



Cognitive Behavioral Therapy for psychosis: What it Is, What it Does, and How You Can Help

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 - Clinical Associate Professor
- Psychosis-Risk and Early Psychosis Program Network (PEPPNET)
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- North American CBT for Psychosis Network
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 - Consultant



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 - Assistant Professor
 - Professor of Cognitive Behavioral Therapy for psychosis
- North American CBTp Network
 - Founding Member & Communications Officer
- Northwest Mental Health Technology Transfer Center
 - Director of Training
- Washington State CBTp Provider Network and CBT ECHO Clinics
 - Director

Schedule

TOPIC	Time
What is psychosis? What is Cognitive Behavioral Therapy? What is Cognitive Behavioral Therapy for psychosis?	20 min
Why is it important for families have these skills?	15 min
Q&A & Break	15 min
The Washington Experience: Psychosis REACH	25 min
CBTp-informed Care for Families: Key terms Key principles	25 min
Break	10 min
CBTp-informed Care for Families: Key strategies	50 min
Break	10 min
CBTp-informed Care for Families: Key strategies	40 min
Wrap Up, Resources, Final Thoughts & Questions	20 min

Aim of the Workshop:

- ✓ To teach family members key Cognitive Behavioral Therapy skills to support loved ones who are experiencing psychosis.
- ✓ To share preliminary data on how this training has affected other family members.

What this workshop is NOT

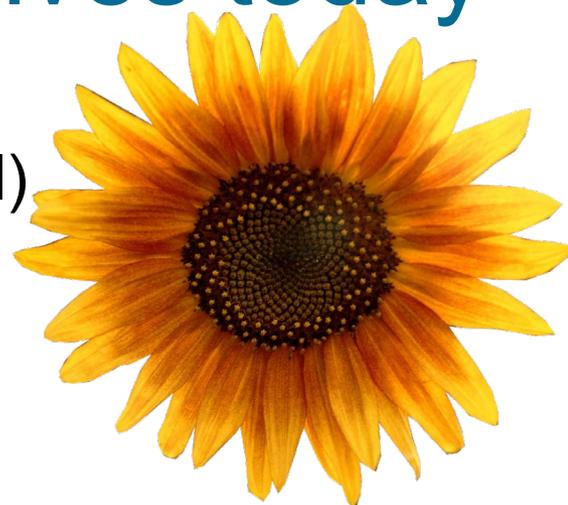
- ❖ Not intended to train family members to be therapists (you're busy enough as it is)
- ❖ Not intended to replace treatment
- ❖ Not a place to offer individual advice or therapy
 - ❖ Will try to answer questions and encourage discussion but may need to move on at times

What this workshop IS

- ✓ A forum where you will (hopefully) learn some information and skills that you can use to help your own mental health and that of your loved one

Take care of yourselves today

- Walk around
- Take a break (physical or mental)
- Stretch
- Connect with your emotions
- Disconnect from your emotions
- Ask questions or be silent (whichever you need)
- Be kind to yourself



A Note on Language

- The term “family” and “caregiver” will be used interchangeably throughout and refers to anyone who is supporting someone with psychosis
- “loved one” or “family member” will be used to refer to the individual with psychosis

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What is Psychosis?



What is Psychosis?

- Psychosis is a **TEMPORARY** state of mental impairment marked by ‘loss of contact with reality’ and causing impairment in functioning
- Paul Fletcher: “Psychosis is bending reality to see around the corners.”
- Psychosis = an unusual state of the mind.

Psychosis and schizophrenia

- Umbrella term for a number of different experiences where loss of contact with reality is prominent feature
 - Schizophrenia
 - Schizoaffective disorder
 - Bipolar Disorder I
 - Delusional disorder
 - PTSD
 - Major Depressive Disorder
 - Certain personality disorders
- Schizophrenia is a heterogeneous set of conditions marked by positive and/or negative symptoms of psychosis as well as marked distress and impairment.

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Language and psychosis



Language Matters

MYTH



Schizophrenic

Schizophrenia is a
diagnosis

It is not a
description

When we use labels we:

- Distance ourselves from the individual
- Establish a ‘them and us’ philosophy
- Unintentionally perpetuate stigma



Language Matters

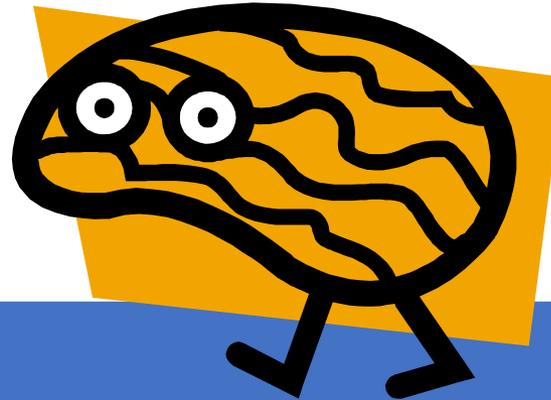
Psychosis is a “cliff”:
once you fall over it,
there’s no coming back



Myth



Psychosis exists on a continuum



No
psychosis

Psychosis

- Stress
- Drugs
- Trauma
- Life experiences
- Sleep deprivation

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What is Cognitive
Behavioral
Therapy anyway?



What is CBT

- Evidence based intervention used to treat many different mental health problems
- Used in a wide variety of settings:
 - Mental Health
 - Schools
 - Sports
 - Airports
 - Workplace
 - Online
 - Self-help books

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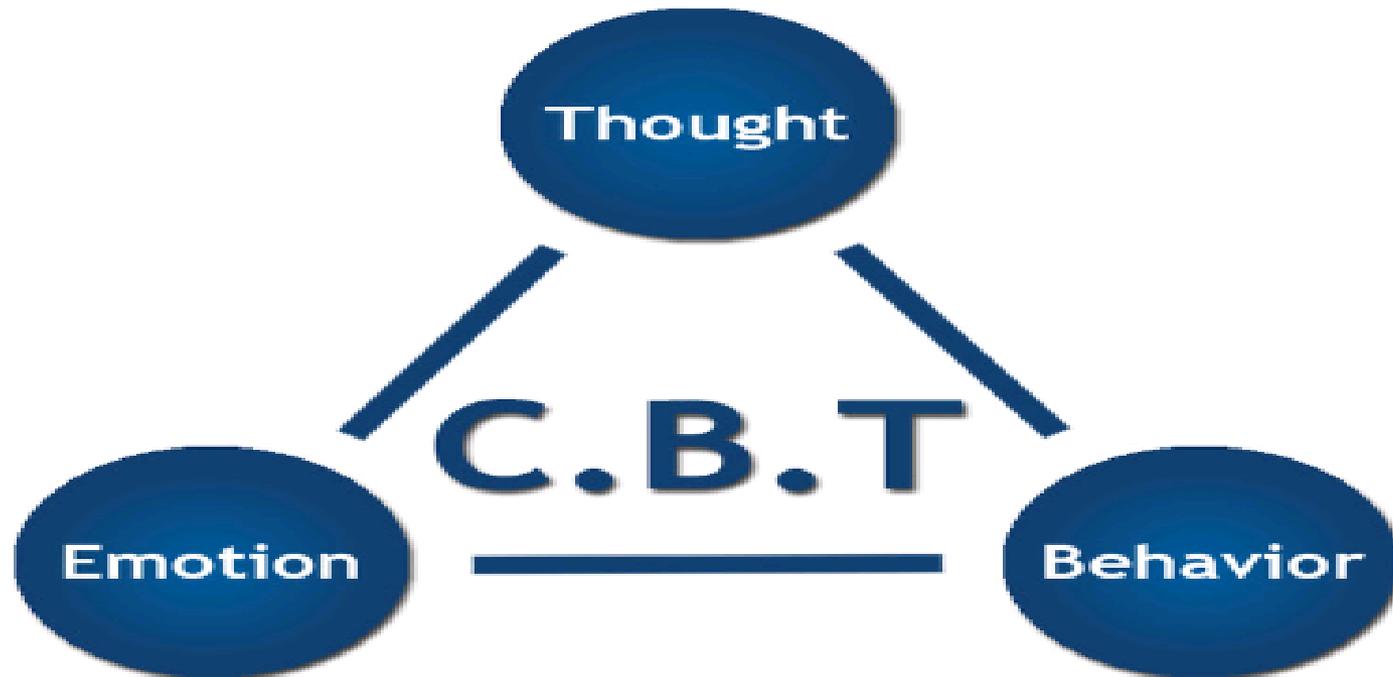


- How what you think and what you do impact how you feel.
- Thinking includes how you think about yourself, others, and the future
- Here and now focus though draw upon past experiences to explain how beliefs are formed

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What we *think* affects
how we act and feel.



What we *feel* affects
what we think and do.

What we *do* affects
how we think and feel.



The C in CBT

- Thinking to describe, evaluate and respond to environmental cues
- How and what we remember
- Attention on what we deem the most relevant
- Intrusive thoughts or images

The B in CBT

Behaviors are anything that we do.

Maladaptive (unhelpful) behaviors are when we do things that cause us (sometimes others) distress or impairment.

Can consist of...

