Introduction to Cognitive Behavioral Therapy for Psychosis
Module 2

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Objectives Module 2

- Curious Questioning
- Formulation
- Interventions
  - Working with voices
  - Working with unusual thoughts
Curious Questioning
https://www.youtube.com/watch?v=XtW72nT7cYQ
Questioning Styles

• Didactic
  • Teaching new skill
  • Providing psycho-education

• Socratic Questioning
  • Leading client to a particular answer

• Guided Discovery
  • Asking informational questions
  • Listening
  • Summarizing
  • Synthesizing

It’s ok to not know where line of questioning is going (sometimes best) – remain curious
How to Practice Curious Questioning

• Genuinely be curious
  • Ask questions
  • Listen
• Don’t challenge or endorse the psychosis
• Don’t make assumptions
  • Ask
• Be open to different explanations and experiences
  • There can be more than one point of view
  • No “right answer”
• Explore all possibilities
How to Practice Curious Questioning

• Summarize and reflect what you have heard to check that you have understood
• Ask for feedback from the client
• Let the client lead
  • encourage this through questioning
• Encouraging the client to ask questions ultimately
What questions/assumptions might you have about the following statements?

My wife is plotting to have me killed because I know about her illegal money laundering scheme
Curious Questioning in action
(See recording at 17m:13s)
Recognizing and managing stress
Stress Bucket

Hearing Voices

Parents arguing

Exams coming up

Applying for college

Talk to voices
Stay up all night playing video games

Play video game for one hour

Go for a walk

Stress Level

Buffer Zone

Adapted from UNSW Counseling Services & Carver et al., 1989
Stress Bucket

Adapted from UNSW Counseling Services & Carver et al., 1989
Formulation

- Mini Formulation
- Morrison’s Formulation
- Making Sense Formulation
What is a formulation?

- A way of organizing the information gathered through assessment
- Proposes links between current symptoms and early experiences
- Attempts to explain timing of onset and factors maintaining the symptoms
- Developed collaboratively
- Can enhance alliance by showing insight and interest into client’s situation
- Sets agenda for intervention
Considerations

• Risk issues – should be addressed first
• Threats to engagement
• Considerations regarding sharing the formulation
• Considerations regarding impact of formulation
Clinical Vignette

Sam comes to the session and appears very anxious. He describes an experience this morning where he could hear people talking. He tells you that the people across the hall in his unit are talking about him and making threatening comments leading him to conclude that he is not safe. He became very afraid and anxious and instead of doing his laundry, as he had planned, he stayed in his room all morning.
Hears a threatening voice

“The people across the hall are talking about me”

Scared, Anxious

‘I am not safe’

Stays in room, Isolates
Event
- Stressful event (homework)

Thought
- Get it done
- I need to get enough sleep
- Can't sleep until it's done
- Unhappy life (mediocre/lonely)
- I'm not smart enough; good enough

Emotion
- Mad
- Irritable
- Discouraged

Physical
- Tired

Behavior
- Shop at parents
- Beat self up
- Pushing
Event
Cutting off connection w/ "friend"

Thought
- How can others possibly like somebody like this?
- Will she try to get revenge?
- Try to intervene w/friends I still have
- None of my relationships are meaningful

Belief
- People can't be trusted
- I'm alone

Mood
- Angry
- Paranoid
- Frustrated
- Alone
- Sad

Behaviour
- Withdrawing from people in general
- Stopped opening up to people
- Got quieter -> dark cloud
Video Example

(See recording at 44m:15s)
Morrison’s (2001) Model of Psychosis

- Positive symptoms are conceptualized as intrusions into awareness
- The interpretation, rather than the intrusion, causes distress and disability
- Symptoms are maintained by mood, arousal and mal-adaptive cognitive-behavioral responses (e.g. avoidance)
Theoretical Model

intrusion from low level processing units
(cognitive, body state, emotional or external information)

interpretation of intrusion
(culturally unacceptable)

faulty self & social knowledge
(procedural and declarative beliefs)

experience

cognitive and behavioural responses
(including safety behaviours, selective attention and thought control strategies)
mood & physiology
Client Friendly Version

What happened

How I make sense of it

Beliefs about yourself and others

What do you do when this happens?

Life experiences

How does it make you feel?

