

Understanding Cognitive Behavior Therapy for Psychosis (CBT-P) Case Conceptualization

*The first of a series of three seminars to understand how to use CBT-P case formulation to direct recovery-oriented, team-based interventions for **First Episode Psychosis (FEP) services***

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October 13th 2022



South Southwest (HHS Region 6)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Acknowledgement

Presented in 2022 by the Mental Health Technology Transfer Center (MHTTC) Network 1823 Red River St Austin, TX 78701.

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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This work is supported by grants 3H79SM0928889-04 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

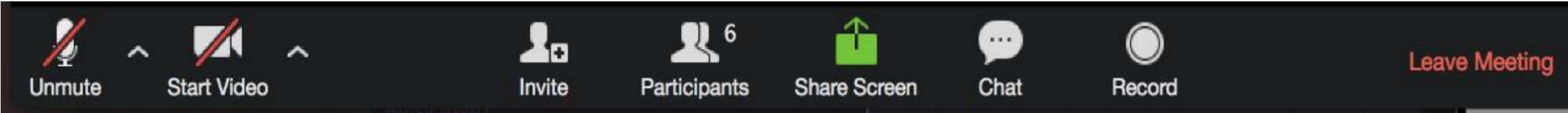
**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

Welcome to the Zoom meeting platform. We have enabled closed captions during this event. Please click on the CC box in your zoom toolbar to find the option to enable captions individually.

We request that during this presentation, attendees utilize the chat box to network, comment on the session, and interact.



South Southwest MHTTC Code of Conduct

We are dedicated to providing events where everyone, regardless of gender identity and expression, sexual orientation, disabilities, neurodiversity, physical appearance, body size, ethnicity, nationality, race, age, religion and any other intersectional identities, feels welcome.

We invite everyone to help us achieve a safe, respectful, inclusive, and positive environment for learning, and to that end, we reserve the right to remove participants who don't follow this code or participate in a harmful way after being asked to collaborate with us on this matter. When you participate in an event hosted by us, you are contributing to the overall experience, which makes us all accountable to each other.

Thank you for your cooperation.