- Behavioral excesses (doing too much of something)
- Behavioral deficits (not doing enough of something)

The T in CBT

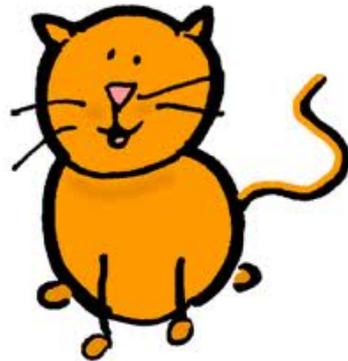
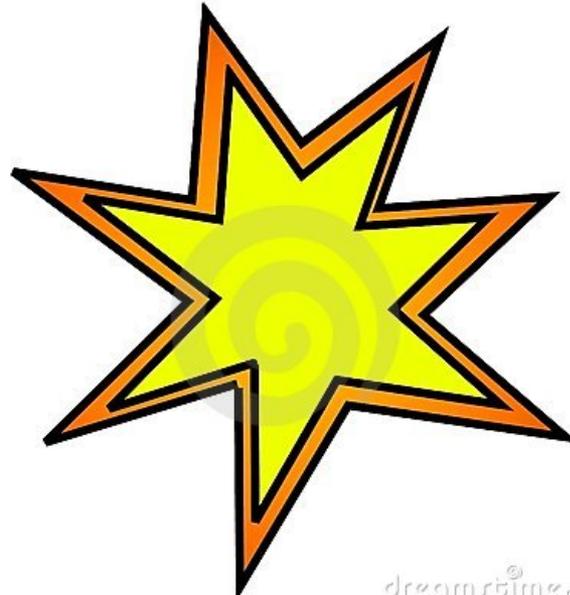
- Trust, rapport, alliance
- Shared understanding of the problem
- A commitment from both parties to work together
- Motivation to change (this can be built over time!)
- Work that builds on itself incrementally toward a shared goal
- Guiding to a better understanding of what makes the problem better or worse



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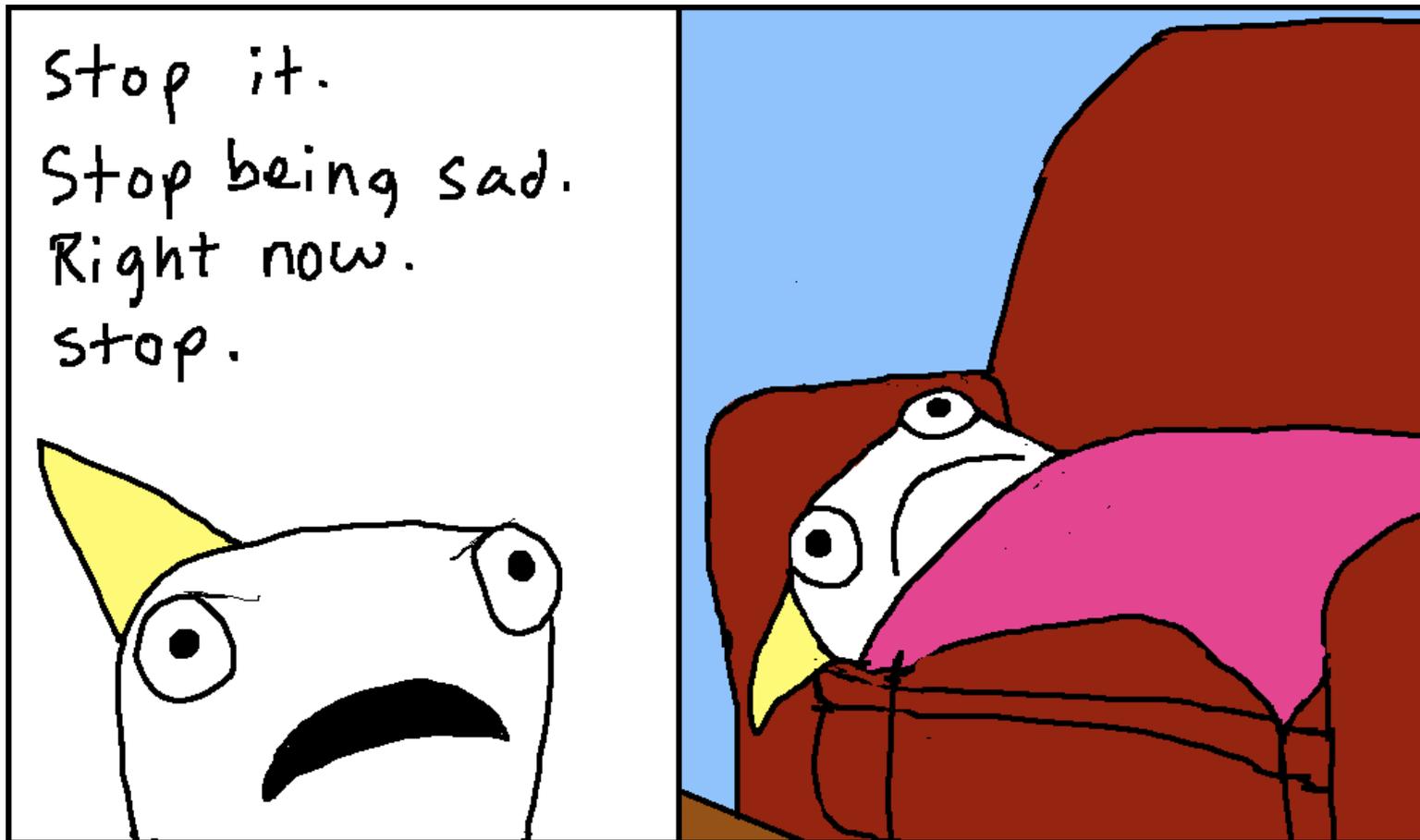


dreamstime.com

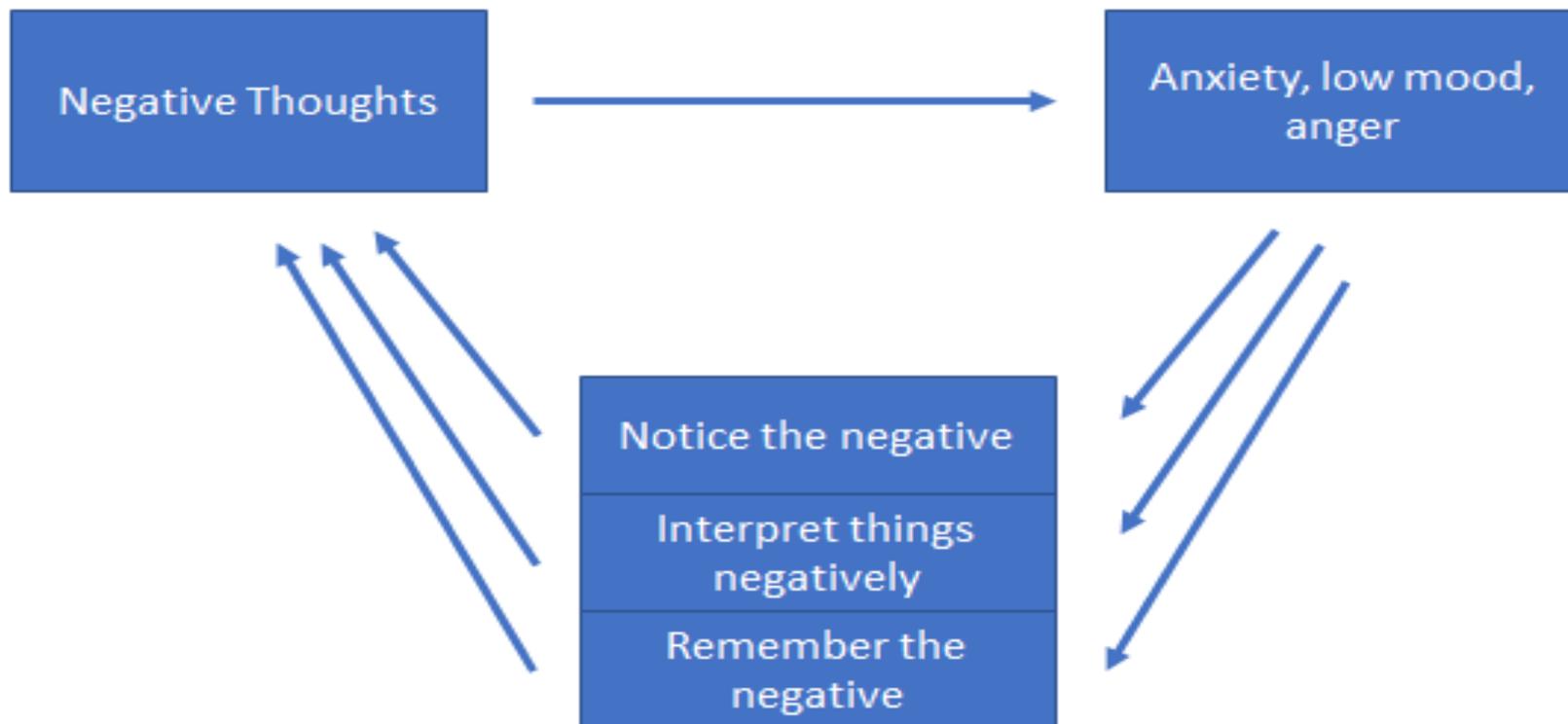
Cognitive Behavioral Therapy Recap

- Thoughts, Emotions & Behaviors impact each other
 - Changing any one of them leads to changes in the other two
 - e.g. changing how you think can change how you feel and what you do
- Thinking includes beliefs about:
 - Yourself
 - The world, others
 - Future
- Present-focused but can draw upon past experiences to explain beliefs

Emotions don't work this way



Getting Stuck in a Negative Feedback Loop



Slowing down

- CBT helps clients slow down and tease part the think-feel-react process.
 - What am I feeling?
- What was going on right before I started feeling that way?
 - Situation (just the facts)
 - My *interpretation* of the situation (the thought)
 - What else might be going on that is affecting my interpretation?
 - What is another way of looking at this?



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How accurate is this thought?



How helpful is this thought?

Applying CBT to *psychosis*

- Targets **Thoughts and Behaviors** to reduce distress caused by positive symptoms, i.e. hallucinations, unusual thoughts

