

Putting CBT-P Case Conceptualization Into Practice

*The second 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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South Southwest (HHS Region 6)

MHTTC

Mental Health Technology Transfer Center Network

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Acknowledgement

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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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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

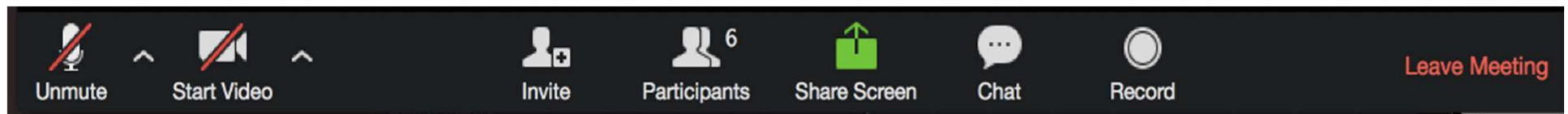
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

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.

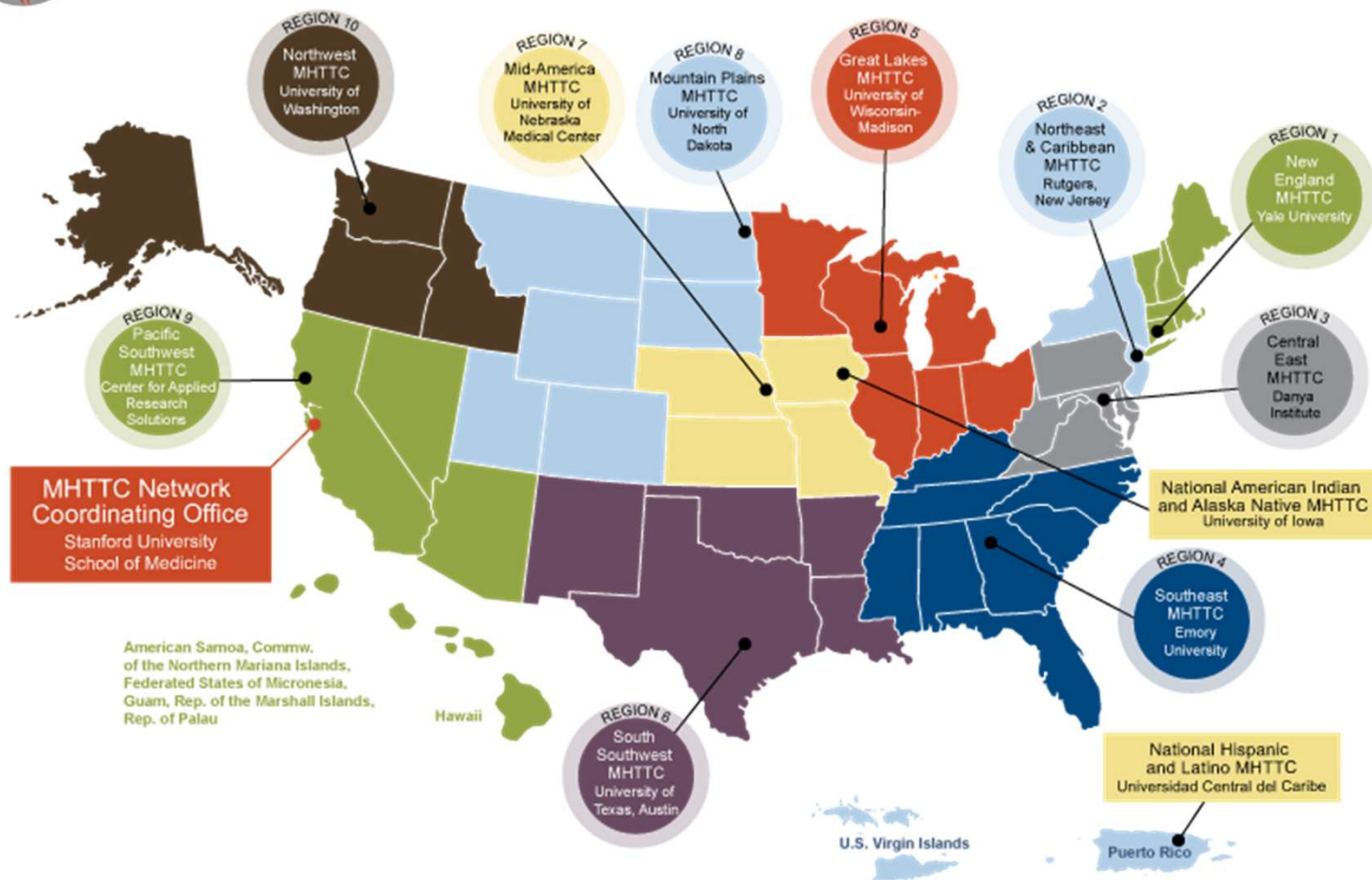


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Day 1 Summary

- **Day 1:** Understand the key components of a Cognitive Behavior Therapy for Psychosis (CBT-P) case conceptualization
