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Psychiatry and Addictions Case Conference

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CAN I REALLY USE THERAPY FOR PATIENTS WITH PSYCHOSIS?: COGNITIVE BEHAVIORAL THERAPY FOR SCHIZOPHRENIA SPECTRUM DISORDERS

SARAH KOPELOVICH, PhD

ASSISTANT PROFESSOR and

KATZ FAMILY PROFESSORSHIP IN CBT FOR PSYCHOSIS

UNIVERSITY OF WASHINGTON

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

LEARNING OBJECTIVES

1. Why use psychological treatments for psychosis?

2. Briefly review the evidence base for Cognitive Behavioral Therapy for psychosis?

3. Review the core principles of CBTp, the phases of treatment, and the interventions that are included in each phase.

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SIGNIFICANCE

- Schizophrenia is the most common psychotic illness (lifetime prevalence 1:100)[1]
- 3rd most disabling health condition[2]
- Higher rates of medical illness and mortality[3]
  - 50-90% have >1 chronic medical illness[4]
  - On average, die 28.5 years earlier, mostly from preventable and treatable illnesses[5]
- Individuals experiencing initial episode of psychosis and persistent psychosis commonly present in primary care setting.

[1]McGrath et al. (2008); [2]WHO (2012); [3]Viron & Stern (2010); [4]Gold et al. (2008); [5]Olfson et al. (2015)

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WHY USE PSYCHOLOGICAL TREATMENTS?

- ***Response***: 80% have a partial response at best (Meltzer, 1992; Lally & MacCabe, 2015)
- ***Adherence***: 60-80% will go off their medications one or more times (Fervaha et al., 2014)
- ***Impact***:
  - medications have limited impact on:
    (1) beliefs that mediate recovery (hopelessness, self-stigma),
    (2) functional deficits
    (3) quality of life

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PRACTICE GUIDELINE FOR THE Treatment of Patients With Schizophrenia Second Edition

- Psychosocial interventions are recommended by treatment guidelines in the U.S.

- Cognitive Behavioral Therapy for psychosis has the largest evidence base
  - 40 RCTs
  - 13 meta-analysis
  - 4 systematic reviews

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WHAT DOES CBTp RESEARCH TELL US?

- Research shows that CBTp is an important adjunctive treatment to psychopharmacology for SSDs.
- Overall beneficial effect on treatment targets:
  - Positive sx, functioning, & mood (ES =~.35--.65)
  - Continue to demonstrate gains over time
  - Negative sx tend to also respond but evidence less dramatic improvements

CBT FOR PSYCHOSIS

- CBTp aims to reduce the *distress and disability* associated with schizophrenia spectrum disorders.