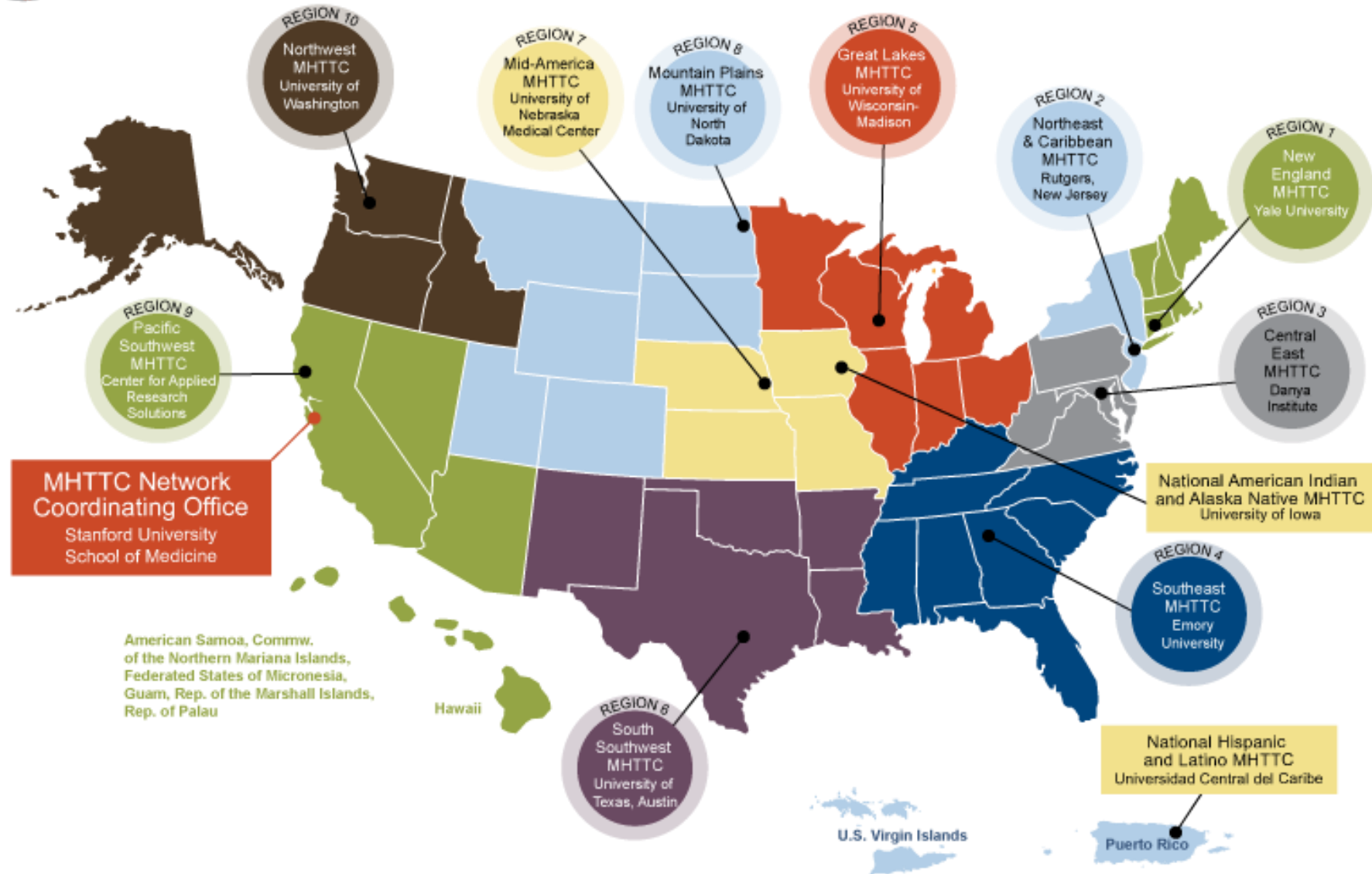


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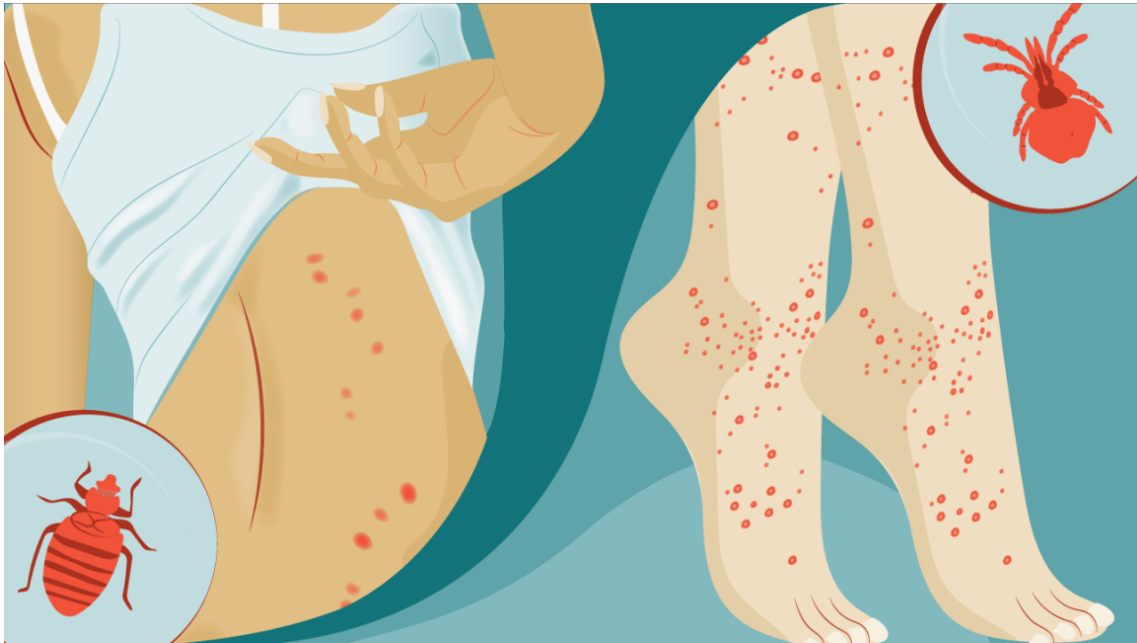
MHTTC Network



Objectives

- **Day 1:** Understand the key components of a Cognitive Behavior Therapy for Psychosis (CBT-P) case conceptualization
 - What is and why case conceptualization?
 - Principles and values of CBT-P
 - CBT-P conceptualization models
- **Day 2:** Apply a CBT-P case conceptualization framework with an individual in First Episode Psychosis (FEP) services
- **Day 3:** Provide multiple examples of how CBT-P case conceptualization can direct recovery-oriented team-based interventions

Imagine...



- What would you feel?
- What would you think?
- What would you DO?

What is case conceptualization/formulation?

- Using a particular model to understand or explain an individual's experience and concerns
 - Longitudinal/Timeline
 - Maintenance
- Hypothesis based on exploring factors such as current experiences, past experiences and predisposing factors, stressors, strengths, patterns, and reinforcers^{1, 2, 3}



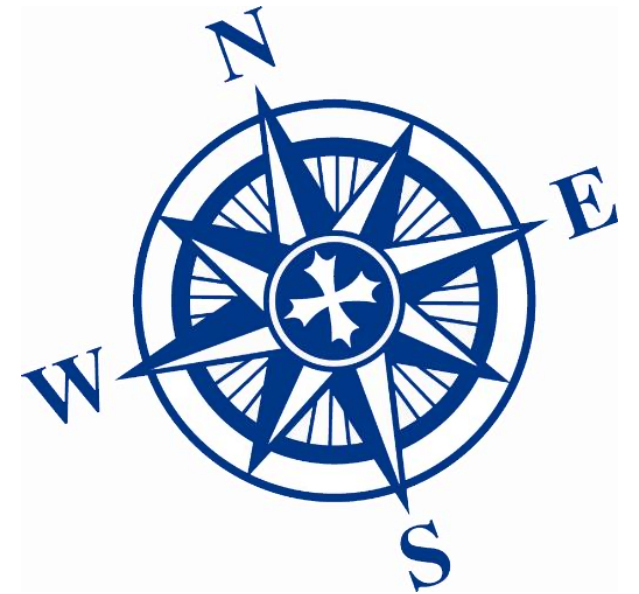
¹Sperry & Sperry, 2020

²Morrison et. al, 2004

³Persons et. al, 1984

Why case conceptualization?

- Guide ***individualized*** assessment and treatment¹
 - Tells us where to start
 - Allows it to be targeted, focused
 - Gets us “unstuck”
- Make sense of experiences and build hope!
- Understand, interrupt, and prevent patterns and prevent from re-occurring (maintenance)
- Collaborate
 - Develop shared language, narrative, and plan
 - Shared decision-making
 - Build awareness for client and provider
- Increases provider empathy



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¹Morrison et. al, 2004

Case conceptualization can be team-based!



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- Team (individual, all providers) can come to a shared understanding
- Each person on the team plays a unique role to supporting recovery
- Many CBT interventions that involve families, natural supports

CBT-P case conceptualization

“Throughout their lives, individuals with schizophrenia have been subjected not only to an unusual amount of negative traumatic events, but also to many minor stressors, reflecting society’s attitude that they are “maladjusted.” ... **The key element in developing resilience is focusing on the meanings that the individual attaches to the major or minor stressors. The meaning may be unraveled ...**”

– Aaron Beck, 2021

Values of CBT & CBT-P

CBT, Beck, 1995

- Collaboration
- Therapeutic alliance
- Goal/recovery-oriented
- “Here and now”
- Ever-evolving conceptualization
 - Variety of techniques

CBT-P, Brabban et. al (2016)

- Shared formulation of psychosis experiences
- Normalization of psychosis
- Acceptance of psychosis; reducing distress and not psychosis
- Therapeutic alliance and collaboration

Table 1. Consensus statements on the essential principles, and structural and functional elements of CBTp from a therapist perspective.