 - Case conceptualization is using a model to understand an individual's experience
 - Can help guide assessment/treatment, including individualizing, collaborating and better understanding client/individual perspectives
 - Principles and values of CBT-P
 - CBT-P conceptualization models

Objectives

- **Day 2:** Apply a CBT-P case conceptualization framework with an individual in First Episode Psychosis (FEP) services
 - Longitudinal 5 P's Model
 - Understanding my experiences with CBT-P worksheet
- **Day 3:** Provide multiple examples of how CBT-P case conceptualization can direct recovery-oriented team-based interventions

Reflection

- What have you thought about since last workshop?
- If you were able to complete readings or try a conceptualization with client/team, what did you take away?



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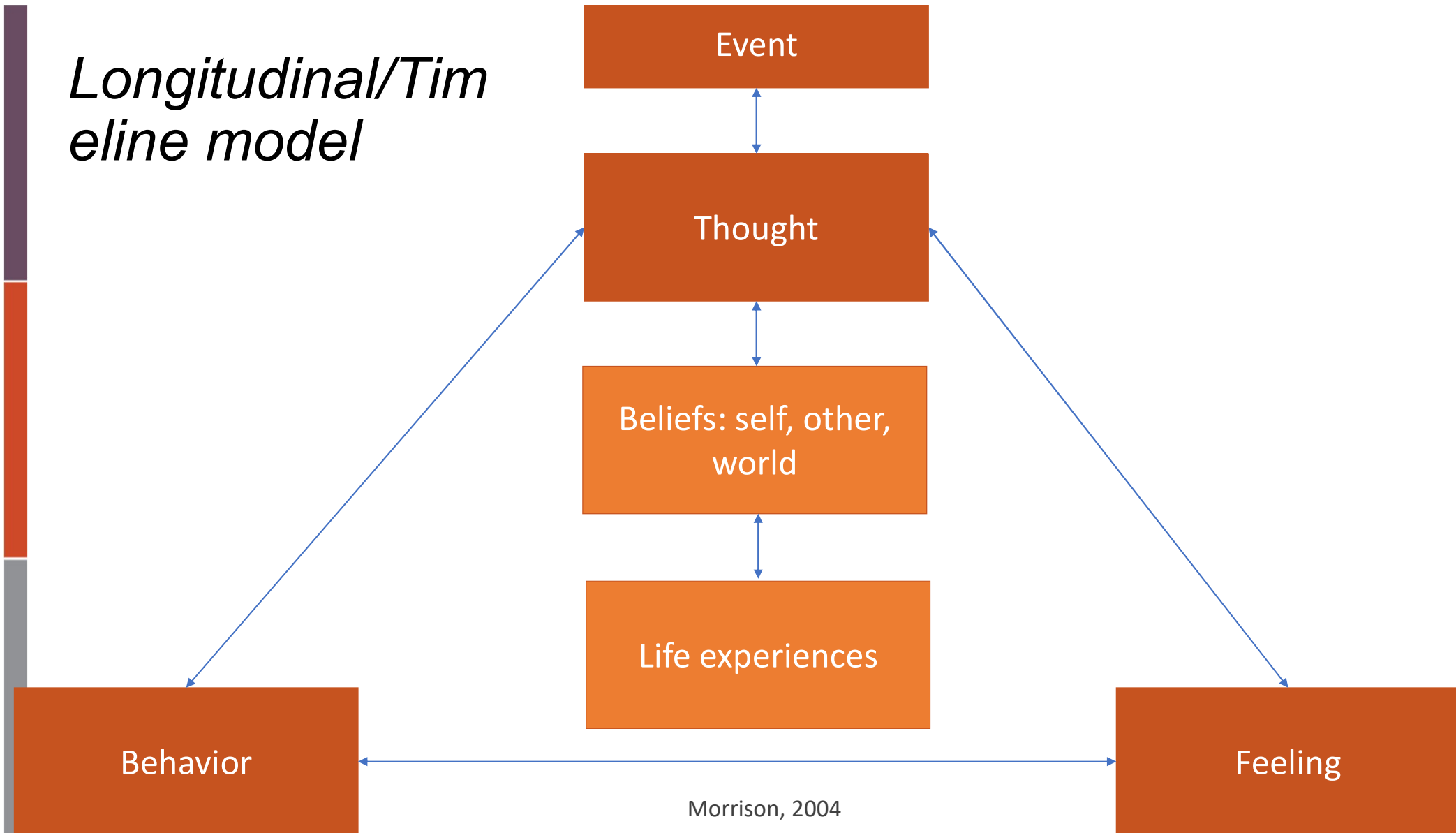
CBT-P Case Conceptualization Models For This Series