- Based on the transdiagnostic cognitive model…

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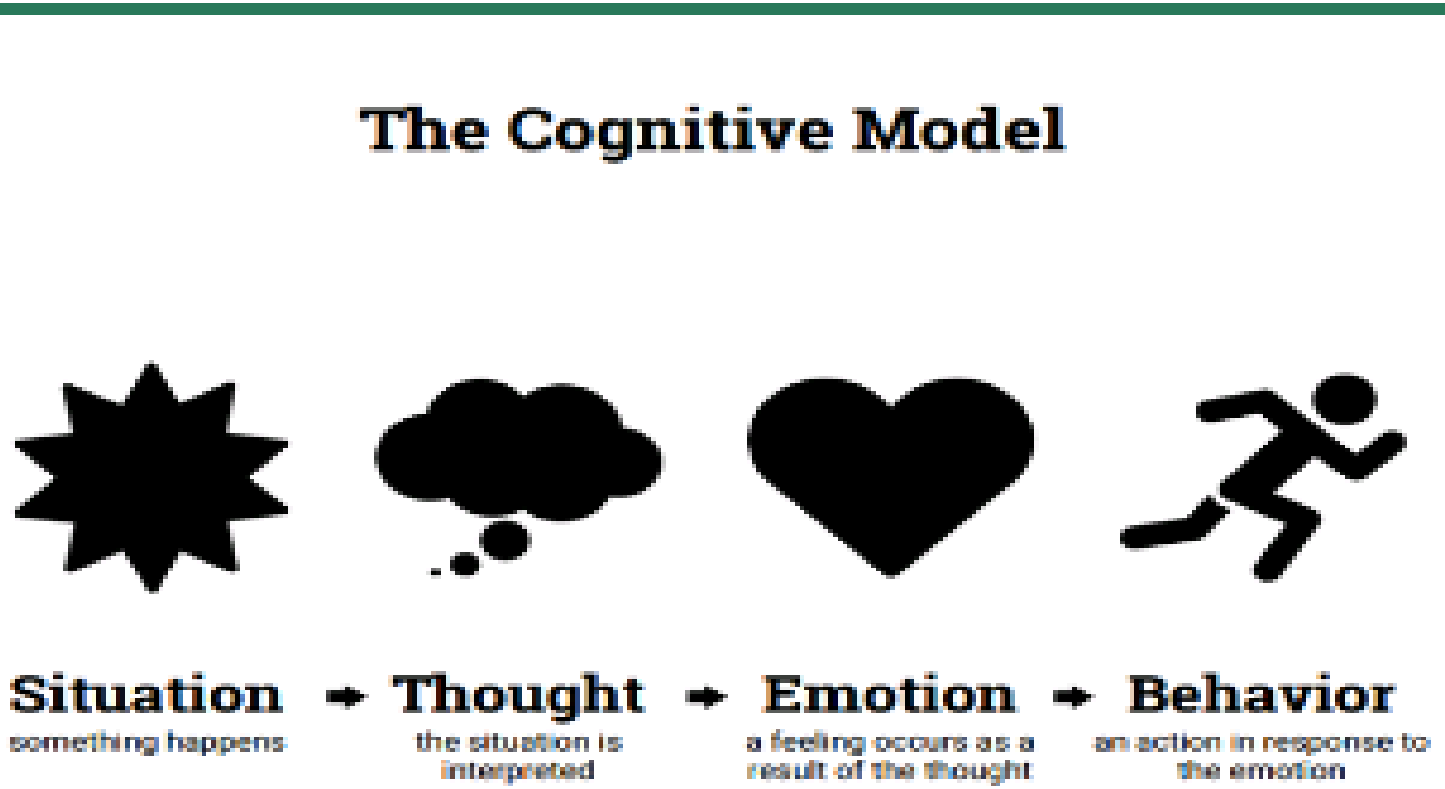
COGNITIVE MODEL



THEORY

- Thought disorder *and* Thinking disorder

- Hallucinations and delusions reflect automatic thoughts, which are based on relatable core beliefs

- These thoughts may distort or extend reality. They may be interpretations of actual events or feelings.

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CBTp PRINCIPLES

Principles	CBT for depression/anxiety	CBT for psychosis
Basis in a cognitive model	✓	✓
Formulation driven	✓	✓
Structured	✓	✓
Shared problem list and goal development	✓	✓
Educational	✓	✓
Uses guided discovery	✓	✓
Homework	✓	✓
Time limited	✓	✓
Relapse prevention	✓	✓

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TWO BASIC TYPES OF CBTp

1. Symptom-targeted interventions
   - Can apply *high-yield* techniques in a brief, low-intensity format to specific psychotic or related symptoms

2. Formulation-based CBTp
   - More appropriate for individuals with complex symptom presentations

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"HIGH-YIELD" COGNITIVE BEHAVIORAL TECHNIQUES FOR PSYCHOSIS

- Adherence enhancement
- Behavioral activation and activity scheduling
- Breathing retraining
- Building coping skills for hallucinations
- CBT for insomnia
- Cognitive-behavioral rehearsal
- Collaborative empiricism
- Collaborative goal setting
- Computer-assisted CBT
- Coping cards
- Elicit and modify automatic thoughts
- Evidence for/against thought
- Exposure
- Identify cognitive errors
- Imagery
- Motivational interviewing
- Problem solving
- Psychoeducation
- Reasons for hope/living
- Relapse prevention
- Thought records and symptom diaries
- Reality Testing

Turkington & Pelton (2014).

