co.uk//unhelpful.htm>
- Remember to normalize- what is your most common thinking habit?



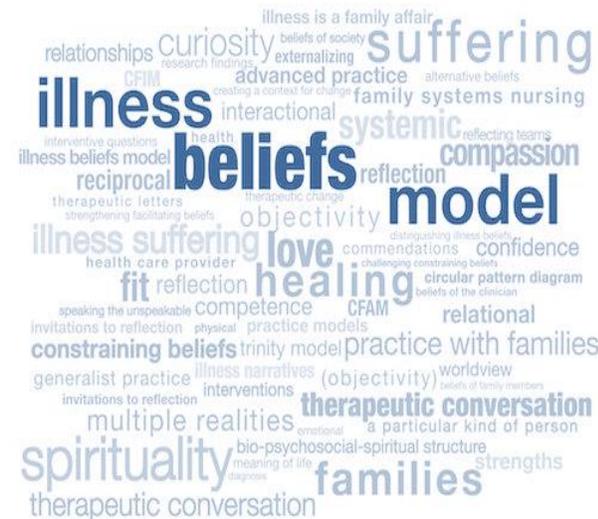
PREVIEW- COGNITIVE RESTRUCTURING SIMPLIFIED

<p>What is the thought/belief:</p> <p>The medicine is poison and will kill me!</p> 	<p>How much do you believe it: 0 – 100</p> <p>How much does it bother you: 0 – 100</p>
<p>Evidence supporting the thought</p>	<p>Evidence NOT supporting thought</p>
<p>Pulling the information, what do you make of this?</p>	

Morrison et al. (2008), method from *Think You're Crazy? Think again*

TEACHING WAYS TO WORK WITH THOUGHTS: ALTERNATIVE EXPLANATIONS

- Alternate Beliefs exercise (Friedmann-Yakoobian, et al, 2007)- see Handout (neutral practice). P. 21-22 in handouts
 - Provide answers verbal or chat box
- Tips: Any other ways to check flexibility of thinking



PRACTICE: BREAK OUT ROOM

- Separate into therapist and case manager groups for practice
- Val- lead therapy approach to working with thoughts
- Harry- Case manager approach to working with thoughts

- P. 23 in handout packet

Feedback from Breakout rooms

- What did you learn?
- What do you want to practice?

CAUTION NOTES

- If client becomes defensive, it may be too soon to offer alternative perspectives
- Re-focus on their reaction to the thought (emotion and behavior) and how to manage (see next section on emotions)