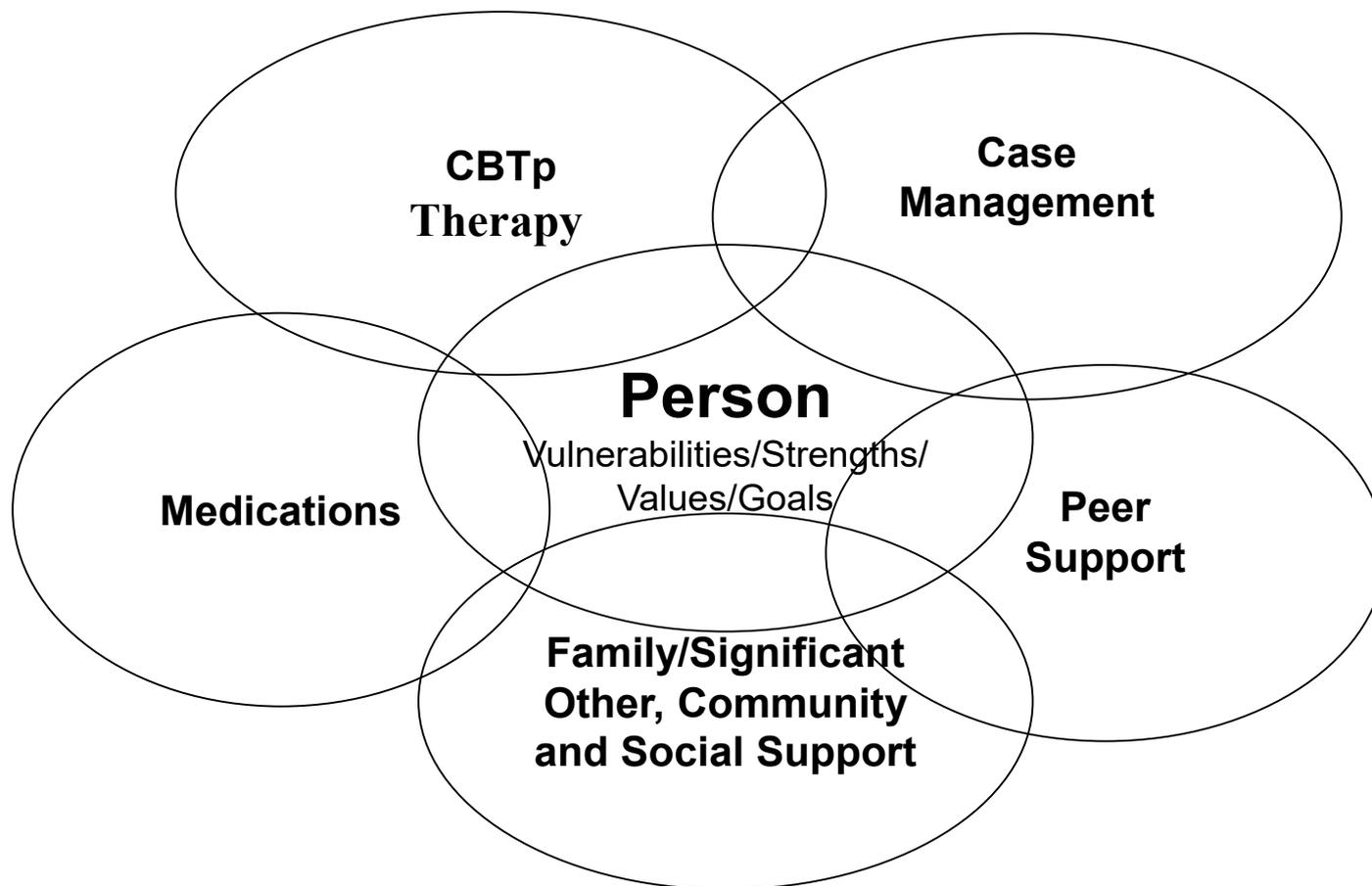
- **Thoughts**

- Interpretations or beliefs about an event
- Interpretations or beliefs cause distress NOT the event itself
- Changing the interpretation and/or checking the accuracy of the interpretation can reduce distress

- **Behaviors**

- Can maintain distress
- Can be helpful or unhelpful (e.g., isolating, lack of sleep, avoidance)

CBTp is Not a Stand Alone Approach



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Why are Caregivers Important?



Relationship between a caregiver and loved one

- Up to 90% of individuals with psychosis remain in close contact with caregivers
- Caregivers provide emotional, financial and social support- are often sole source.
 - Social relations are important for recovery
- Caregivers:
 - Advocate
 - Encourage to engage in and seek treatment
 - Promote medical (including medication) adherence
 - Help identify early signs of relapse
 - Facilitate access to clinical services
 - Facilitate recovery and connection with society

Caregivers have a positive impact on recovery

- Better outcomes in therapy
- Fewer hospital admissions
- Shorter inpatient stays
- Less intensive interventions
- Overall improvement in quality of life

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Caregivers are important and...

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It's not easy



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Caregivers need support too

▪

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What can we do?

What can we do?

- Get informed
 - Psychoeducation
 - Research and ask questions
 - Become involved in your loved one's treatment
- Develop skills
 - Coping skills
 - Communication skills
 - Problem solving skills
- Take care of yourself
 - Ask for help
 - Take a break
- Adopt a nonjudgmental stance for your loved one AND yourself

REFRESHMENTS



LET'S ALL GO TO THE LOBBY

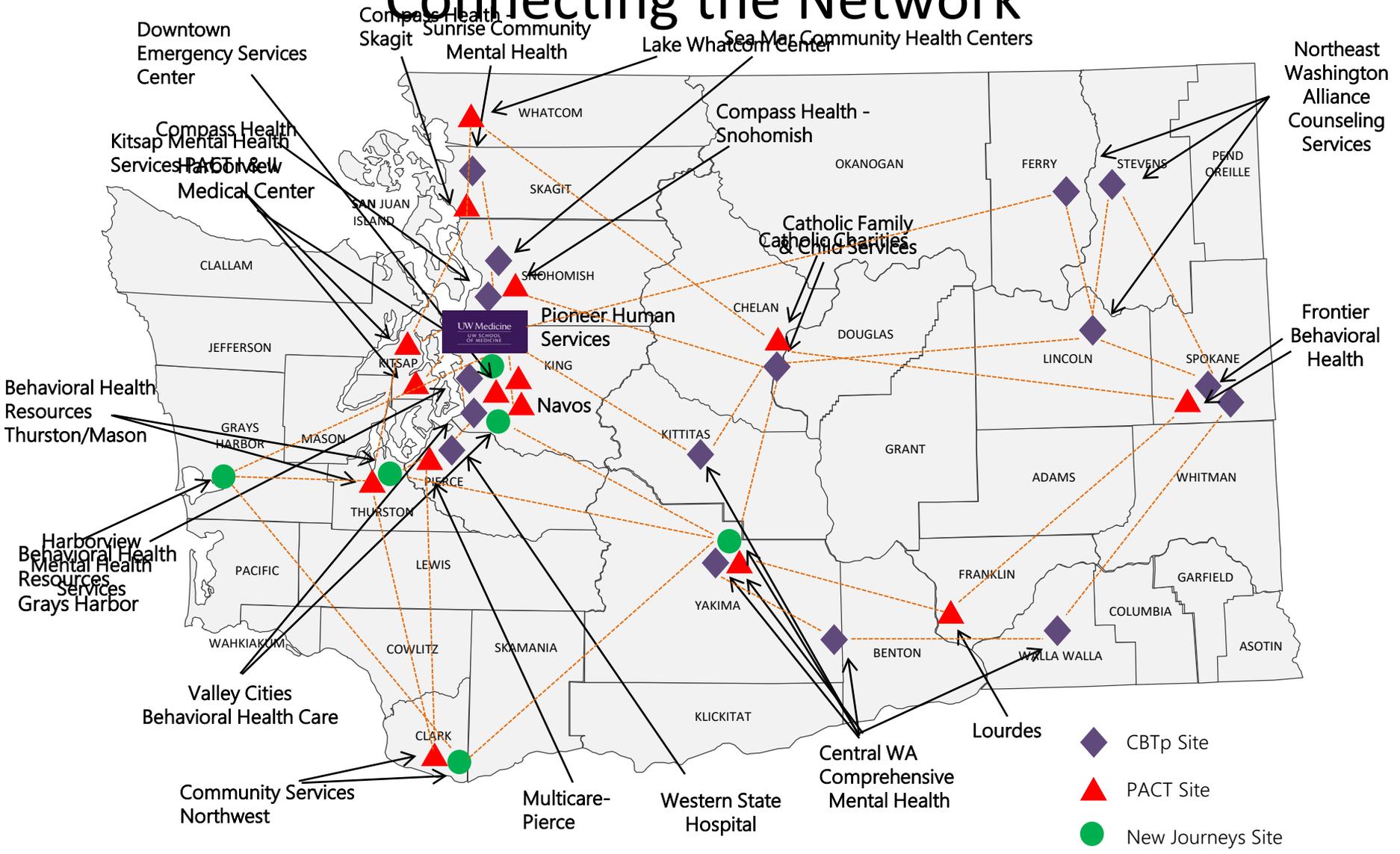
The Washington State Experience: Psychosis REACH



NEW CBTp Agencies in Washington State

Priority of Washington Hub State

Connecting the Network





Bringing families
into the fold

Washington State
Health Care Authority

W UNIVERSITY *of* WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

ACCELERATE
THE CAMPAIGN *for* UW MEDICINE

MOMI
MOTHERS OF THE MENTALLY ILL

 CHAD'S LEGACY PROJECT

 2018
WASHINGTON
MENTAL
HEALTH
SUMMIT

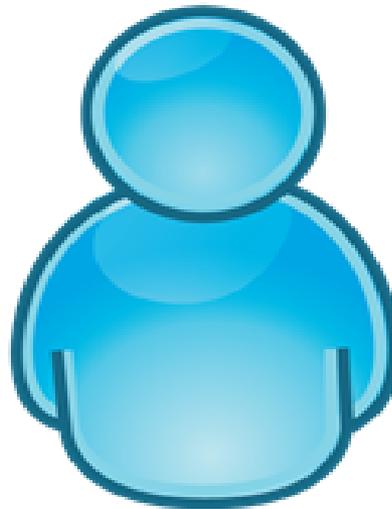
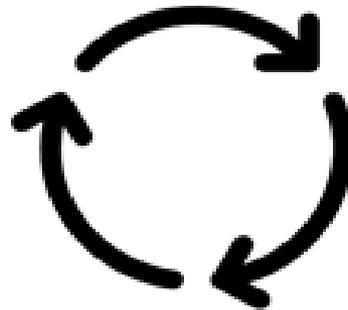
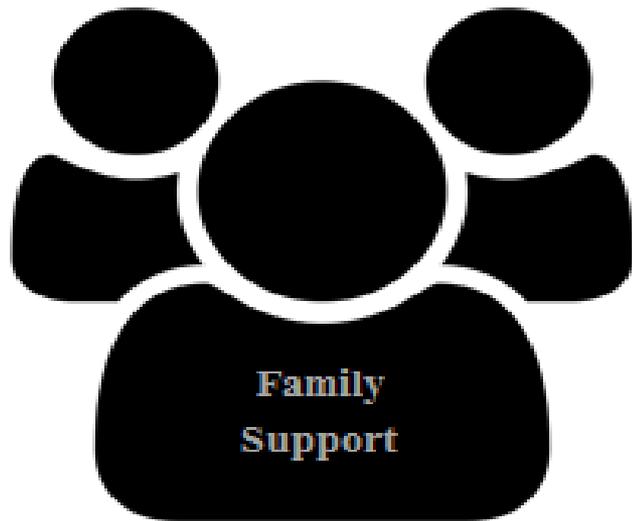
Family Focus Groups

- ❑ Seven focus groups held across Washington State:
 - ❑ March/April 2018: Seattle, WA (4 groups)
 - ❑ April 2019: Yakima, WA (2 groups)
 - ❑ May 2019: Spokane, WA (1 group)

- ❑ Families most frequently reported a need for:
 - ❑ Connection with other families experiencing psychosis
 - ❑ Skills to manage loved one's illness

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Family & Caregiver Support Programs

Psychosis REACH

Recovery by Enabling Adult Carers at Home

A Training for Relatives and Friends in CBT-Informed Skills for Psychosis

When people develop a serious mental health condition, the stress related to coping with the illness, a new diagnosis, and getting the right care can be overwhelming for those affected as well for their family members. Family members and other loved ones play a critical role in recovery from psychotic disorders, but oftentimes they don't know how to be supportive, are unsure of what words to use, and are ill-equipped to help.