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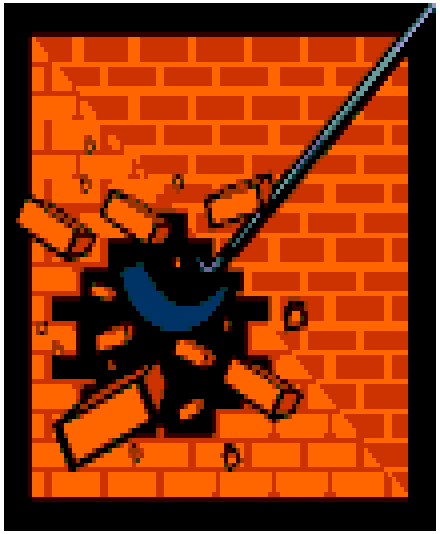
COGNITIVE THEORY: HALLUCINATIONS

Beliefs maintain voices and increase associated distress

- Omnipotence/power:
  - I have to do what they say
  - They can make bad things happen
- Controllability
  - Nothing I do makes them better
- External
  - I hear them in the walls
- Credibility
  - If they say they'll hurt me then they will hurt me
  - They say I'm worthless
- Malevolence
  - The voices are evil, punishing me



Work of the therapy is to begin to dismantle these beliefs.

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CONCEPTUALIZING DELUSIONS

- Delusions are viewed as misperceptions that can be modified with CBT techniques.
  - We are all more prone to misperceptions when under stress or experiencing negative affect
- While rigid, most are amenable to change
  - Not through confrontation, but through gentle exploration with a trusted professional
- Possible to make sense of beliefs when context in which it developed is understood
- What is the function?
  - avoidance, protect self-esteem, provide meaning and certainty about life

Cognitive Triad for Delusional Beliefs

Type of Delusion	View of Self	View of Others (world)	View of Future
Paranoid	Vulnerable (inferior, defective, socially undesirable)	Powerful, threatening; others are harmful, hostile, and malevolent	Hopeless, uncertain
Jealous	Unworthy, unappealing	Distrustful, exploitative; actions of others are intentional	Hopeless
Control	Weak, powerless, helpless	Powerful, omnipotent, omniscient	Largely determined by others
Somatic	Vulnerable to harm and illness	Dangerous, threatening, infectious	Characterized by suffering
Guilt	Self-loathing	Punishing	Doomed
Grandiose	Inadequate	Unrewarding; others are inferior	Optimistic, hopeful

For each category of delusions, hypothesized core beliefs are listed in relation to the components of the cognitive triad. ( ) = underlying core beliefs" (Beck, Rector, Stolar, & Grant, 2011. Appendix E, pp. 358).

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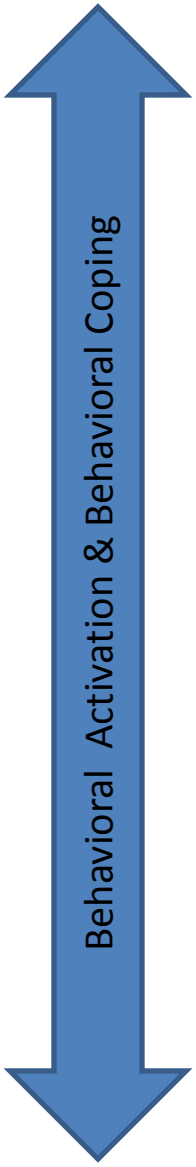
CBT INTERVENTIONS FOR DELUSIONS



1) Reattribute beliefs

2) Generate alternative beliefs

3) Cognitive Restructuring: Systematically teaching clients to identify and modify unhelpful thoughts