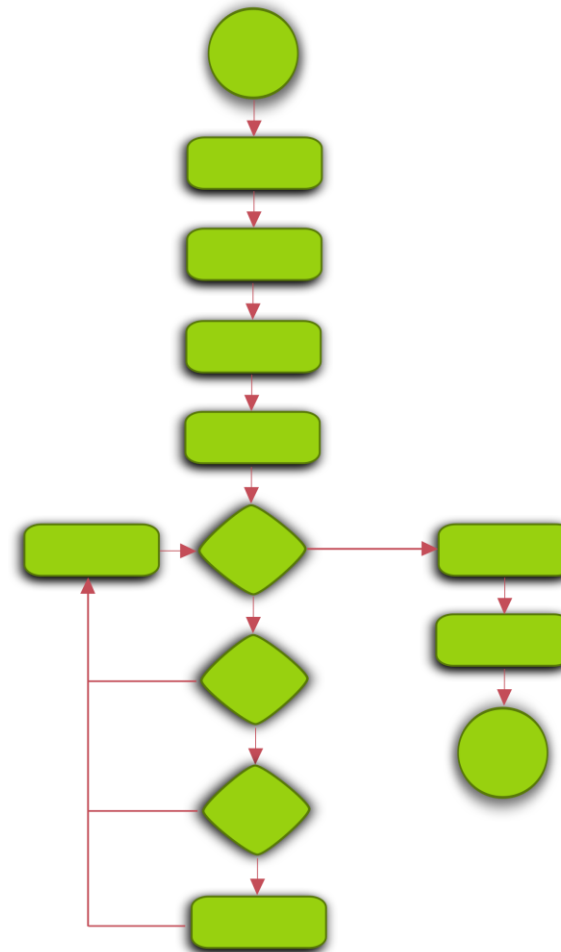
Factor	Consensus statements from the Delphi study (Morrison & Barratt, 2010)
Values that should be endorsed by the CBT practitioner	<p>Therapists should believe that many people experience psychotic-like symptoms without feeling distressed by them</p> <p>Therapists should have a good understanding of recovery from psychosis</p> <p>Therapists ought to believe that delusions can be quite understandable</p> <p>Therapists should believe that it is not the hallucination or the delusion per se that is clinically relevant but the amount of distress or disability associated with it</p> <p>Therapists ought to believe that hallucinations or thought disorder can happen to anyone if they are very stressed</p> <p>Therapists ought to view most symptoms of psychosis as quite common in the normal population</p>
Values that should NOT be endorsed by the CBTp practitioner	<p>Therapists should believe that clients with psychosis are very different to clients with other mental health difficulties</p> <p>Therapists should believe that there is a clear boundary between being mentally unwell and mentally healthy</p>

The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis

Alison Brabban, Rory Byrne, Eleanor Longden, and Anthony P. Morrison (2016)

CBT-P Case Conceptualization Models For This Series

- Linear
 - ABC Model of CBT
- Maintenance
 - Cognitive Triangle
 - Cross-Sectional
- Longitudinal/Timeline
 - Morrison model
 - 5 P's (Day 2)



Linear formulation; ABC Model of CBT

A

Activating event:

Triggers, voices,
external perceptions

Someone cuts you off
in traffic

B

Beliefs:

Explanations and
thoughts

“They must be trying to
harm me”

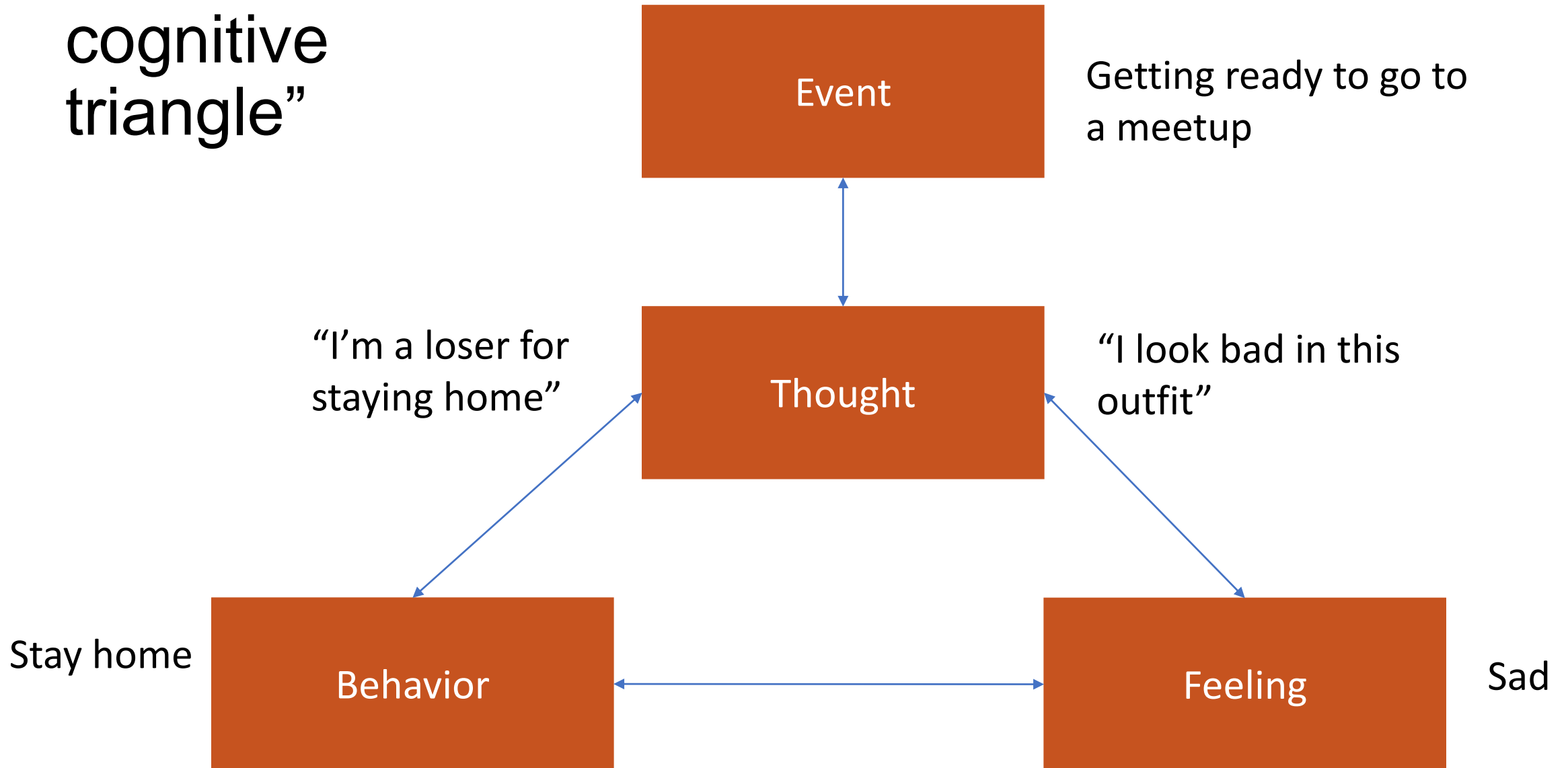
C

Consequences:

Emotions & behaviors

Scared & angry; stop
driving

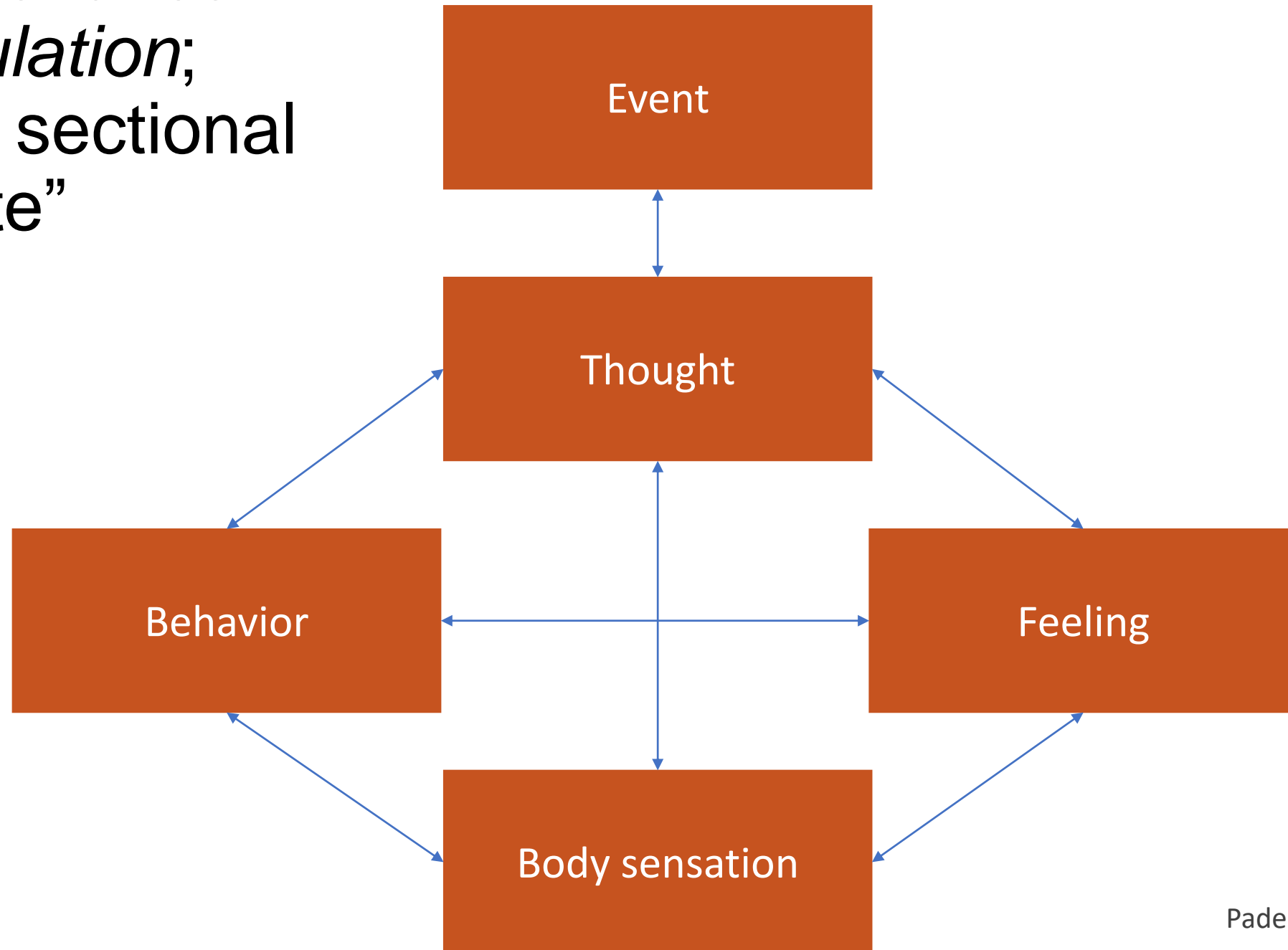
Maintenance formulation; “the cognitive triangle”