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

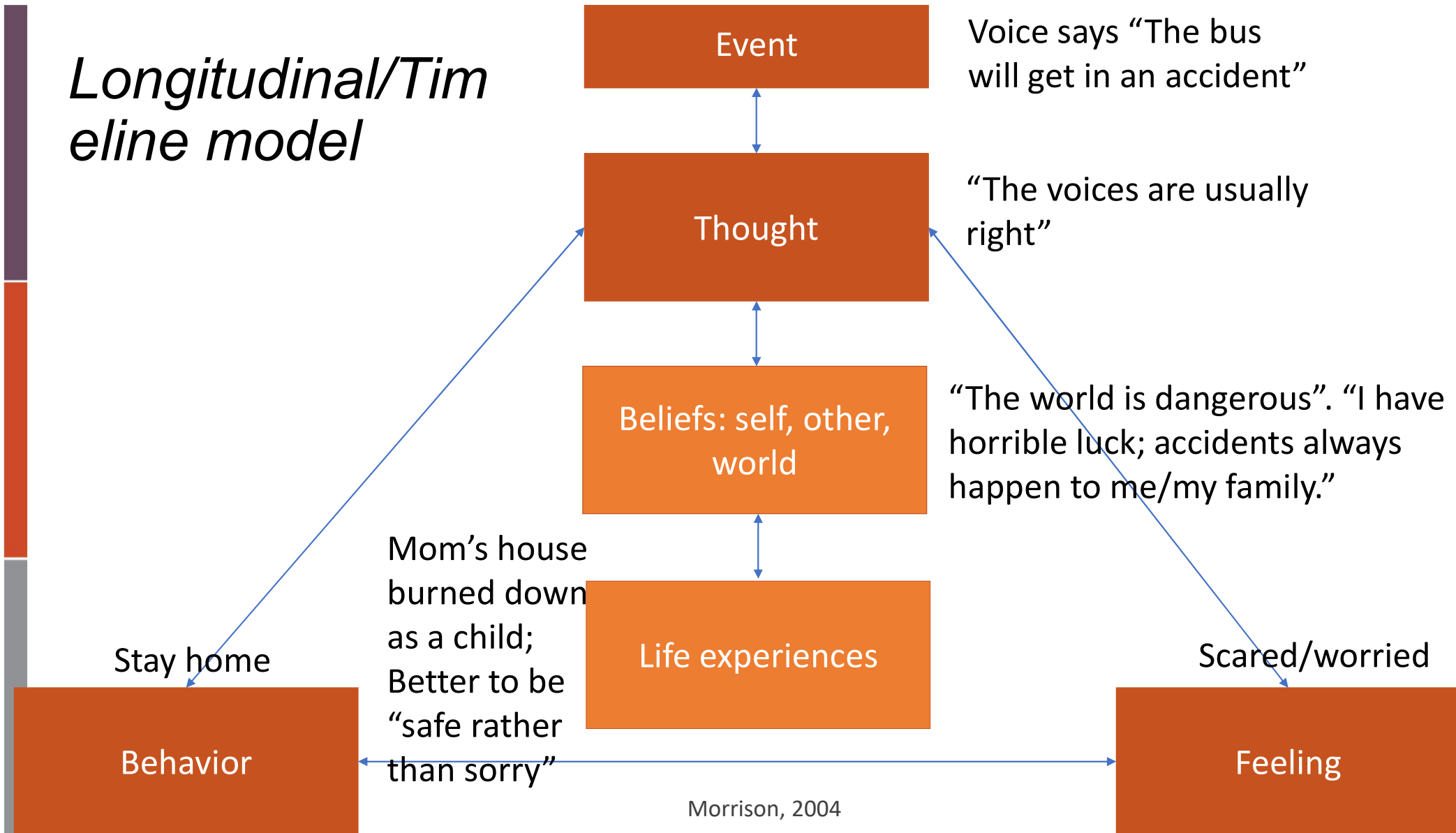