Psychosis REACH Training

Seattle, WA
May 14, 2019



7/2/2019

Q13 FOX ALL LOCAL NEWS VIDEOS LINKS ALL LOCAL THIS MORNING SPORTS WMW APPS ABOUT TRAFFIC WEATHER 58°

Family members of those with schizophrenia, psychosis head to UW for help

POSTED 5:21 PM, MAY 14, 2019, BY Q13 NEWS STAFF, UPDATED AT 10:44AM, MAY 15, 2019

f FACEBOOK t TWITTER r REDDIT in LINKEDIN T TUMBLR P PINTEREST



SEATTLE -- Across the country there is a growing discourse about how America treats mental health.



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298 registered for Psychosis REACH



183 family & caregivers enrolled



170 consented to surveys



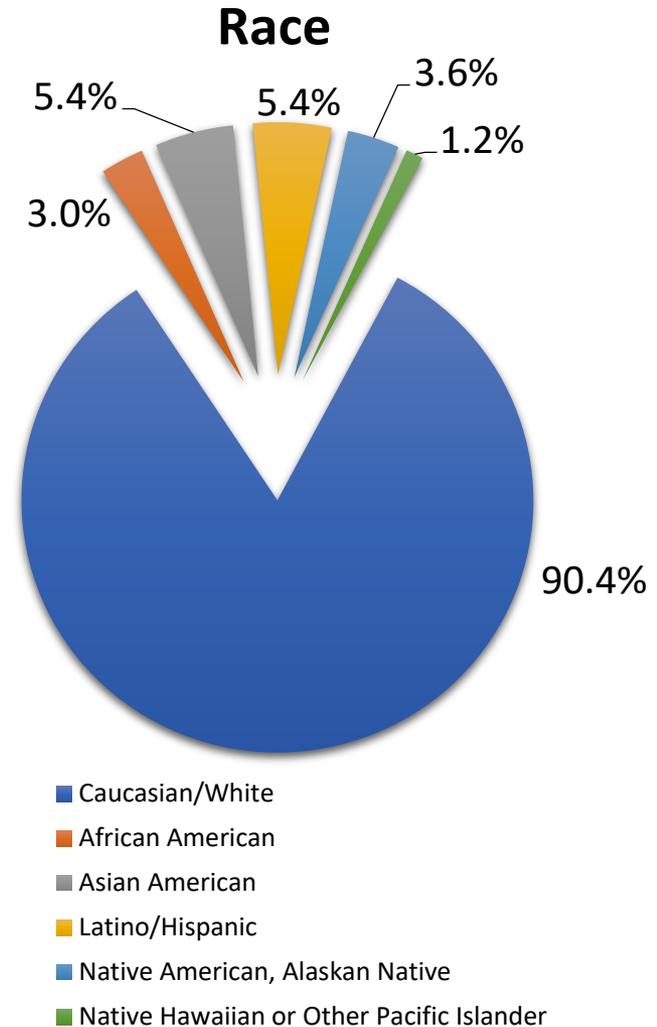
168 completed pre-training survey



127 completed post-training surveys

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Family & Caregiver Demographics	REACH N = 168
Age	56.2 (14.7)
Gender	
Female	123 (73.2)
Male	42 (25.0)
Non-binary or Transgender	2 (1.8)
Education Level	
Some high school/HS graduate or GED	4 (2.4)
Business or tech training, incl. military	6 (3.6)
Some college	14 (8.3)
Associates degree	11 (6.5)
Bachelors degree	65 (38.7)
Some graduate or Masters/Doctoral degree	68 (40.4)
Marital Status	
Single	26 (15.5)
Married	105 (62.5)
Separated	2 (1.2)
Divorced	25 (14.9)
Widowed	2 (1.2)
Other	8 (4.8)



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Demographics of Loved One	REACH N = 168
The individual with psychosis is my...	
Child	128 (76.2%)
Sibling	18 (10.7%)
Friend	5 (3.0%)
Spouse	5 (3.0%)
Significant other	2 (1.2%)
Parent	6 (3.6%)
Niece/Nephew	2 (1.2%)
Relationship not clear	2 (1.2%)
Average # of hospitalizations in lifetime (range)	4.67 (0-60)
Average # of years since first diagnosis (range)	5 (0-55)
Primary Diagnosis (%)	
Schizophrenia spectrum disorder	115 (68.9%)
Mood disorder with psychotic features	36 (21.6%)
Neurodevelopmental disorder	2 (1.2%)
Personality disorder	1 (0.6%)
Unknown	13 (7.8%)

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19%

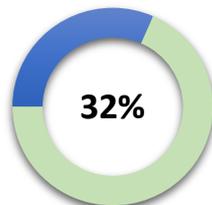
of families reported **their loved one received CBTp in the last 3 years.**

39%

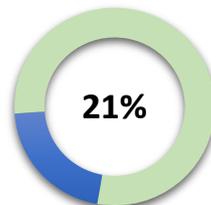
of families who indicated their loved one had received CBTp in the last 3 years **were involved in their sessions.**

61%

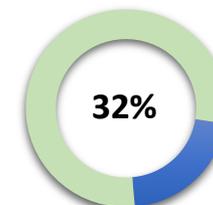
of families **were not involved in their loved one's CBTp sessions** for a variety of reasons, including:



“My loved one did not want me to be involved.”



“It was logistically too difficult for me to attend.”

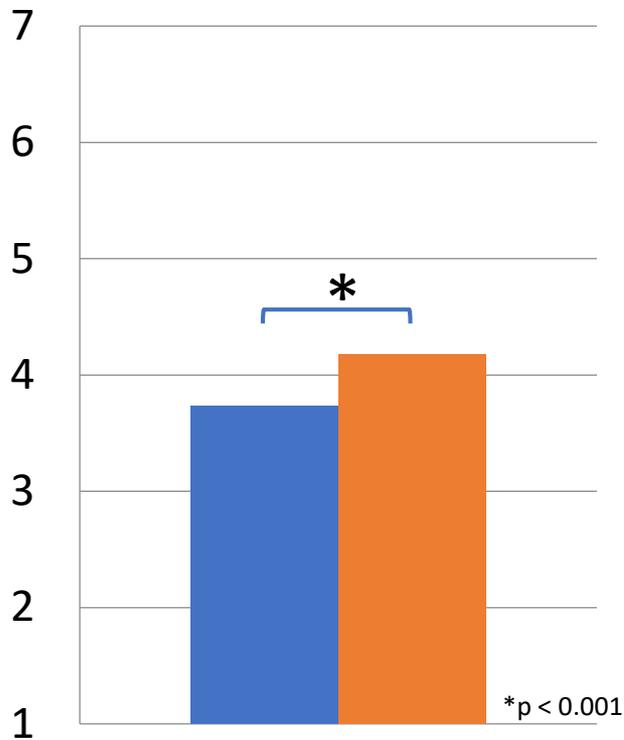


Other reasons
(e.g. unaware could be present, already had permission to talk to therapist).

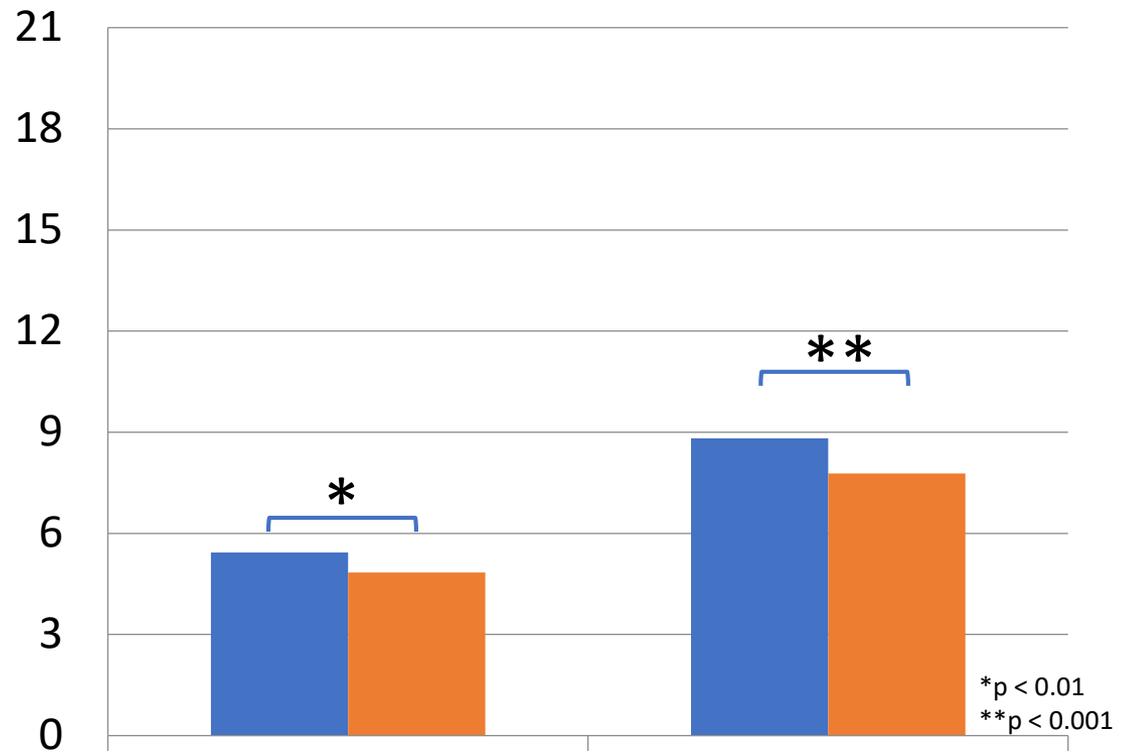
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Psychosis Attitude Survey