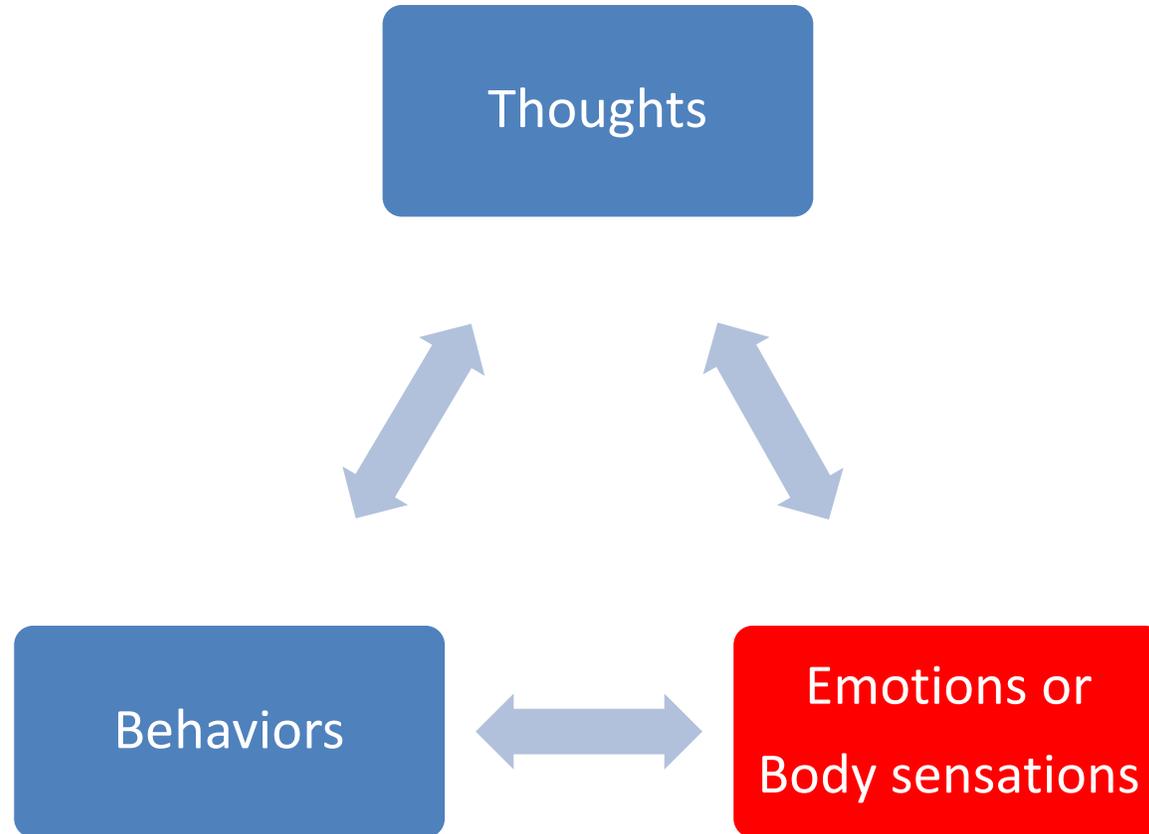


SUMMARY

- Provide a simple explanation of how thoughts influence emotions and behaviors
- Ask questions to expand thinking
 - Alternative explanations
 - 3 Cs
 - Looking for evidence
 - Does thought help or hold me back?