4) Behavioral experiments to further test beliefs

5) Replacing the function of delusions

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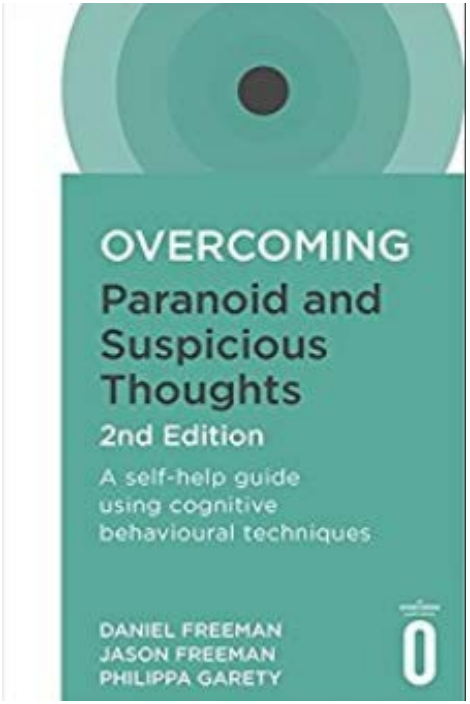
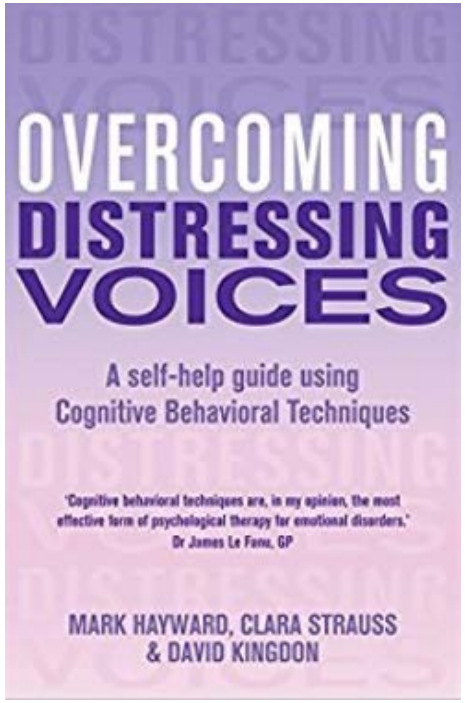
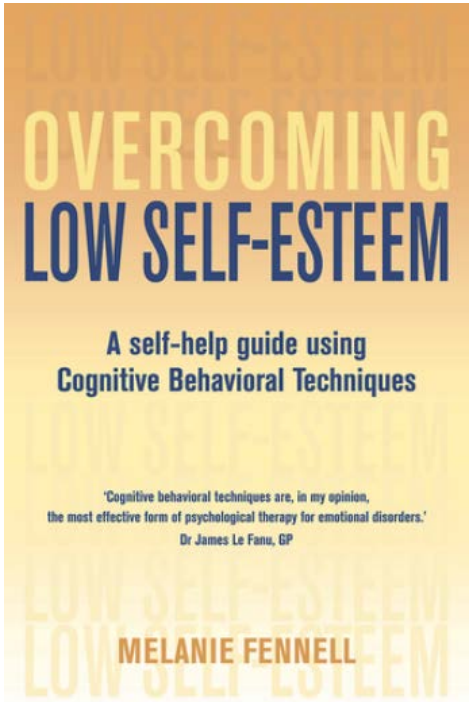
RESOURCES FOR INDIVIDUALS WITH SCHIZOPHRENIA SPECTRUM DISORDERS