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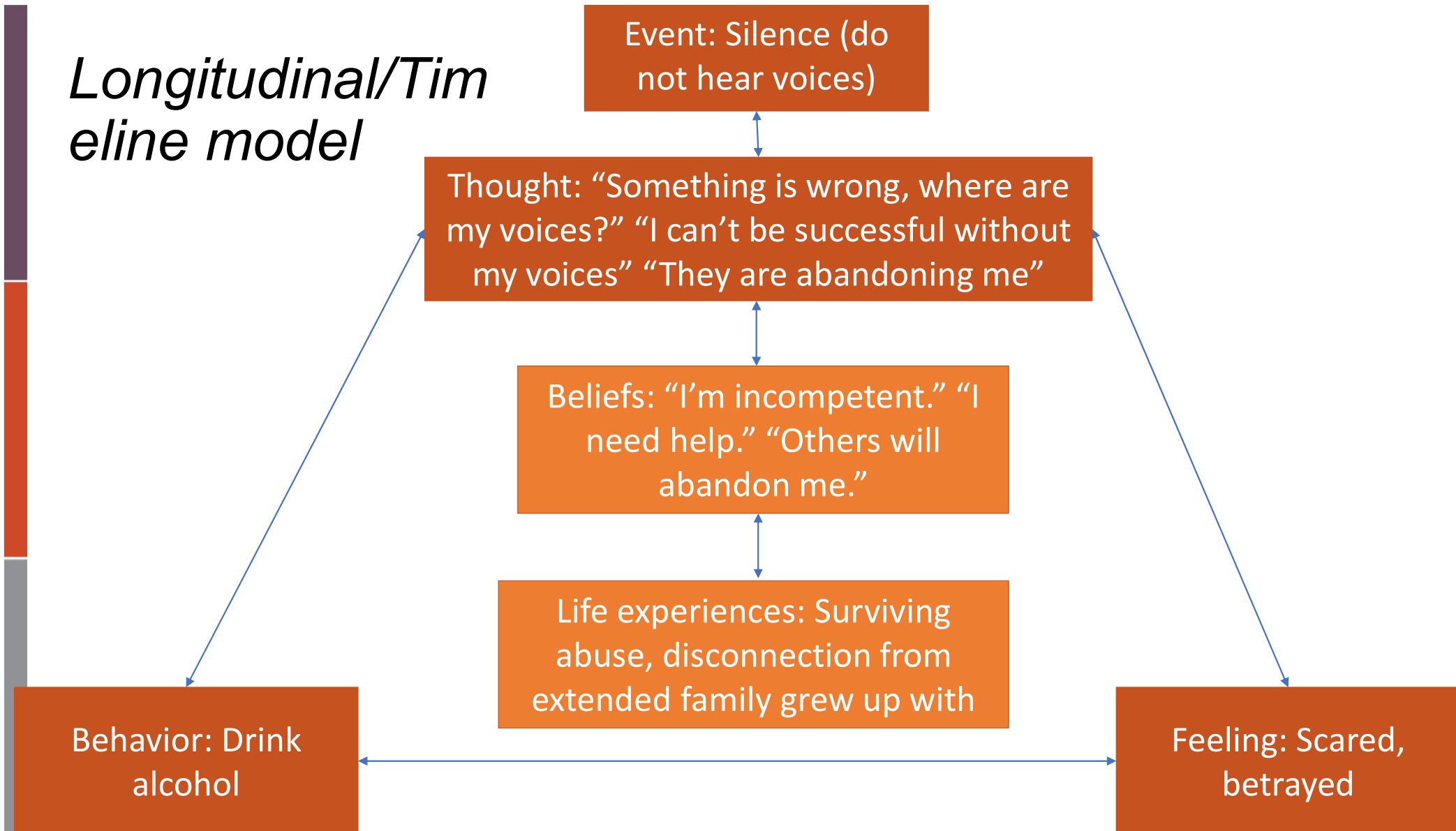
Longitudinal/Timeline model