WORKING WITH EMOTIONS

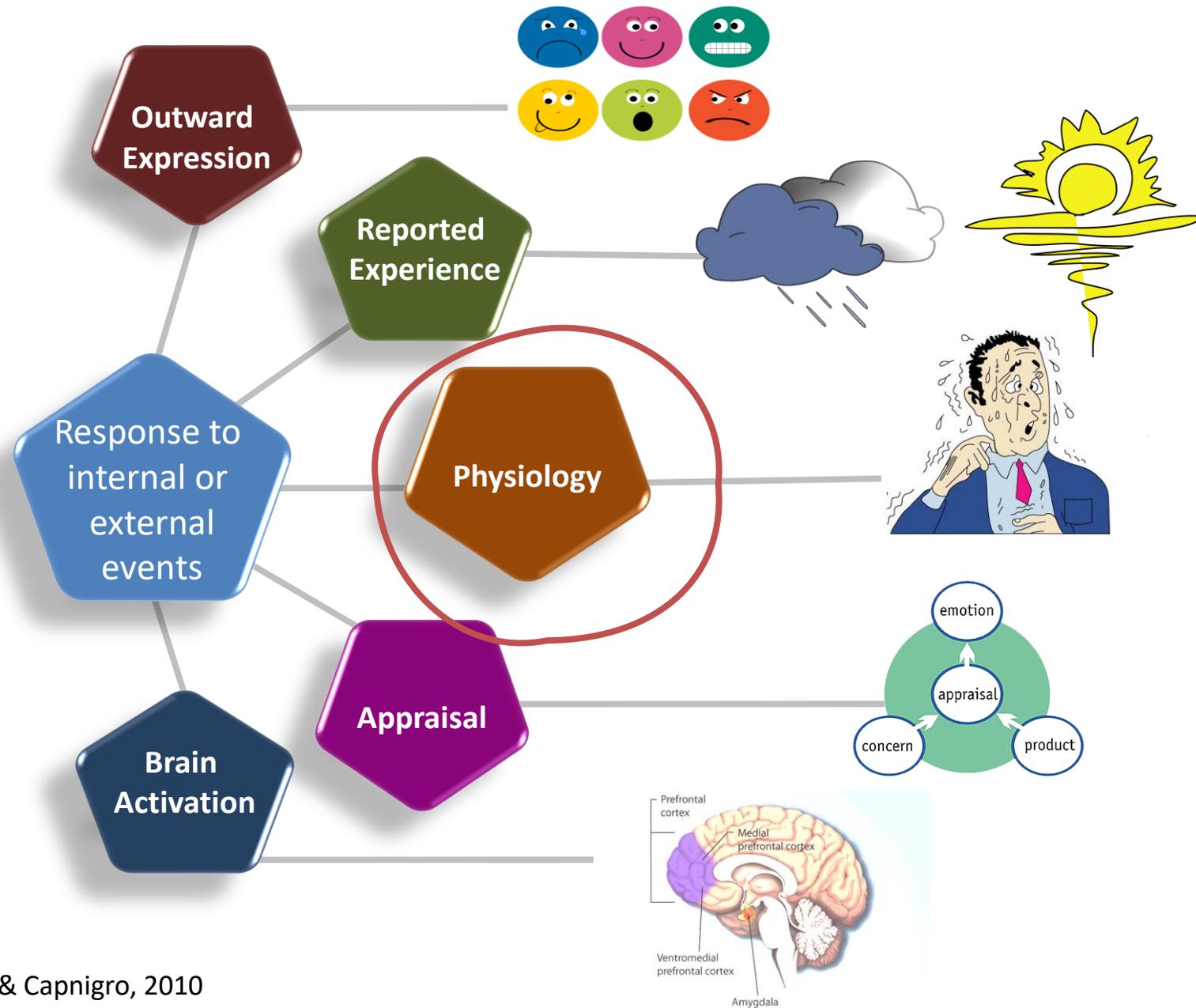


EXPLAIN HOW EMOTIONS WORK

IMPROVING SKILLS FOR HANDLING EMOTIONS

- All human beings experience emotion
 - Having pleasant and unpleasant feelings is normal
- Emotions are temporary; they come and go
- Emotions can be understood in many ways
 - What to call the emotion (label the emotion)
 - How strong it (the emotion) is (0-100)
 - How long it lasts





What is an Emotion?

Kring & Capnigro, 2010

EXPLAIN HOW EMOTIONS WORK

IMPROVING SKILLS FOR HANDLING EMOTIONS

- How we think about our emotions can be helpful or unhelpful
 - Saying to self: “*I can’t stand this*” **leads to a different outcome than**
 - “*This is uncomfortable, but I can handle it*”
 - Ask: “Can you think of other uncomfortable, painful times that you have made it through?”
- It is possible to increase positive emotions with how we think and how we act
- Trying to shut-off or ignore our emotions can lead to trouble
 - “*What you resist, persists*”

EMOTIONS AND PERSONS WITH SCHIZOPHRENIA...

- Are less expressive emotionally
 - However, experience emotions at same levels as others
- Have difficulty processing emotional information
 - Avoid looking at important facial information to recognize cues
 - May use limited context information to interpret emotions
- Face tremendous stigma (making social/emotional interaction even more challenging)



Khoury, B, and Lecomte, T. (2012). Emotion regulation and schizophrenia.
International Journal of Cognitive Therapy, 5(1), 67-76.

PERSONS WITH SCHIZOPHRENIA...

- Experience higher subjective levels of distress in response to stress.
- Use less effective strategies for managing emotions
 - Avoidance
 - Suppression
 - Worry/rumination



Khoury, B, and Lecomte, T. (2012)

WAYS TO MANAGE EMOTIONS

- Suppression- avoid and distract (less effective)
 - Emotion suppression (facial or vocal expression)- associated with increase in severity of voices
 - Delusions tend to reflect emotional state of the person
 - Emotion directly triggers auditory hallucinations in those predisposed (Freeman and Garety, 2003)
- Accept and Reappraise- find new meaning in the situation/emotion
 - Beliefs can influence the effectiveness of an emotion regulation strategy

Khoury, B, and Lecomte, T. (2012)

WAYS TO WORK WITH EMOTIONS

- Mood Diary
- Relaxation and healthy self-soothing
- Mindfulness and Acceptance strategies
- Appropriate support seeking behaviors
 - including crisis contacts



A WAY TO INCREASE UNDERSTANDING...