(Morrison, 2001)
In later sessions Sam describes some of his early experiences. He discloses he was regularly bullied at school including an incident where a boy, whom he thought was his friend, ‘turned on him’ and joined his bullies. He was berated and criticized by his father for low grades.
What happened
Hears voices mocking and taunting

How I make sense of it
The people across the hall are talking about me

Beliefs about yourself and others
I’m a failure.
I’m different
Others can’t be trusted

Life experiences
Poor grades in school
Bullied at school
Critical father

What do you do when this happens?
Talk to voices
Stay in room.
Isolate

How does it make you feel?
Scared
Hopeless

(Morrison, 2001)
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<th>Predisposing</th>
<th>Precipitating</th>
<th>Perpetuating</th>
<th>Protective</th>
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<td>Social</td>
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<td>Current concerns</td>
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<td>Underlying concerns</td>
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<td>Family hx of sz, Introspective personality, Bullying, Critical father</td>
<td>Started at college, Isolated, Struggling with grades at college</td>
<td>Watching scary movies, Less sleep, Isolated, Critical father</td>
<td>Family, Resilient, Treatment seeking, Engaged in hobbies</td>
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**Current concerns**
1. “people talking about me”
2. Decreased sleep
3. Low mood

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<td>“people are talking about me”</td>
<td>“stressed”, Scared, “paranoid”</td>
<td>Hypervigilant, Watches scary shows (distraction), Stays in room</td>
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<th>PHYSICAL</th>
<th>UNDERLYING CONCERNS</th>
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<td>Isolated, Limited contact with family</td>
<td>Decreased sleep</td>
<td>Safety, Failure</td>
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**Underlying concerns**
- Safety, Failure
Live Formulation
Vignette

• 23 y/o female who had her first experience of psychosis 2 years ago. Client had been dating a man who became physically abusive. Mother confirms that client had bruises after an escalated incident that resulted in family going to the police. Client no longer sees this man and has a new boyfriend. Client has recently been more revealing about symptoms and indicates that she hears constant voices telling her that she was wrong about the incident with former boyfriend, maybe it wasn’t that bad..... She says she is not going out as much anymore due to the stress. She reports that her only respite is when she is sleeping or engaged with something that she is very focused on.
Mini Formulation

Hears a voice telling her that she was wrong

“Maybe I over appraised the situation”
“Maybe I was wrong”
“I ruined his life”

Stressed Agitated

I’m abhorrent

Not leaving the house
Not socializing
Hit out
• Client also experiences suspicious thoughts believing that the former boyfriend has sent people into her place of employment (a sandwich shop) to spy on her and mess her up. In a recent session with she and her mother—crisis appt. at mother’s request as client was increasingly struggling—client was able to move from talking about what “the voices” were saying to talking about what she is most worried about, i.e. that she ruined the former boyfriend’s life. There is an interesting parallel related to client’s brother having physically abused her several years ago. Client is afraid and uneasy about brother and avoids contact. Mother says, “he is your brother...he has changed” ...as if to say...it was not that bad (much like the voices commentary about the abuse incident with the former boyfriend.)
Client Friendly Version

- What happened
- How I make sense of it
- Beliefs about yourself and others
- What do you do when this happens?
- How does it make you feel?
- Life experiences

(Morrison, 2001)
Client Friendly Version

What happened
Hears voice “you were wrong”

How I make sense of it
I ruined his life

Beliefs about yourself and others
I’m abhorrent

What do you do when this happens?
Not going out of the house

How does it make you feel?

Life experiences
Abuse from boyfriend and brother
Brain aneurysm

(Morrison, 2001)
• One other factor is that client’s mother suffered a brain aneurysm a year or so prior to the experience of psychosis and while mom has recovered and is able to function and work, she is more emotional than before—crying frequently for example.
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**Current concerns**

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**UNDERLYING CONCERNS**
**Predisposing**
- High EE family
- Mom away for work
- Dad absent
- Step-father with step siblings
- Displaced
- MH history in family

**Precipitating**
- Physical abuse
- brother & boyf
- Mom’s health
- Financial strain

**Perpetuating**
- Still in same social network as ex-boyf
- High EE
- Mom’s personality change
- Financial stress
- Family situation
- Contact with brother/wedding

**Protective**
- Family
- Boyfriend
- School
- Connection with services
- Treatment compliant
- No drug use

### Current concerns
1) Voices 2) suspicious thoughts

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<td>Sleep?</td>
<td>I’m abhorrent; Caregiver vs. caretaker</td>
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**I’m abhorrent; Caregiver vs. caretaker**
Using formulation to inform intervention
Hears a threatening voice

“The people across the hall are talking about me”

Scared, Anxious

‘I am not safe’

Stays in room, Isolates

Mini Formulation
“People are talking about me and intend to harm me”

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<thead>
<tr>
<th>Believe people are talking about me and they are talking about me</th>
<th>Believe people are talking about me and they are not talking about me</th>
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<tr>
<td>= Not Safe</td>
<td>= “crazy”</td>
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<th>Don’t believe people are talking about me and they are talking about me</th>
<th>Don’t believe people are talking about me and they aren’t talking about me</th>
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<tbody>
<tr>
<td>= Really not Safe</td>
<td>= “that would be great!”</td>
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Next week

• Trauma
• Substance use
• Different CBTp models, training, and how to determine what works best for your team

• Other topics?
Questions??

Thank you

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