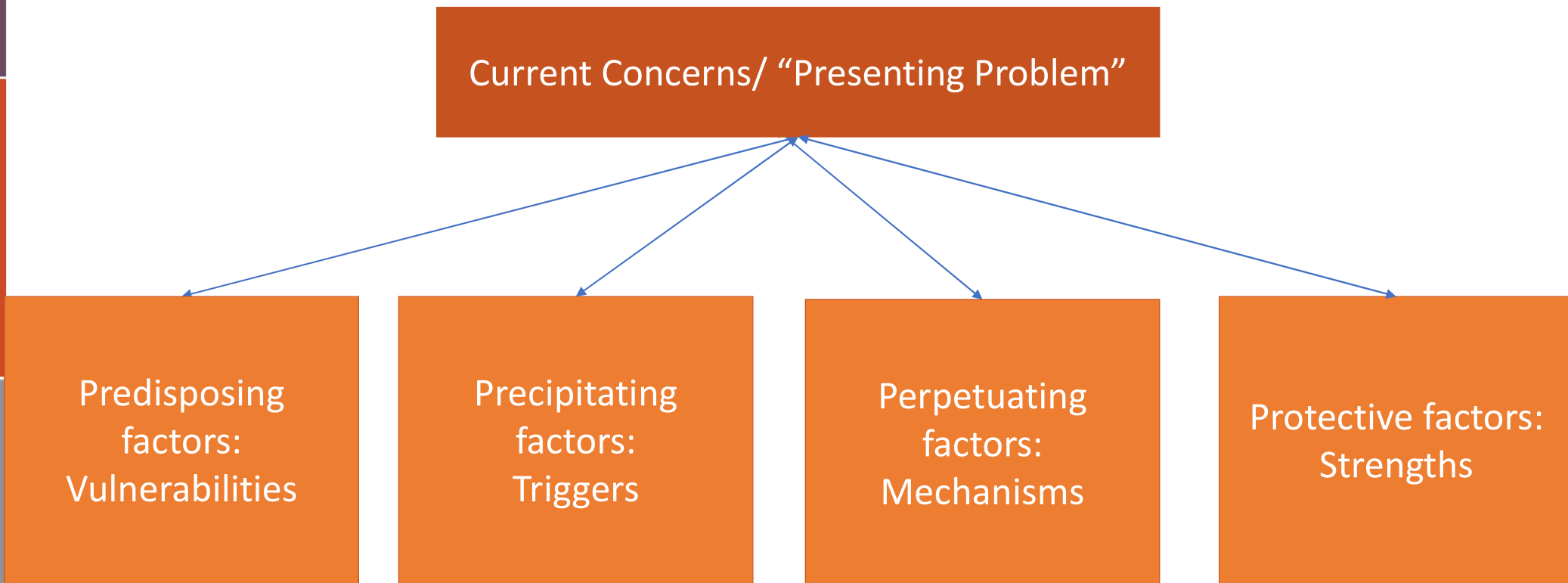
Longitudinal/Timeline model



Longitudinal/Timeline model



Longitudinal model, 5 P's



Longitudinal model, 5 P's

Current Concerns/ "Presenting Problem":
Feeling scared/abandoned/unable to cope
Drinking more alcohol than wanted

Predisposing factors:
Trauma, losing connection with extended family members, income and unemployment

Precipitating factors:
New job; switching medications

Perpetuating factors:
Using alcohol; avoiding work when drinking

Protective factors:
Passionate about helping others, great at writing, support from best friend, resilient

Longitudinal model, 5 P's, Practice

Think of individual you are currently working with or yourself:

Predisposing factors	Precipitating factors	Perpetuating factors	Protective factors
“What has happened in the past”			

Longitudinal model, "Understanding my experiences with CBT-P"

Longitudinal conceptualization: Components of 5 P's and Morrison model

Linear/maintenance conceptualization: ABC model

Understanding my experiences with CBT-P

My recovery goals and the kind of person I want to be: 1) 2) 3) 4)				} Orient to presenting concerns/recovery goals
Current obstacles to these goals: 1) 2) 3) 4)				
My strengths		What has happened to me in the past		What makes things worse
My belief systems about...				
Myself		The world		Other people
Rules or guidelines that I follow (often to keep myself/others safe or meet my needs):				
Actions that I take to cope:				
A situation that interfered with my recovery goals:				
Event	What I thought about this event	How I felt (emotions and body sensations)	What I did (actions)	

Samantha Reznik, Ph.D. & Dimitri Perivoliotis, Ph.D., 2022; Adapted from Dimitri Perivoliotis, Ph.D., 2012