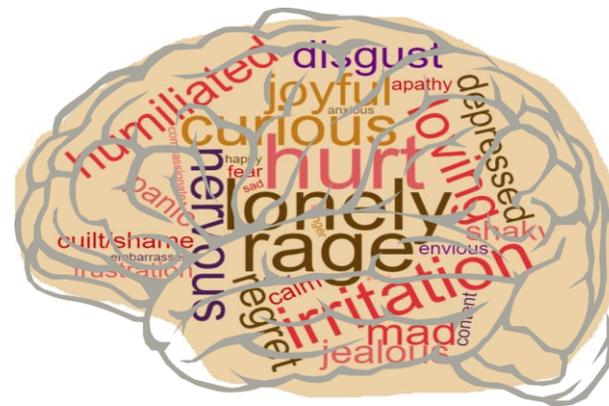
- Help client to monitor changes in one factor across situations
- Let's start with Emotions
 - Expand vocabulary for emotions.
 - Meta-experience (awareness of Emotions)



NAME THAT MOOD

Finding words for emotions: “you name it, you tame it”

“Brain research has revealed that finding words for feelings deactivates the part of the brain that initiates a stress response.” (p. 71, Germer (2009). *The Mindful Path to Self-Compassion*)



Cresswell, et al., (2007). Neural correlates of dispositional mindfulness during affect labeling. *Psychosomatic Medicine*, 69, 560-565.

Teaching to identify by using emotions card

Primary Emotions	Combinations and/or Flavors of Primary Emotions			
Sad	Depressed	Disappointment	Apathy	Grief
Anger	Mad	Irritation	Frustration	Rage
Happy	Joyful	Glad	Cheerful	Loving
Fear	Anxious	Panic	Nervous	Shaky
Guilt/Shame	Embarrassed	Regret	Humiliated	Disgust
Jealous	Envious	Hurt	Discouragement	Lonely
Content	Calm	Compassionate	Grateful	Curious



Teaching to identify emotions card

THE EMOTIONS GAME

- Put a big feelings chart on the ground (you'll have to make one if there is not one available)
- Drop a penny from waist height onto the chart
- Share a memory when you felt the emotion where the penny dropped



SELF MONITORING FORM FOR EMOTIONS

Concern: Client is suspicious “all the time”

- Would you mind tracking your emotions over the next week?

Day and Time		Activity or Situation	Emotion (see list)	How Strong was the Emotion?
Saturday 9:00 PM	9/10	At home	Scared	0 1 2 3 4 5 6 7 8 9 10 Very low medium very high
Tuesday 3:00 PM	9/13	With Joe	Worry	0 1 2 3 4 5 6 7 8 9 10 Very low medium very high
Thursday 6:00 PM	9/15	Driving	Suspicious	0 1 2 3 4 5 6 7 8 9 10 Very low medium very high
Friday 11:00 AM	9/16	Eating breakfast	Frustrated	0 1 2 3 4 5 6 7 8 9 10 Very low medium very high

HOW TO USE THE INFORMATION

CPST: **What do you notice** about your ratings (let client tell you rather than you noticing; promote self-discovery; insight)

- Cl: “less anxious when with Joe”
- **CPST***: **What do you make of that?**
- Cl: we do fun things..



Could then explore what this means to the client and consider options

METHODS FOR CALMING AND SELF-SOOTHING*

- Breathing basics- 4 square and others
 - Relaxation skills preparation
- Grounding- senses in moment; things in immediate area
 - Example
- Gratitude- 3 things grateful for today (see handouts)

IMPROVING SKILLS FOR HANDLING EMOTIONS

MINDFULNESS PRACTICE*

- Awareness of senses and emotion
- Guided image- passengers on bus
 - Moments of distress
 - Moments of joy
 - Moments of calm
- Temporary nature of experience
- Can be influenced to greater or lesser intensity



Mindfulness of speech activity

When we are done, put memorable reactions into the chat box

Breakout Rooms
10 minutes

MINI-PRACTICE

- Break into therapy and case manager groups
- Mini-practice working with emotions
- How will you teach your client about emotion regulation?
 - What education
 - What to attend to
 - Techniques for re-appraisal
 - Self-disclosure
 - There are many to choose from

IMPORTANT TO KNOW

- Increased distress may come with increased awareness
 - May get worse before it improves;
 - **Prepare the client and provide support and hope (we will be in this together)**
- Let's talk about how we respond when we see signs of distress or internal stimulation in clients.