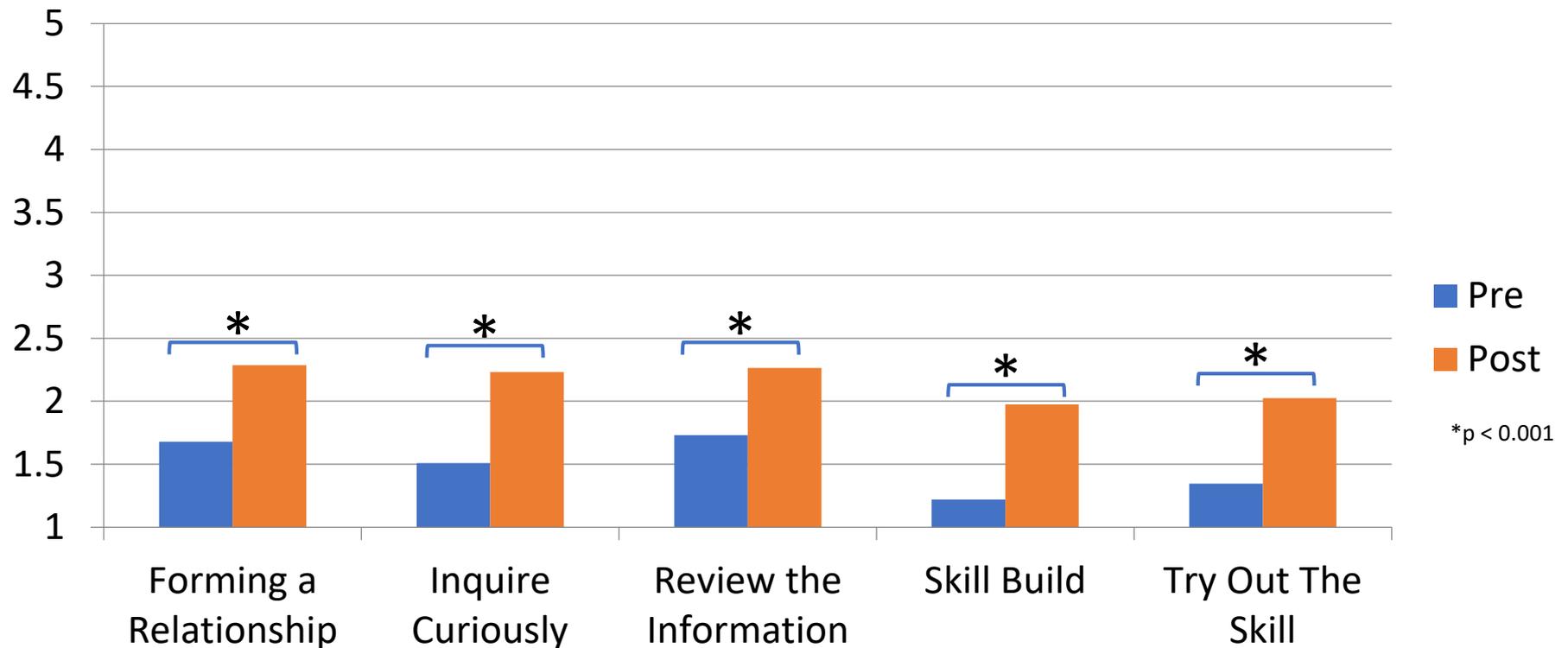


Depression & Anxiety Scales



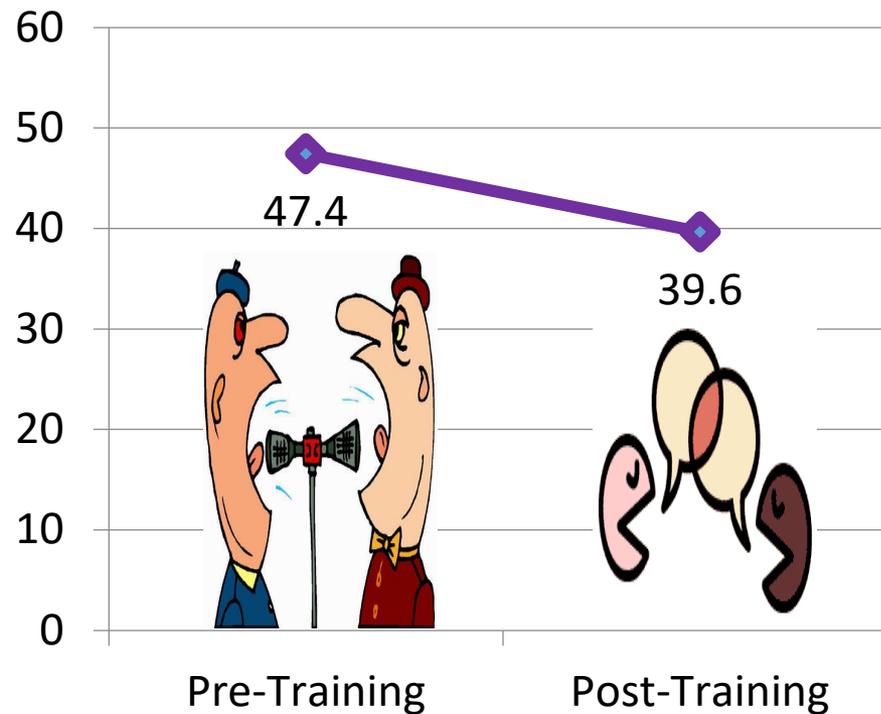
■ Pre ■ Post

CBT-Informed Skill Knowledge



Family Attitude Scale

Average Score



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In the past, communication with our son was fraught with uncertainty – to the point of sometimes not even taking the phone call. We lacked the knowledge of how to be helpful and supportive and worried what we said could be detrimental. This training has educated us about psychosis; the important facts to include with medical history that guides treatment; and communication tools that support recovery and better family relations. Now, with everything we've learned, the resources provided and the follow up monthly support to aid us, we can move forward with more confidence.

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The REACH psychosis training that I was able to experience this week has radically changed my journey in supporting my loved one. Learning CBTp therapy has positively impacted my interactions with my family member as well as my own sanity. This was able to occur within just 24 hours. It has helped me to identify that the dominant messaging that is within our society about psychosis not being treatable with anything other than medication, is false. I have heard from so many people this message along the way of trying to help my loved one, including the medical professionals. The phrase and the charge to believe “expect recovery” has changed my perspective and approach completely. After one day of training I was able to have an interaction with my loved one that helped create a positive restart in our relationship. This emotional connection had not occurred for months. I received hope from the evidence based information and CBTp training. This is what family members, caregivers, and especially already trained medical professionals need to embrace and learn to make a positive change within our very broken and archaic health care systems.

What Have We Learned So Far in Washington...



- 1) People will come!
- 2) Families are desperate for help, community, skills.
- 3) Misinformation about psychosis is rampant.
- 4) With sustained state funding, our rates of CBTp can start to look closer to what we see in the U.K. (20% access rate)
but, only 40% of families were involved in their loved ones CBTp treatment
- 5) Even just an 8-hour training can...
 - a) *Lead to more helpful attitudes toward psychosis*
 - b) *Reduce symptoms of depression and anxiety*
 - c) *Affect how people feel about their loved one*
 - d) *Affect how people intend to communicate with their loved one*
 - e) *Instill tremendous hope*

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FIRST Skills for Families

Try these skills **FIRST**

- **Fall back on your relationship**
 - Highlight strengths/shared interests
 - Develop shared goals
 - Normalize experiences
- **Inquire Curiously**
 - Asking questions and dropping assumptions
- **Review the information and put it together**
 - Making sense of experiences through shared understanding
- **Skill development**
 - Developing skills and tools to support goal attainment
- **Try out the skill and get feedback**
 - Encourage the individual to practice the skill independently and provide feedback on how it worked



Role play: Sarah 34 years of age

- Gradual onset of psychosis with low motivation and poor self care....Sarah seems to show little interest in her old hobbies and interests....she believes that the police are searching for her and will torture her once she is caught...she hears voices which are very critical and at times give her commands which she often acts on.....at times she self harms by cutting...she occasionally takes her medicine but tends to prefer the use of cannabis....
- Kate will attempt to demonstrate the techniques over the course of the session working on a particular scenario

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Step 1: Fall back on the relationship



Relationships require

- **Empathy** - ability to understand and enter the other person's feelings
- **Genuineness** – responding from a place of genuine concern and support
- **Warmth** – allows individual to feel liked and accepted

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Relationship

- Good therapeutic relationship is key to positive outcomes from therapy
- Can't do anything helpful from a position of conflict
- Positive – families already have an established relationship
 - Strengths and interests
 - Response to feedback
 - Personality
- Negative – families already have an established relationship
 - History with family
 - Communication shortcuts/assumptions

Strengths Finder

- What are some of the strengths you know your loved one has?
- What do/did they enjoy doing?
- What interests/experiences did or do you share?



Falling back on the relationship

- Draw upon shared experiences/interests to find common ground
- Identify person in the family who connects best with the loved one (at least initially)
- Time of day/setting?
 - Morning person? Night owl?
 - Easier to talk over an activity?
- Recognize, and verbalize, behaviors that you like
 - “It’s so nice to see you smile”, “thanks for doing the dishes today”
- Don’t sweat the small stuff
 - Ignore what you can’t change
 - Don’t ignore risk

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KEEP
CALM
AND
SET NEW
GOALS

Shared Goal Setting

Shared Goals

- Easy to overlook common ground when there is conflict
- Especially challenging when there are ‘hot topics’ on the table
 - Medication/treatment
 - Finances
 - Independence
- Much easier to work from a place agreement than disagreement

Shared Goals

- How do your goals and the goals of your loved one align? i.e.
 - Do you both want the loved one to be happier?
 - Get a job?
 - Move out?
 - Stop yelling at each other as much?
 - Stop nagging/being nagged?
- Find the shared goal and work from there

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Shared Goal??



In partners (not your family member!)

- Discuss...
 - What do you think your loved one's goals are?
 - What are your goals?
 - How do they align?