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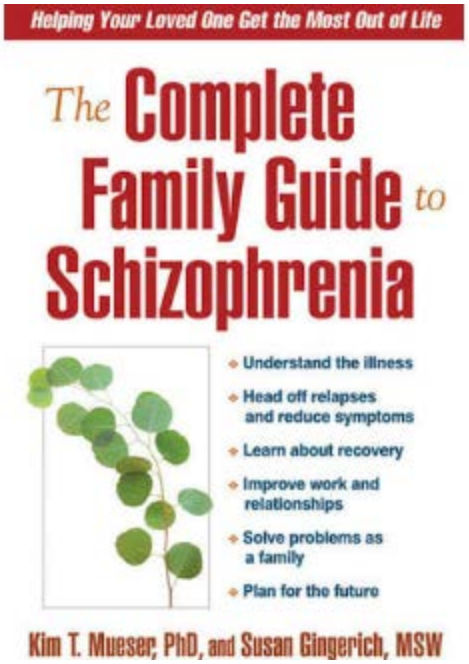
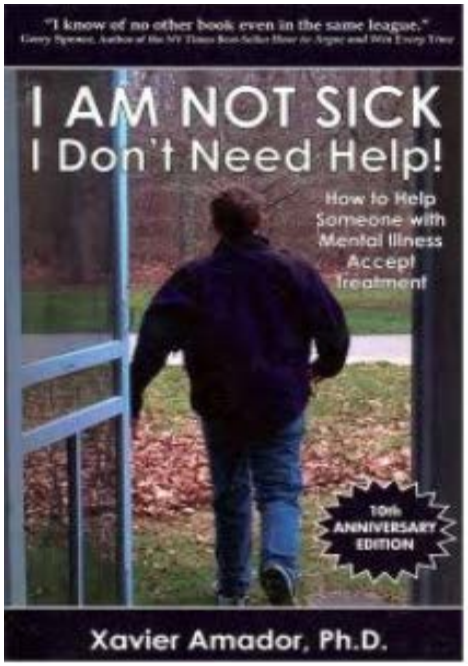
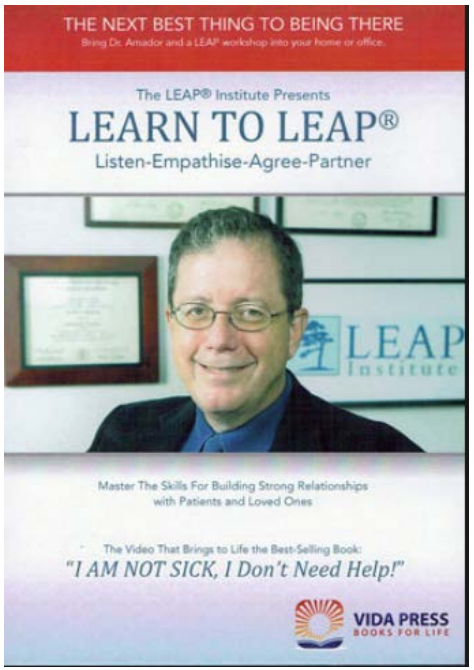
RESOURCES FOR LOVED ONES