WHAT TO DO WHEN PROVIDERS NOTICE DISTRESS

Client appears internally stimulated or distressed, I can check in with client:

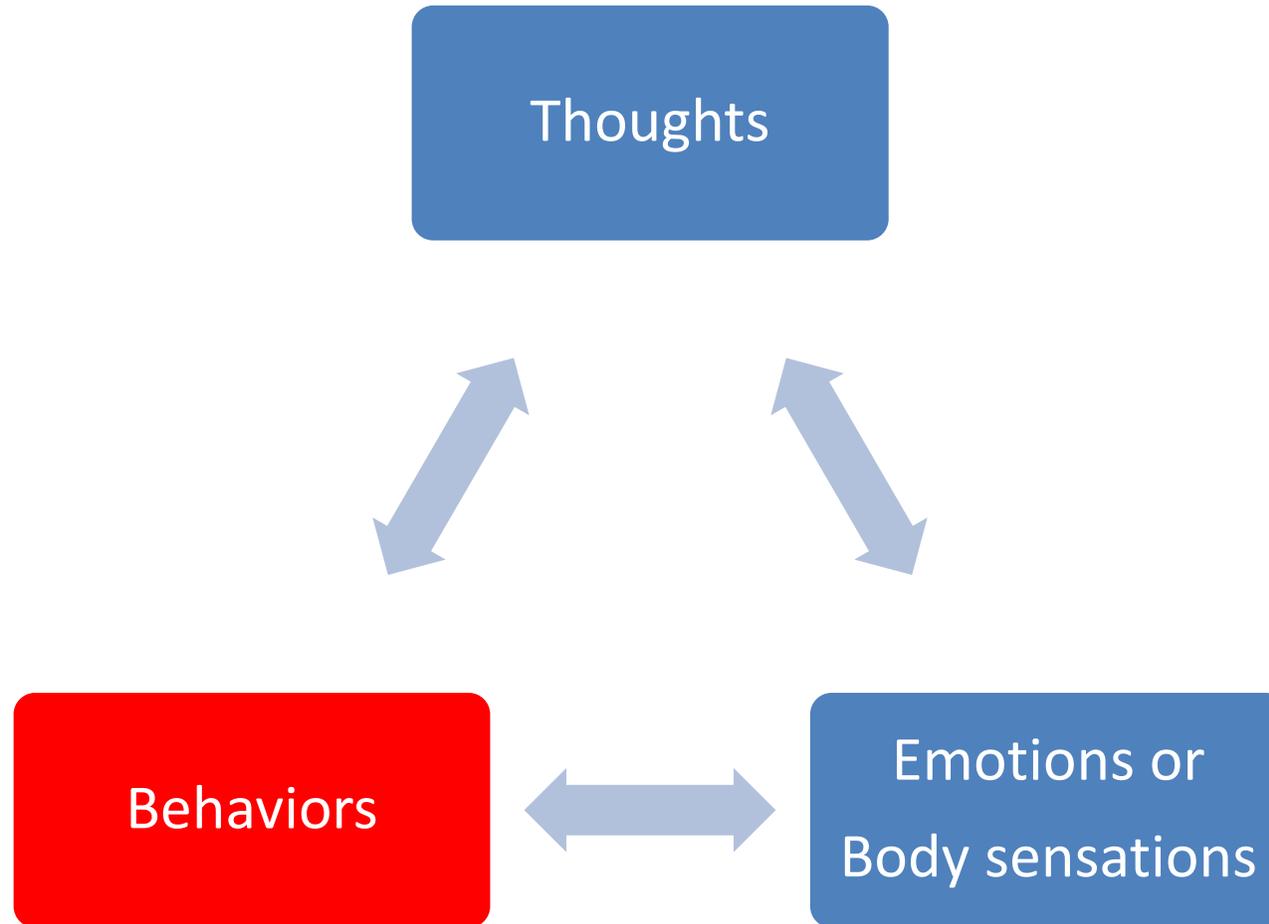
- Check in with client
 - I noticed (physical signs)
 - Face appears tense
 - Breathing heavier
 - “I wonder what’s happening for you (voices, symptoms)?”