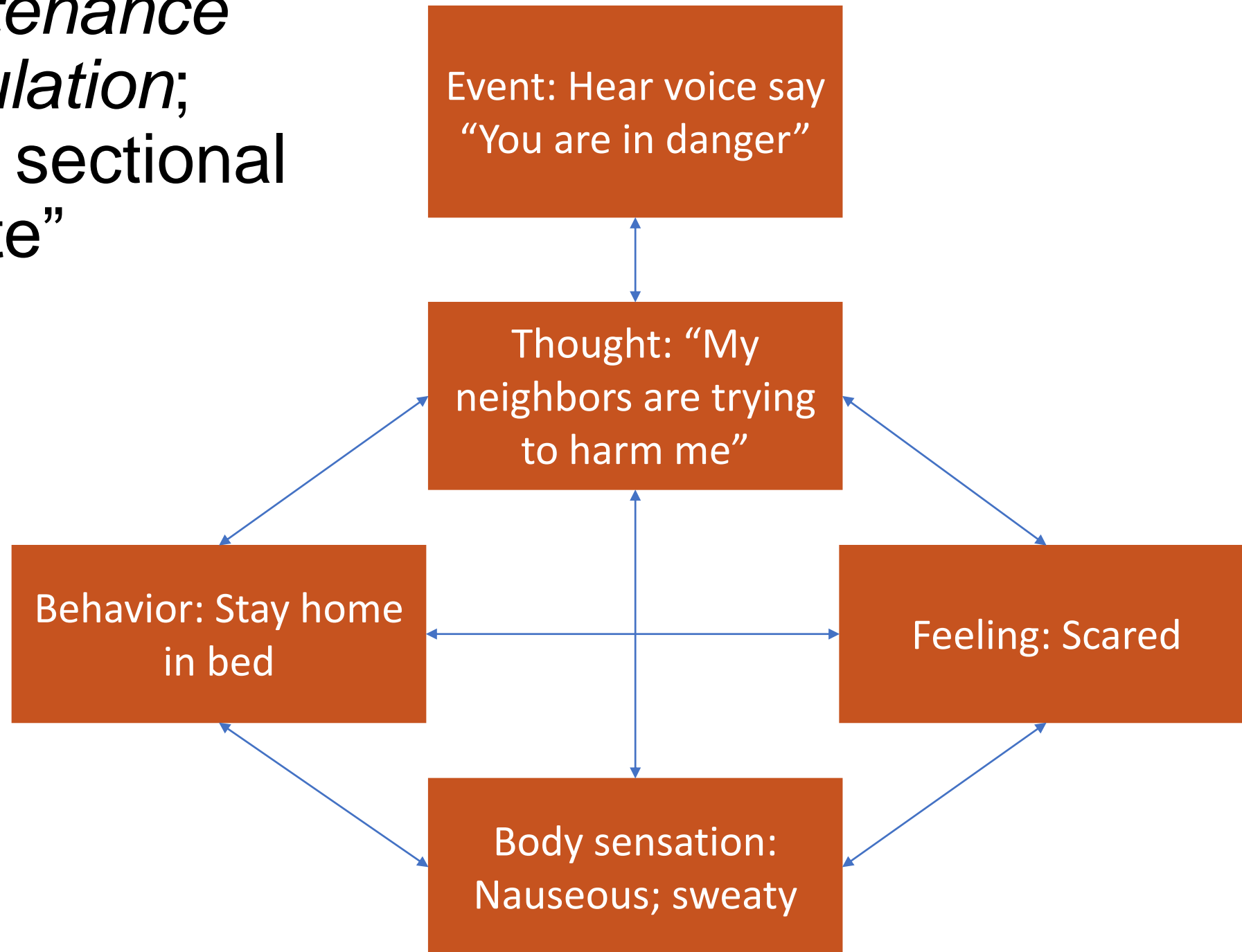
*Maintenance
formulation; “the
cognitive
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*Maintenance
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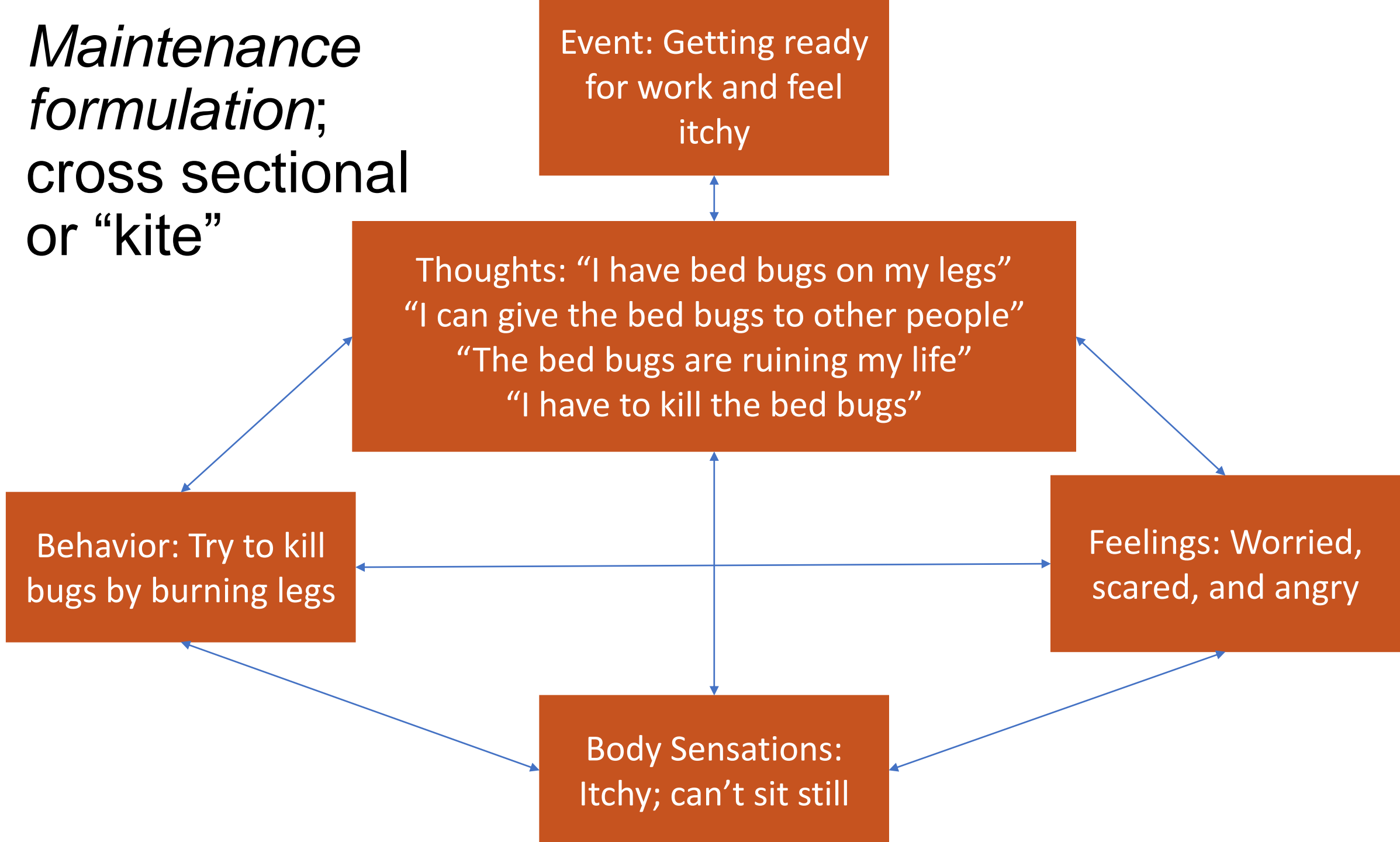
Event: Getting ready
for work and feel
itchy

Thoughts: “I have bed bugs on my legs”
“I can give the bed bugs to other people”
“The bed bugs are ruining my life”
“I have to kill the bed bugs”