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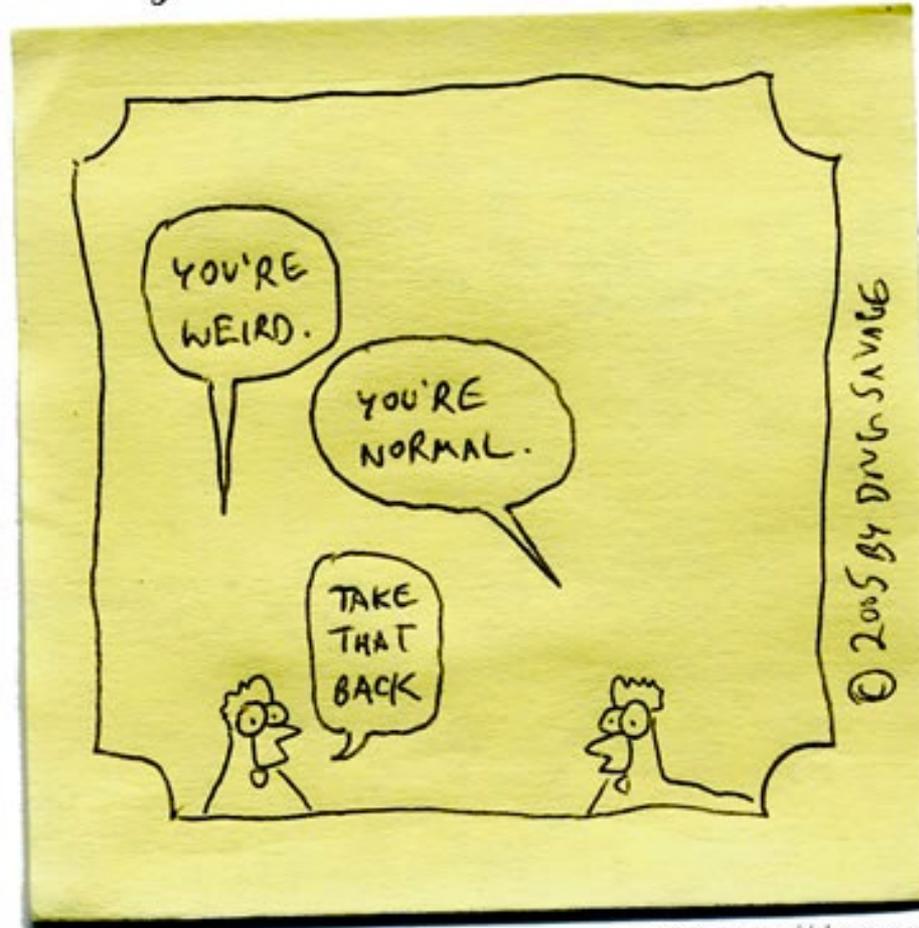


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Savage Chickens

by Doug Savage



www.savagechickens.com

Normalization

- CBT is inherently normalizing
 - We all experience negative thoughts
 - We all engage in unhelpful thinking
 - We all use coping strategies that aren't always the most healthy choices
- Allows for normalizing of psychotic symptoms as well

Just how common are these experiences?

By a show of hands, did you...

Ever have the feeling that others were deliberately trying to harm or upset you?

- You're not alone! 70% of people have also endorsed

Ever think others were talking about you behind your back?

- You're not alone! 93% of people have also endorsed

Think others were looking at you critically?

- You're not alone! 80% of people have also endorsed

Hear something that others did not hear?

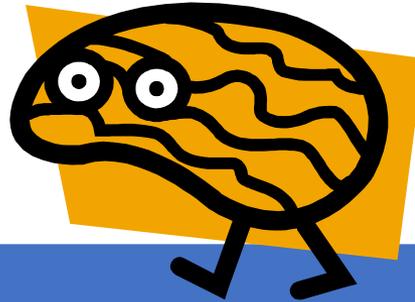
- Anywhere from 2—84% of the general population have too.

If these figures surprised you, it's because, just like you, other people are reluctant to talk about these concerns.

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Psychosis exists on a continuum



- Stress
- Drugs
- Trauma
- Life experiences
- Sleep deprivation

No psychosis

Psychosis

Normalization of psychotic symptoms

- “Normalization is the antidote to stigma”
 - Avoid catastrophizing
 - Mental Illness is a common experience (1 in 4 people)
 - Psychosis can affect anyone regardless of age, ethnicity, gender, SES
 - Large number of people can overcome symptoms
 - Symptoms may be viewed positively in different cultures

Normalizing: How

- Normalizing hallucinations in Schizophrenia
 - Sleep deprivation
 - Bereavement
 - Abuse/trauma
 - Hostage situations
 - Hypnagogic/hypnopompic hallucinations
 - Stress
 - Drugs
 - Voice hearing

Literary Resources

- Autobiographies and Memoirs
 - An Unquiet Mind by Kay Redfield Jamison
 - The Center Cannot Hold by Elyn R. Saks
 - Darkness Visible by William Styron
 - Learning from the Voices in my Head by Eleanor Longden
 - A Beautiful Mind by Sylvia Nasar
 - Living with Voices by Marcus Romme and Sandra Escher
 - Me, Myself and Them by Kurt Snyder, Raquel E. Gur and Linda Wasmer Andrews
- Educational
 - Beyond Belief by Elaine Hewis
 - I am Not Sick, I Don't Need Help! By Xavier Amador, Ph.D.
 - When Someone You Love Has a Mental Illness by Rebecca Woolis, MFCC

Normalizing: How

- Research and read personal recovery stories
 - Elyn Saks
 - John Nash
 - Eleanor Longden
 - Rufus May
 - Timetochange.org.uk
 - Cecilia McGough; Students with Schizophrenia
 - NAMI, In Our Own Voice



Role Play: Falling back on the relationship

- You return home to find Sarah pacing around the house
- She is very agitated and is in the process of tearing up a letter and wants to destroy the computers in the house because she is 'convinced the government has found me'
- She wants you to help her and when you refuse to destroy the computer she claims you are 'with them'

- How can we befriend?
- Normalize?
- Develop a shared goal



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Step 2: Inquire Curiously

Curious questioning





The problem with evaluating “truth”

- Sometime we don't know.
- We are not the arbiters of truth.
- Very little is 100% true or 0% true.
- Debating accuracy/veracity is rarely productive...*let's watch!*

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Role Play: Inquiring Curiously

- Now there is a shared goal Sarah is a bit calmer
- She is open to talking about his experience
- What questions do you have?
- How do we know if Sarah is on board with answering the questions?
- What can we do if we notice the questions creating more agitation?



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
- Check in (“is it ok that I am asking these questions?”)
- Remember:
 - Be transparent
 - Respect privacy
 - Stop asking questions if your loved one requests it or appears distressed



What questions do you have?

- Reflect on the experiences your loved one has described
 - (this might be a lot of information or not very much)
- What are you curious about? What would you like to know?

Step 3: Review the information and put it together



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Recognizing and managing stress



Stress is not necessarily bad, it depends on how you respond to it

- “Bad” Stress
 - Our “perceived” ability to cope with this threat is challenged
 - Can be psychological, physical, emotional
 - Can be external (work, school) or internal (anxiety, illness, physical injury).
- Positive Stress
 - Can be motivating (deadlines, acquiring a new job)
 - Can be rewarding and give purpose (getting married, becoming a parent, studying for an exam)
 - Can provide sense of structure



Stress Vulnerability Model

- **Biological Vulnerability**
 - Biological vulnerable to certain psychiatric disorders
 - Determined early in life by: our genetics, early life experiences such as prenatal nutrition, birth complications, childhood experiences such as abuse, hypoxia
- **Stressors**
 - Anything challenging that requires adaptation
 - Can worsen vulnerability and symptoms, and cause relapses
 - Can be positive or negative
 - Death of a loved one, conflicts with others, getting fired, physical injury/illness
 - Becoming a new parent, starting a new job, performing well in school

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Stress Bucket

Lack of sleep

Exams

Graduation is
approaching

Hearing Voices

Stay up all night reading

Read for one hour



Stress Management

Self-awareness

- Recognize stress: What does it look like for you? For your family member?
 - Physical: muscle tension, fatigue, headache, shallow breathing
 - Emotional: irritability, anxiety, worry



Increase Resilience / Buffer Zone

- Self-care
 - nutrition, sleep, pleasurable activities, socializing, exercise, avoiding alcohol and drugs, creating a balanced schedule, taking medication, maintaining appointments

Applications of the stress bucket

- Develop your own stress bucket periodically
- Help a loved one complete a stress bucket
- Create a stress bucket for the family and keep it in a shared space

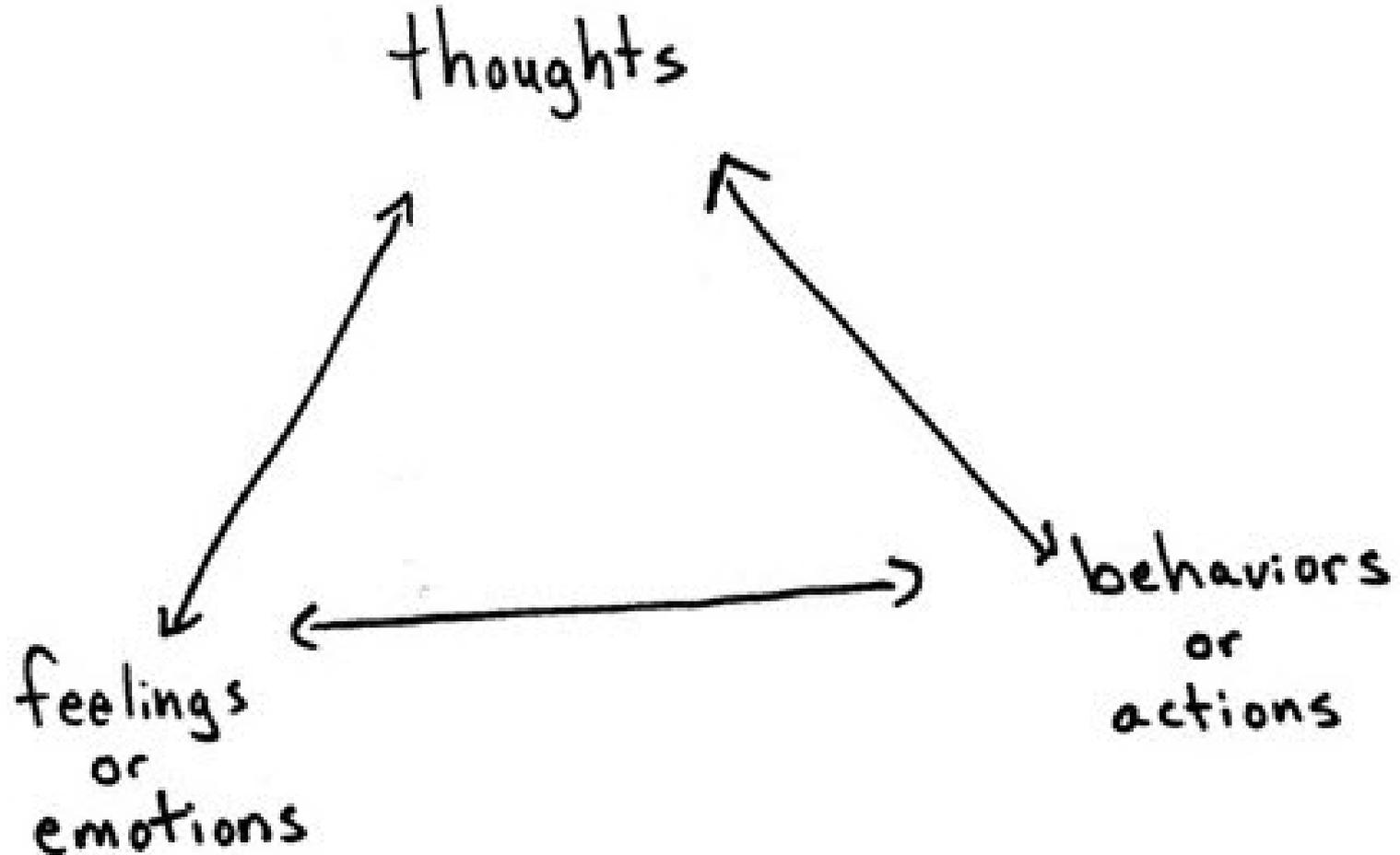
Understanding distressing beliefs and voices