Common Phrase of support

- I’m here to listen, if it is ok with you, would like to hear what’s happening
- This is a safe place to say what is going on (no judgment)
- Is there anything that you need right now or anything that might be helpful?
- If not, going to sit with you, be available until your ready and that’s ok, and every now and then will say something so you know I am here

scope of Practice

WORKING WITH BEHAVIORS



ANCHORING CHANGE THROUGH BEHAVIOR

Behaviors associated with working with thoughts

- Completing a simple thought record
- Coming up with alternative thoughts
- Checking for/against evidence
- Behavioral experiments
- Trying on new beliefs- this is how the new me would respond...
- Choosing to spend time with people who help calm my thoughts rather than cause upset
- Follow through with any homework or task
- Activity monitoring

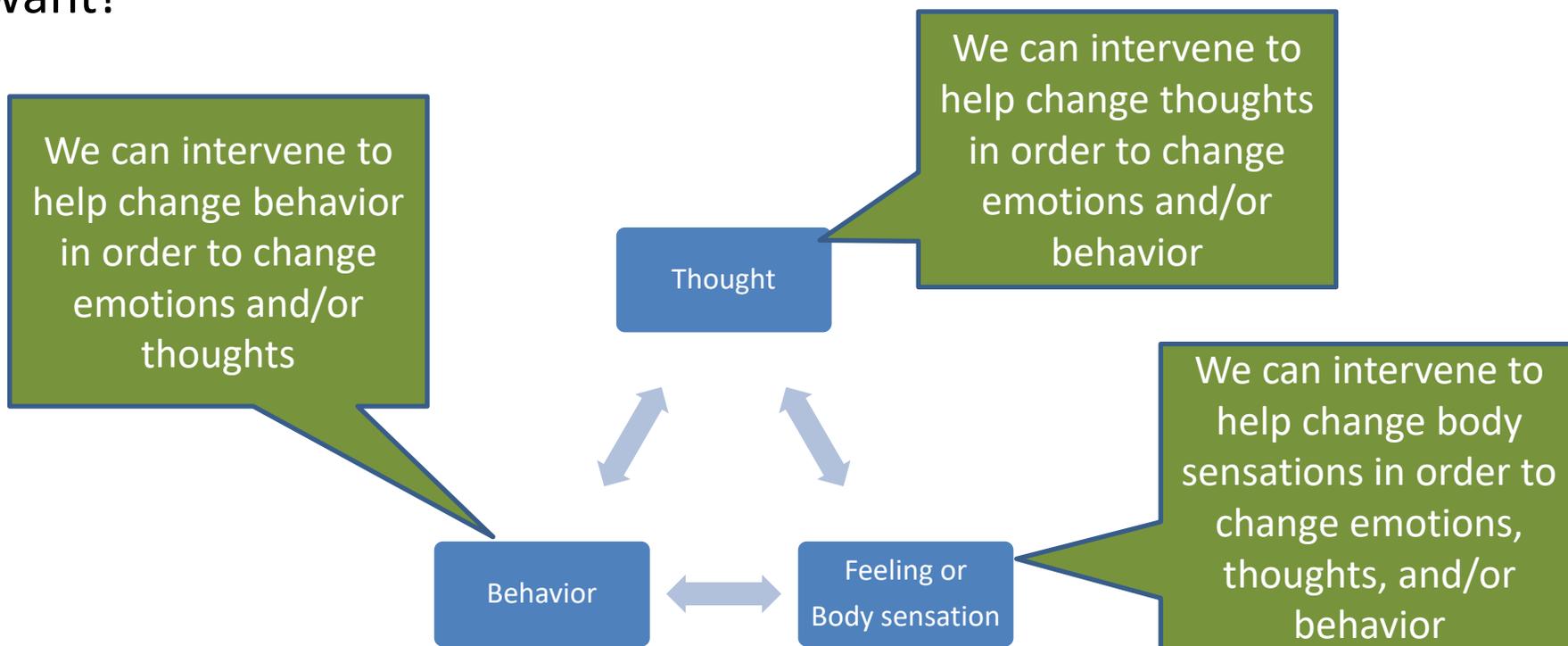


ANCHORING CHANGE THROUGH BEHAVIOR

- Behaviors associated with working with emotions
 - Healthy self soothing – relaxation activities
 - Mindfulness activities – guided imagery, yoga, etc.
 - Exercise - walking
 - Identifying an emotion and saying it out loud to someone – talking about it to someone you trust
 - Listening to peaceful music
 - Grounding
 - Gratitude activities
 - Engage in a favorite hobby (painting, drawing, playing an instrument)
 - Pray, meditate

ANCHORING CHANGE THROUGH BEHAVIOR

- Any new healthy behavior change will reinforce healthier thoughts and less distressing emotions – and may result in pleasant experiences
- Remember – the Thoughts, Feelings, Behavior Triangle? We can intervene wherever we want!



FORMULATION

Introduction to using the Cognitive Model to
identify strategies

WHAT DOES A TYPICAL CASE REVIEW LOOK LIKE FOR YOU?

- What information is provided?
- How is the information organized?
- Respond out loud or use chat box



CBT CASE REVIEW

When reviewing cases, what were the three essential bits of information to discuss?