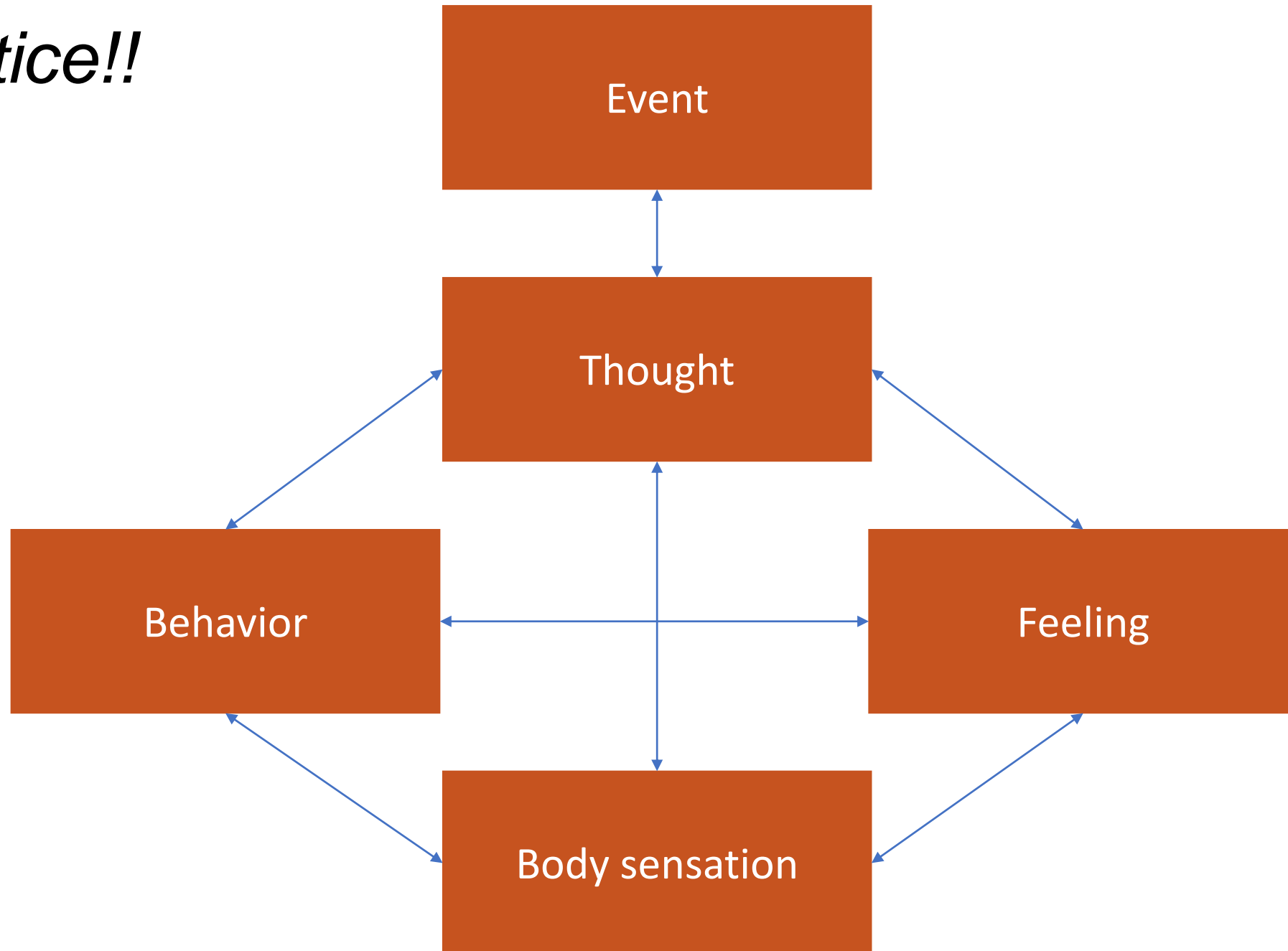
Behavior: Try to kill
bugs by burning legs