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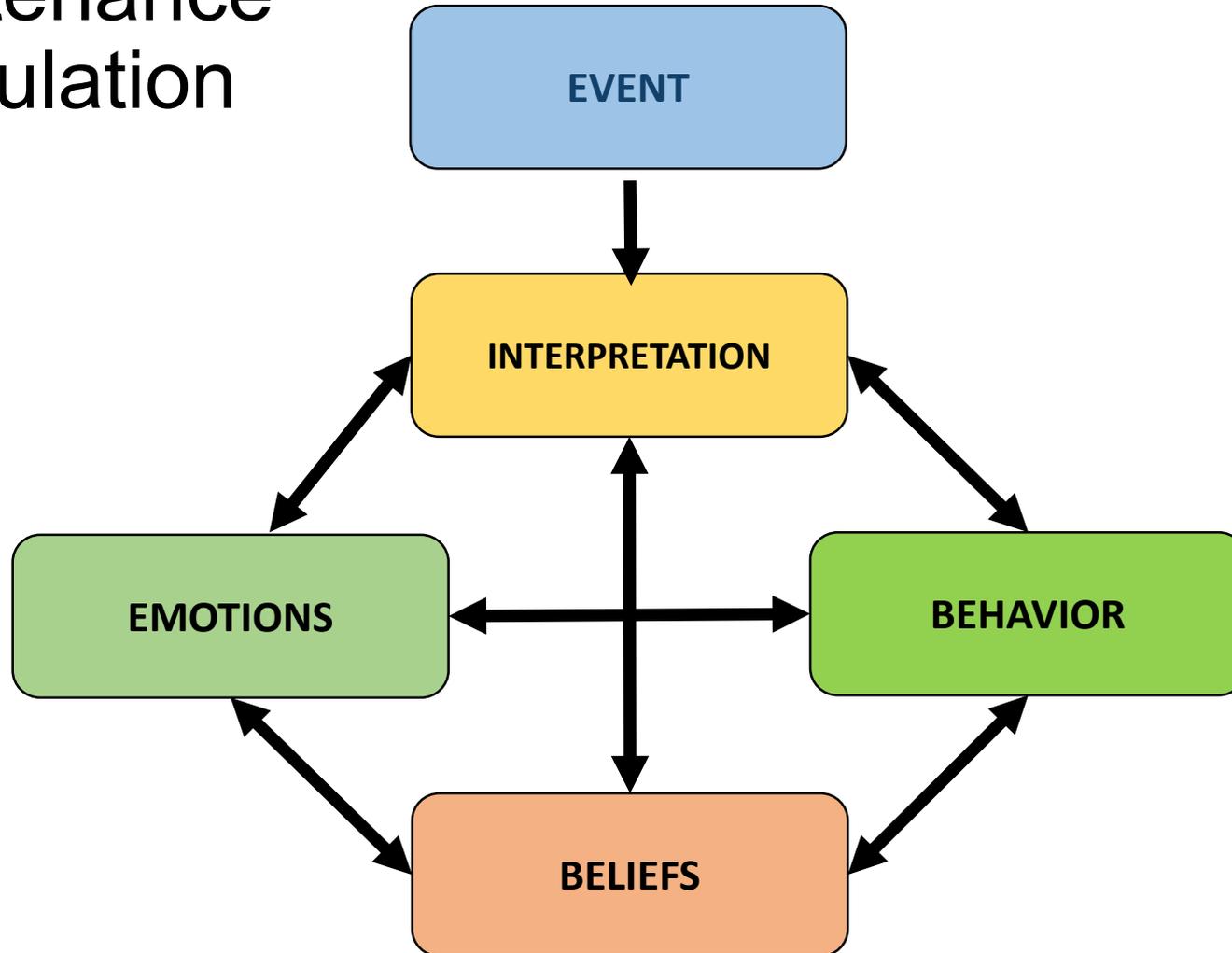
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Maintenance Formulation



Clinical Vignette

Sam calls you from his house and sounds very upset. He tells you that he can hear talking and that he thinks it is the neighbors talking about him. He is certain he is not safe. He became very afraid and anxious and instead of doing his laundry as planned he stayed in his room all morning.

Maintenance Formulation



Role Play: Reviewing the information

- Using the information gathered from the questioning how can we put this together in a way that helps Sarah, and us, understand her distress and behavior?

- Thought?
- Feeling?
- Behavior?
- Action?



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Step 4: Skill Building



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“People are talking about me
and intend to harm me.”

Believe people are talking about me and
they are talking about me

= Not Safe

Believe people are talking about me and
they are not talking about me

= “crazy”

Don't believe people are talking about me
and they are talking about me

= Really not Safe

Don't believe people are talking about me
and they aren't talking about me

= “that would be great!”

Coping styles

- Distraction e.g. music (listening), playing the guitar, art, walk, pets, writing, DVD, computer games.
- Focussing e.g. sub-vocalization, deep slow breathing, rational responding, schema work.
- Meta-cognitive e.g. acceptance, compassion

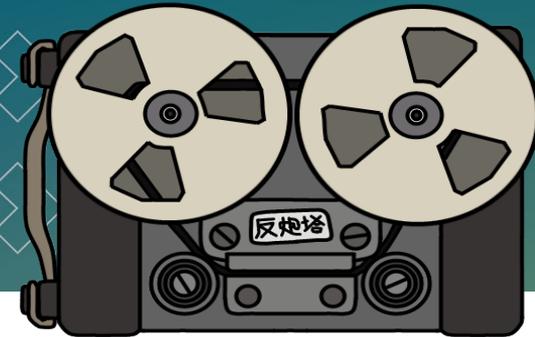
Problem Solving and Coping Strategies

- Coping skills are important. Remember they help:
 - Reduce stress
 - Build up our reserve
 - Manage difficult emotions, sensations, thoughts
 - Protect against relapse
- **Tons of strategies available!**
 - Experiment to figure out which ones work best for you and your family



Here is a taste of the many different types of coping strategies out there...

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Coping with Voices: Behavioral Strategies

- **Repetition:**
 - “frustrate” the voice by repeating what it says
- **Use Earplugs**
 - Changes auditory input
 - Many report that putting in or taking out just one ear plug has helped .
- **Focus on the voices**
 - Write down what they say and notice themes
 - Pay attention to triggers: things that occur right before the voices
 - Rate the voices, e.g. intensity, disruptive and look for patterns
- **Coping Cards**
 - Generate balanced thoughts or coping statements that take into account alternatives. Have them handy to use when needed.

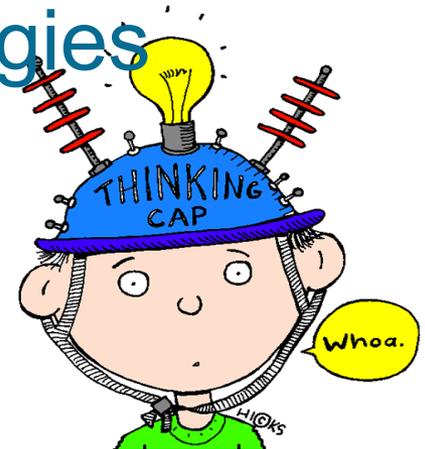
Coping with Voices: Behavioral Strategies

- **Reality Testing**
 - Can you test the belief?
 - E.g. if voices say your friend is angry at you, try asking friend
- **Subvocalization:** doing tasks in your head you might otherwise use your mouth for, e.g. counting, singing under your breath
- **Create list of pleasant activities** that you can do when you hear voices. Have it handy.
- **Exercise**
 - Improves mood and may help calm voices
- **Social activities**
 - Speak to a friend, partner, attend support groups or join a hobby with others
 - Avoid people who might be negatively critical



Coping with Voices: Cognitive Strategies

- **Negotiating a Time-Out with the voices**
 - Postpone listening to the voices
 - Ask them to go away in exchange for giving the voices your attention
 - Takes practice!
- **Can practice bringing on voices and dismissing them**
 - Can increase confidence and control over voices
- **Think positive thoughts about yourself when the voices are around**
 - **Reframing**
 - Assume the voices are trying to help
 - Hostile voices as getting in touch with difficult feelings
 - **Challenge unrealistic thinking**
 - Use thought challenging worksheet
 - **Explore the evidence**
 - What is the evidence for and against the belief? Are there any alternative explanations? Use explore the evidence worksheet.
- **Thought Diary**
 - Record the exact content of the voice, helps challenge thoughts



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Problem Solving

Basic Problem Solving Steps:

1. Define the problem
2. Understand the problem
 - Was there a trigger involved? What happened right before the problem behavior?
 - What are the key problem emotions and thoughts?
 - What problem did the behavior solve?
3. Come up with different solutions
4. Compare your solutions (pros and cons)
5. Pick the best solution
6. Put your solution into action!