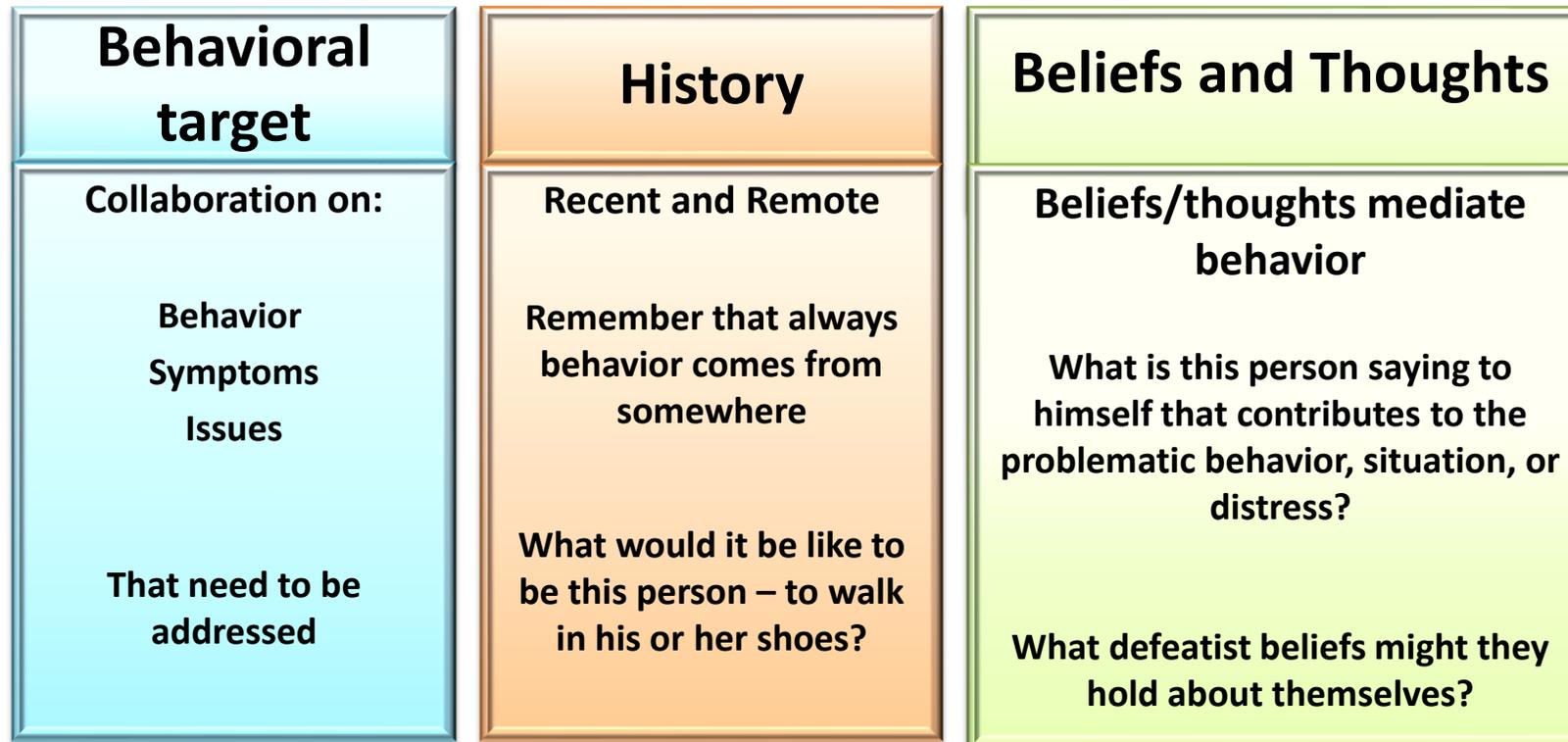
1.) Behavior

2.) History- targeted

3.) Self-talk or thoughts related to the behavior



FROM CASE REVIEW TO FORMULATION BASED THINKING



(adapted from Creed, T., and the Beck Initiative, 2014)

LET'S PRACTICE A WITH A CASE

- Practice case
- Case from training participants
- Here is a case to formulate: Possible Homework

REVIEW OF WHAT WE COVERED TODAY

- Relationship building #1
- Learn from the client about his/her experience
- Help client identify thoughts and links to emotions/behaviors
- Possibly offer alternative perspectives, increase understanding
- Help client with emotion regulation skills
- Case review- a way to guide care



REVIEW AND FEEDBACK

- **Self-reflection:** main take home points?
 - **Clarification:** things you want to hear more about
 - **Feedback:** how can we improve the training for tomorrow?
-
- What is the plan for Day 2? Split sessions