Feelings: Worried,
scared, and angry

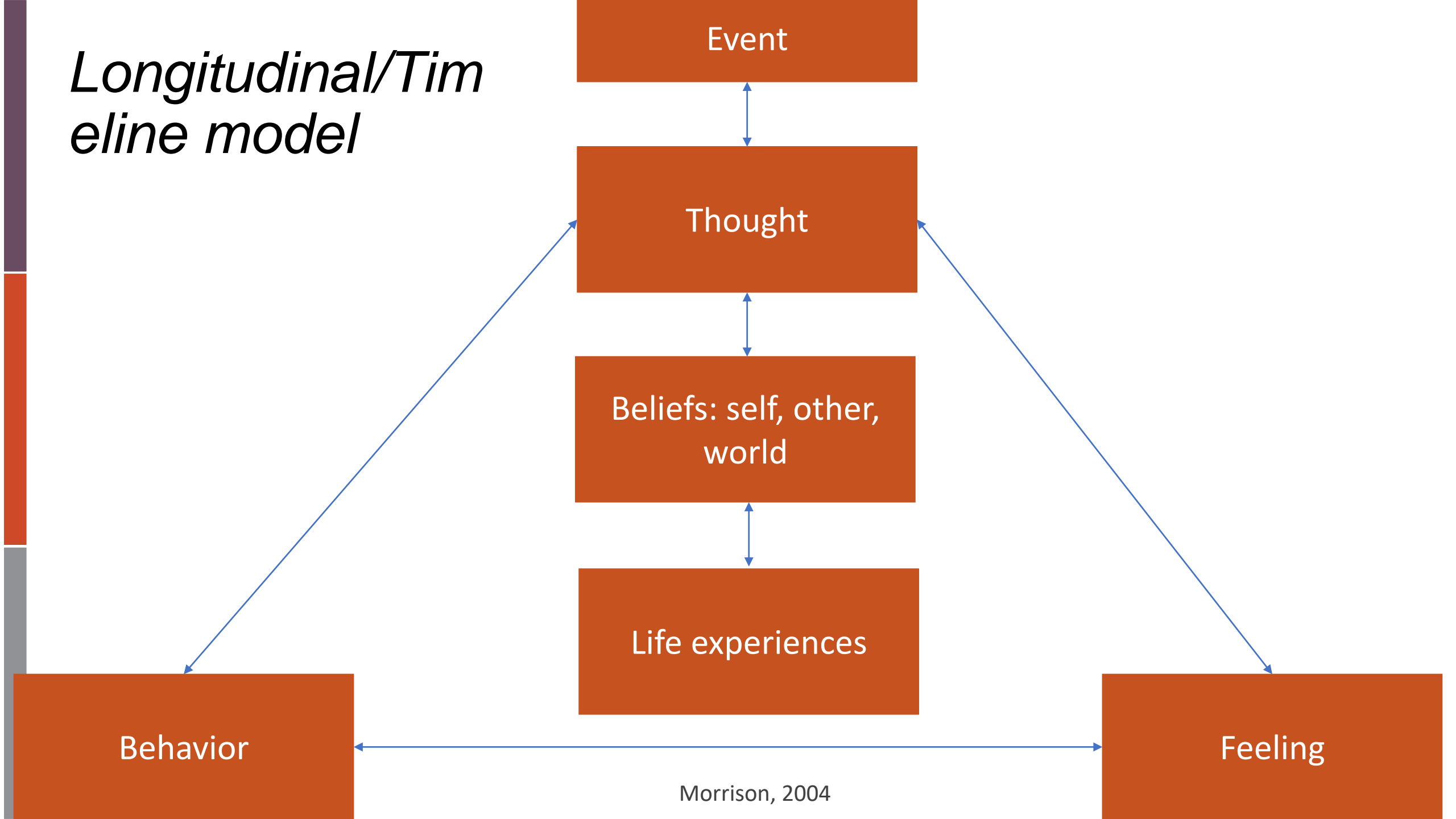
Body Sensations:
Itchy; can't sit still



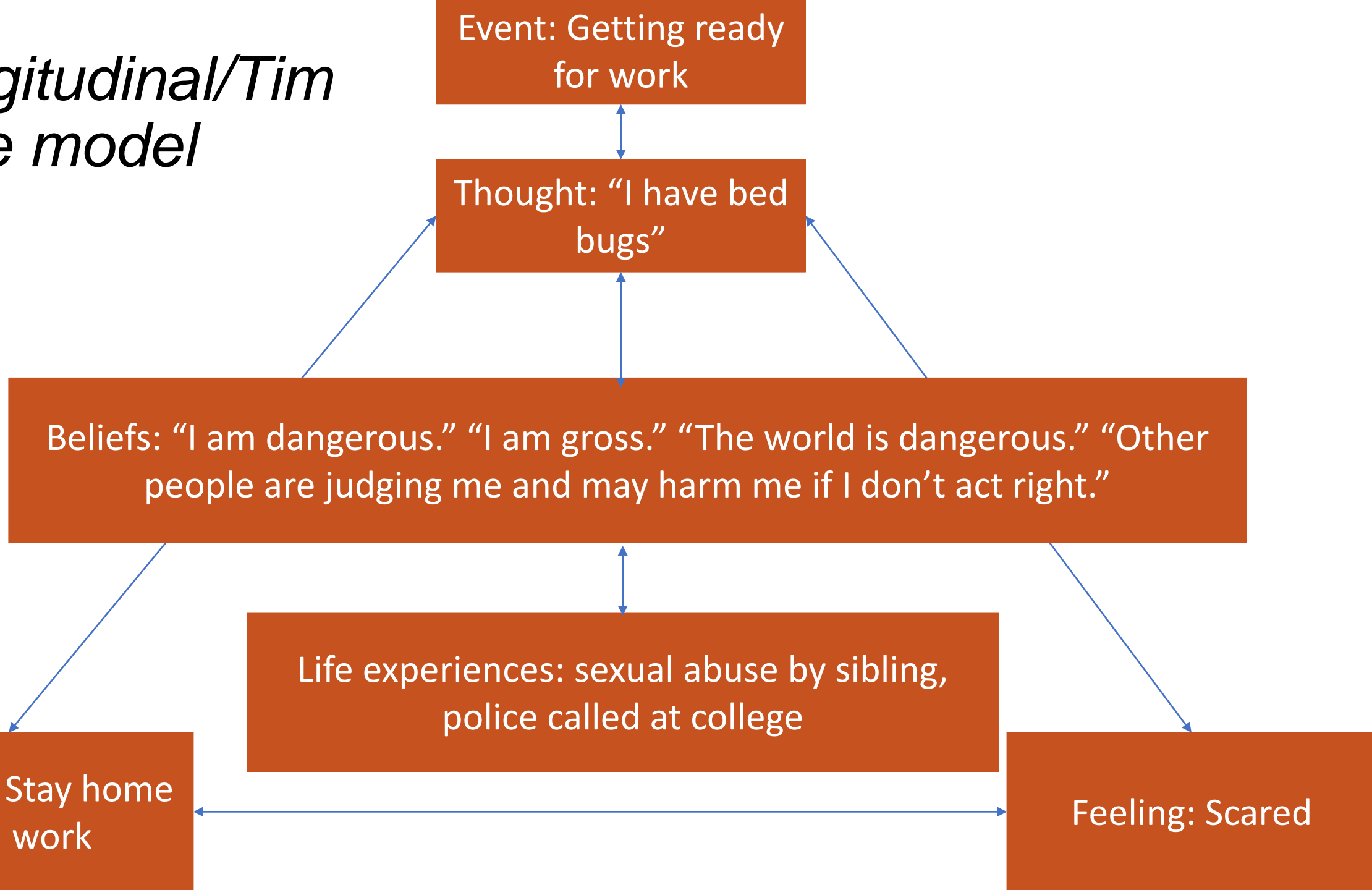
Practice!!



Longitudinal/Timeline model



Longitudinal/Timeline model



Considerations for case conceptualization for FEP

- “Making sense” includes normalization and acceptance
- New to diagnosis and stigmatization
- Longitudinal/timeline formulation of FEP
- Developmentally appropriate and youth-friendly
- Team-based approach
 - How can use with individual
 - How can bring this to a team meeting

For next time!

- Read “Making Sense of Psychosis” from Back to Life, Back to Normality by Turkington & Spencer (2018)
 - Optional: CBT-P in FEP teams Issue Brief
- Test out the triangle/kite with individual or during team meeting
 - be ready to expand on this conceptualization next meeting!