Problem Solving

- **1. Define the Problem:** Stayed up all night playing video games.
- **2. Understand the Problem:** I was studying for an exam and I felt anxious. I thought “I’m going to fail.” Playing video games helped reduce my anxiety.
- **3. Come up with different solutions:** Next time I feel anxious, I could practice one of my relaxation techniques like deep breathing or taking a bath for 30 minutes OR next time I feel anxious I will call a friend to seek reassurance OR next time I feel anxious I will practice a cognitive strategy to challenge my belief.
- **4. Compare your solutions:** Taking a bath would have the most immediate effect. If I decide to phone a friend he might not be able to talk. Cognitive strategies don’t work as quickly with me, especially not when I’m anxious.
- **5. Pick one:** I think I will try taking a bath.
- **6. Put your solution to action!**



Role Play: Skill Building

- Drawing on the shared goal, and the formulation, what skills can we discuss with Sarah?
- Behavioral skills?
- Cognitive skills?



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Step 5: Test out the skill and get feedback



KEEP
CALM
AND TRY
SOMETHING
NEW

Action Plan

- Try out the skill:
 - See this as an opportunity to try out the skill
- Get Feedback:
 - When trying out the skill evaluating if it is helpful and worth continuing
 - Or if we need to go back to the drawing board

Role Play: Try out the skill

- In the final step what do we need to discuss with Sarah to help her try out this skill to determine if it helps us move towards the shared goal



Looking after yourself **FIRST**



Remember not to neglect your self-care

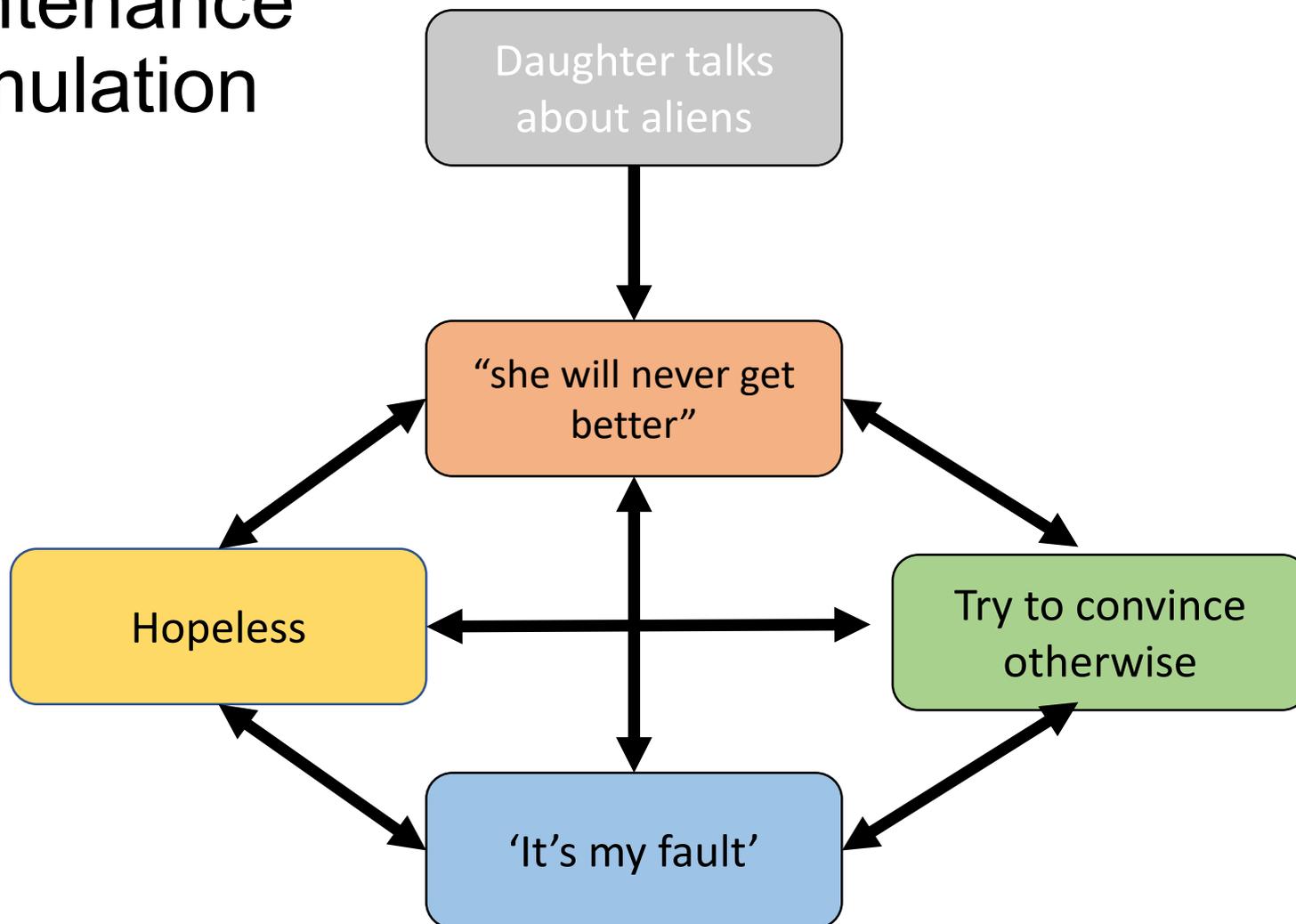
- **You perform best when your body is well taken care of**
- **Keep your stress bucket at a comfortable level**
 - Monitor your stress
 - Notice triggers and warning signs (how do you feel when you're stressed?)
 - Practice stress management strategies
- **Engage in self-care**
 - Eat appropriately and nutritiously
 - Sleep enough
 - Exercise
 - Pleasant activities
 - Social outings
 - Hobbies
 - Relaxing activities
- **Know your limits**



EXAMPLE

- **Statement:** Daughter tells you that she has an alien implant in her brain
- **Own thoughts/emotions:** “that is ridiculous”, “she is never going to get better”,
- **Emotions:** frustrated, hopeless
- **Behavior:** try to convince her it is not true, get into an argument
- **Underlying belief:** It’s my fault

Maintenance Formulation



EXAMPLE

- **Statement:** Daughter tells you that she has an alien implant in her brain
- **Curious questions:** How did it get there? How is it a problem? Is there anything that it doesn't control? Why was it put there?
- **Communication skills:** empathic, don't make assumptions,
- **Balanced thoughts:** "it might sound ridiculous but at least she is talking to me about this", "maybe we can come up with a solution that will make this easier for her",
- **New emotion:** Hopeful, optimistic
- **New Behavior:** join daughter in identifying coping skill to reduce fear

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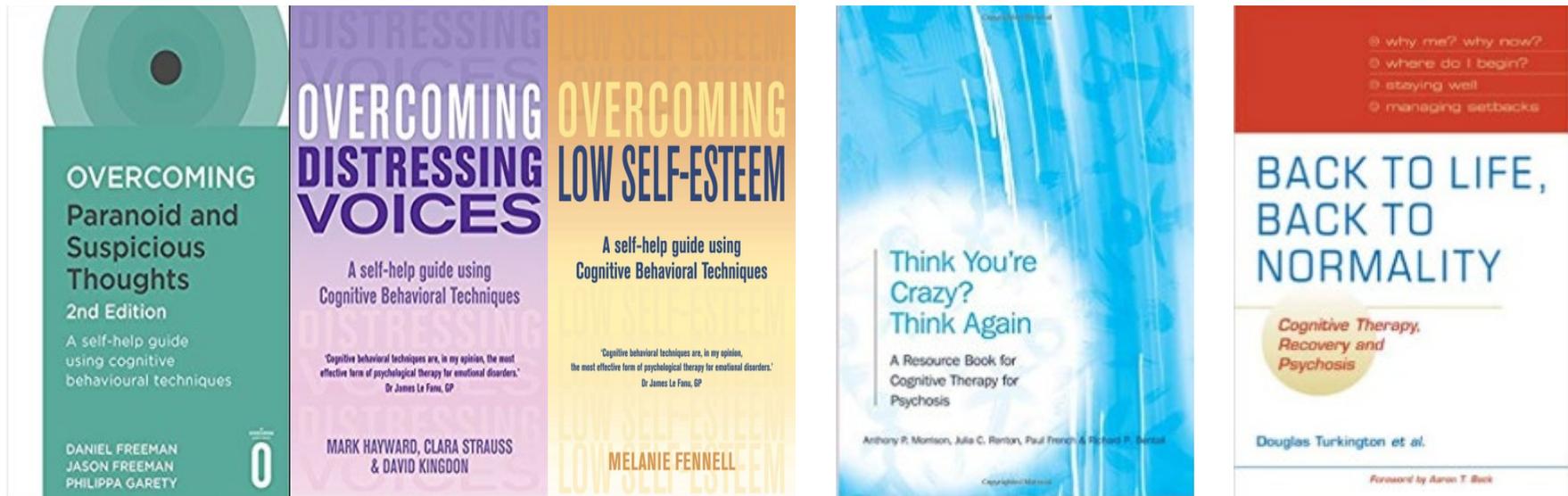
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Wrap Up, Resources, Final Thoughts & Questions



This applies to learning as well!

CBTp resources for individuals who experience psychosis:



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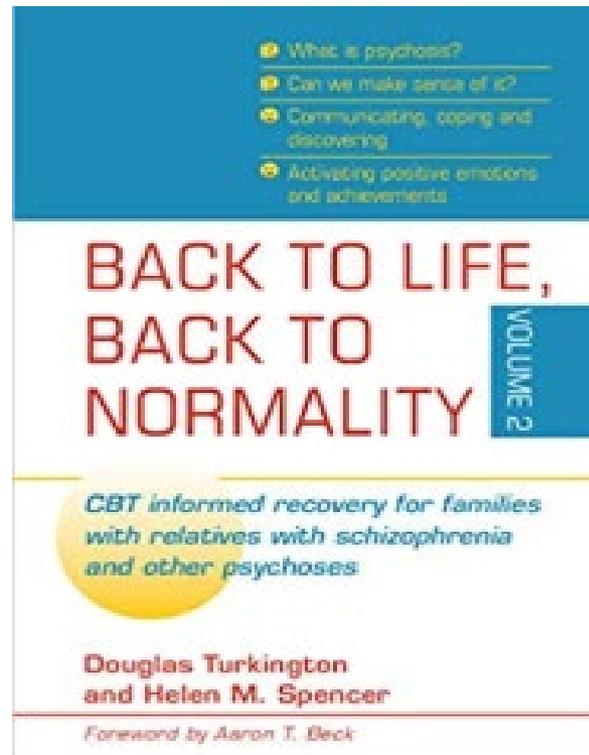
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Additional CBTp-informed resource specifically for loved ones:





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2. You can also evaluate the session on your computer. Go to: www.nami.org/sessioneval, select the session and click “Rate This Session.”