 - Check your Zoom links



REFERENCES

Creed, T. A., Reisweber, J., & Beck, A. T. (2011). Cognitive Therapy for Adolescents in School Settings. *Child & Family Behavior Therapy* 34(3):254-260. DOI: [10.1080/07317107.2012.707098](https://doi.org/10.1080/07317107.2012.707098)

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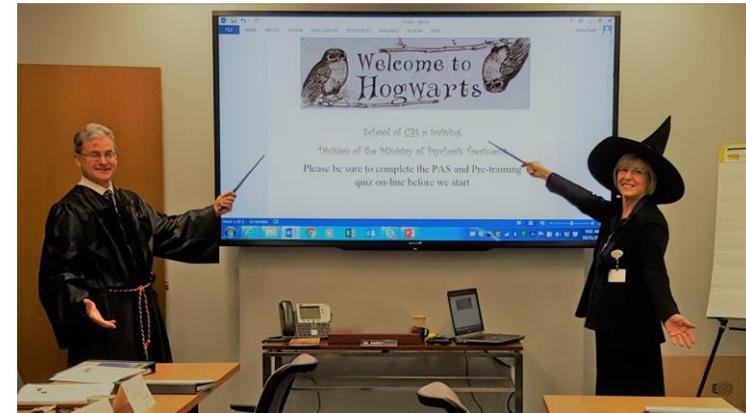
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CONTACT INFORMATION

Harry J. Sivec, Ph.D.

Cognitive Behavioral Therapy for Psychosis Program
Best Practices in Schizophrenia Treatment (BeST) Center
Department of Psychiatry - NEOMED
Email: hsivec@neomed.edu
Phone: 330-325-6699



Valerie Kreider, Ph.D., LPCC-S, LICDC-CS

Cognitive Behavioral Therapy for Psychosis Program
Best Practices in Schizophrenia Treatment (BeST) Center
Department of Psychiatry - NEOMED
Email: vkreider@neomed.edu
Phone: 330-325-6406