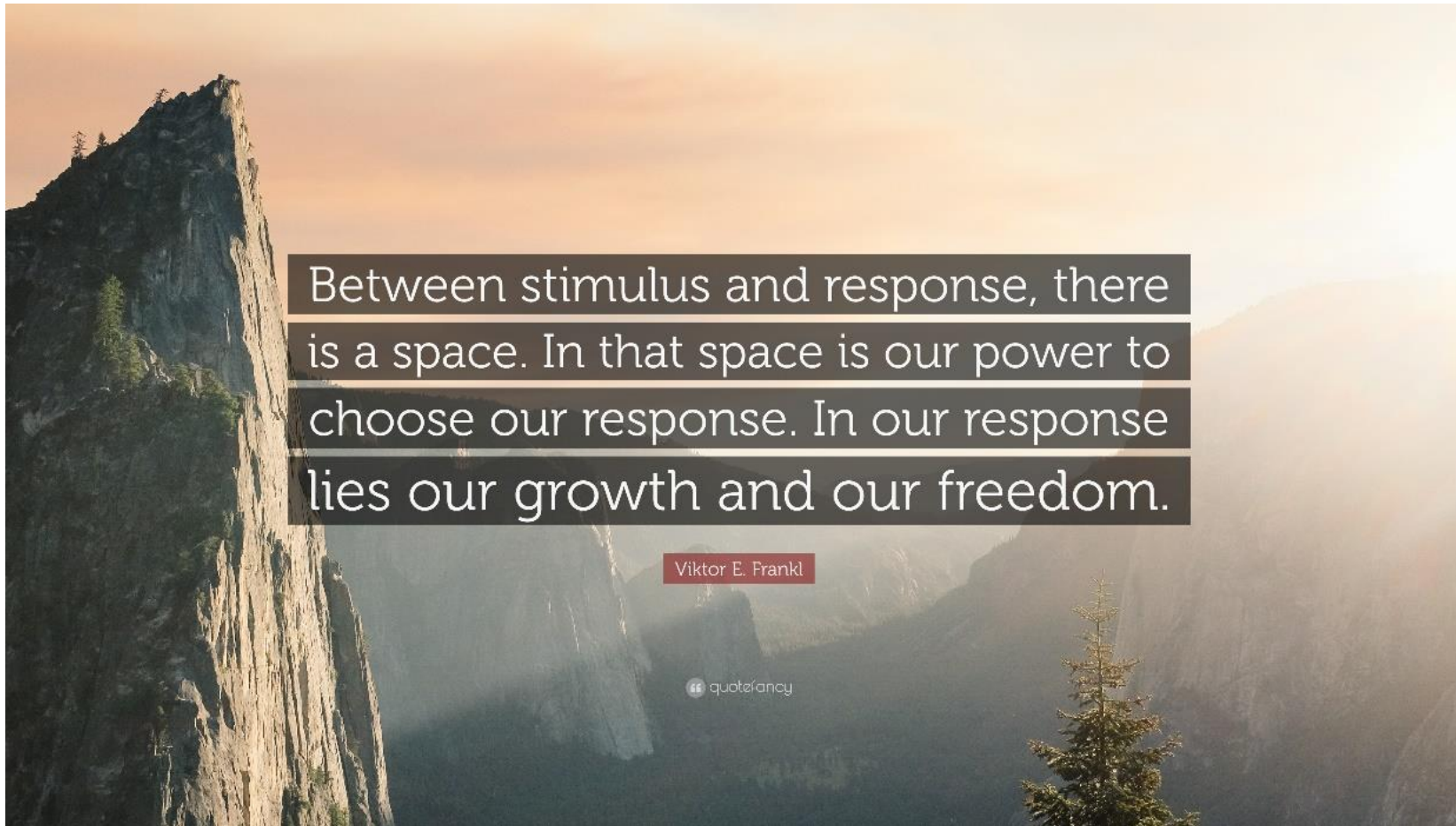
Logistics Overview

October 13th 10:00-11:00 AM: *Understanding Cognitive Behavior Therapy (CBT-P) Case Conceptualization* will cover the basics of case formulation from a CBT-P perspective, including the interactions between thoughts or voices, feelings, behaviors, and body sensations. Attendees will also learn about how past experiences, core beliefs, and recovery goals can be incorporated into CBT-P conceptualizations. Considerations for an FEP population will be discussed.

November 10th 10:00-11:00 AM: *Putting CBT-P Case Conceptualization Into Practice* will review one CBT-P case conceptualization worksheet. Attendees will have the opportunity to experientially apply this worksheet to one of the individuals that they are currently working with an FEP program. Emphasis will be placed on collaborative nature of CBT-P conceptualization.

December 8th 10:00-11:00 AM: *Where Do We Go From Here? Using CBT-P Case Conceptualization in Service of Recovery* will focus on helping trainees to identify team-based interventions that can be used on an FEP team in line with a CBT-P case conceptualization. Principles from Recovery-Oriented Cognitive Therapy (CT-R) will be introduced.

Thank you!



Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Viktor E. Frankl

quote fancy

References

- Beck, A. T. (Ed.). (1979). *Cognitive therapy of depression*. Guilford press.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.
- Beck, A. (2021). Responding to Stressors and Building Resilience in Individuals with Schizophrenia. Retrieved from: <https://beckinstitute.org/blog/responding-to-stressors-and-building-resilience-in-individuals-with-schizophrenia/>
- Brabban, Alison, et al. "The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis." *Psychosis* 9.2 (2017): 157-166.
- Ellis, A. (1962). Reason and emotion in psychotherapy. Secaucus.
- Kingdon, D. G., & Turkington, D. (2004). *Cognitive therapy of schizophrenia*. Guilford Press.
- Linehan, M. (2014). *DBT. Skills training manual*. Guilford Publications.
- Morrison, A., Renton, J., Dunn, H., Williams, S., & Bentall, R. (2004). *Cognitive therapy for psychosis: A formulation-based approach*. Routledge.
- Padesky, C. A., & Mooney, K. A. (1990). Presenting the cognitive behavioural model to clients. *International Cognitive Therapy Newsletter*, 61, 13-14.
- Persons, J. B. (1989). *Cognitive therapy in practice: A case formulation approach* (p. 37). New York: WW Norton.
- Sperry & Sperry (2020). Case conceptualization: key to highly effective counseling. Retrieved from: <https://ct.counseling.org/2020/12/case-conceptualization-key-to-highly-effective-counseling/>