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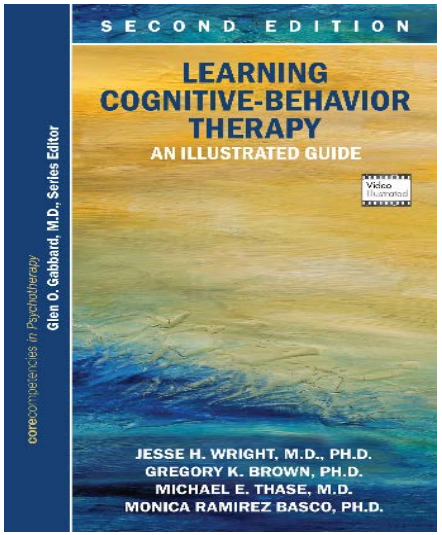
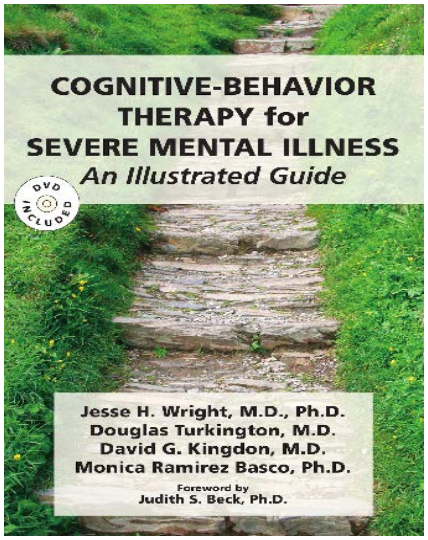
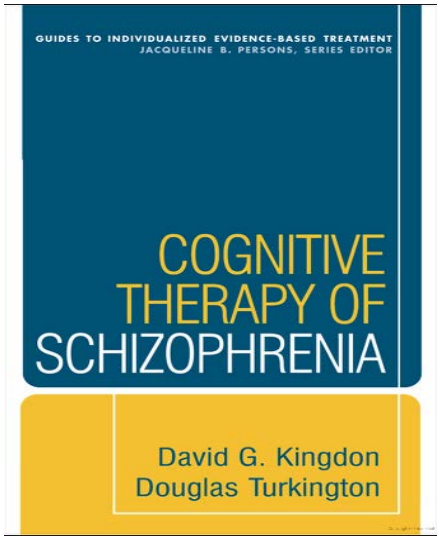
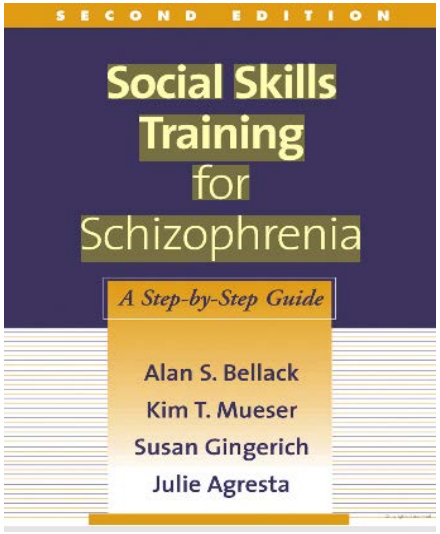
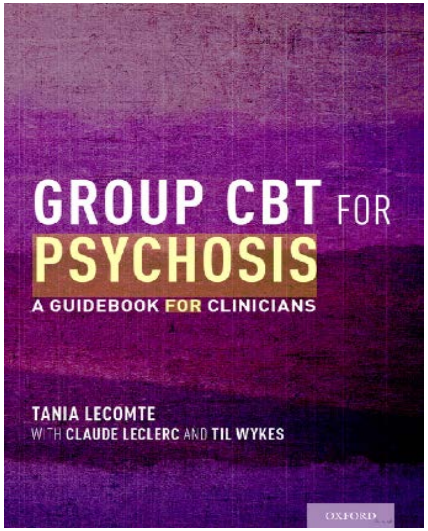
RESOURCES FOR CBTp PRACTITIONERS

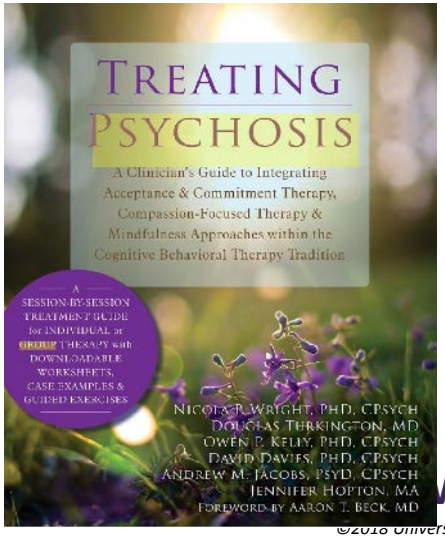












SUMMARY

- CBTp state of the research:
  - Respectable effect sizes for positive symptoms, insight, mood, and maintaining gains.
  - Poor access to CBTp (Implementation Research is needed)

- CBTp adheres to the same principles, structure, and general theory as CBT for other presenting problems.

- CBTp works best when delivered as a component of comprehensive care.

- CBTp advances the *culture of care* for psychotic disorders in the U.S. from palliative to rehabilitative.

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THANK YOU!

CONTACT:

SARAH KOPELOVICH, PHD
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
EMAIL: SKOPELOV@UW.EDU

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