Understanding my experiences with CBT-P:
“My recovery goals and the kind of person that I
want to be”



“Tombstone” Metaphor from Acceptance and Commitment Therapy

Understanding my experiences with CBT-P

My recovery goals and the kind of person I want to be:

Go	Go to college for art
Rent	Rent my own apartment
Become	Become a caring boyfriend
Find	Find a way of using art to help others
Cope	Cope with voices

Current obstacles to these goals:

Anxious about meeting new people

- Avoid other people

Unemployed

Hear voices telling me to harm myself

- Very challenging to get the voices “out of my head” and try to yell at them or drown out with very loud music
- Feel fearful that I will act on them

Fear others are going to harm me

- Avoid other people

Understanding my experiences with CBT-P

My strengths	What has happened to me in the past	What makes things worse
<p>Motivated to have a better life</p> <p>Family supports me</p> <p>Artistic & creative</p> <p>Helpful & care about others – I think I could be a great boyfriend and help other people</p> <p>My treatment team helps me</p>	<p>Trauma at age 5</p> <p>Low self-esteem after that</p> <p>History of being depressed</p> <p>Did not do well in school</p> <p>Bad breakup in high school</p>	<p>Being isolated</p> <p>Being inactive</p> <p>Arguments with my family</p> <p>Using marijuana</p> <p>When I stop using medications</p> <p>Not many community groups/activities where I live</p>

Understanding my experiences with CBT-P

My belief systems about:

Myself

"I'm a bad person"

"I might harm myself because of the voices"

"I'm incompetent and a failure"

"I'm boring"

The world

"The world is dangerous."

"Nothing is predictable."

Other people

"People hate me."

"People want to hurt me."

"People are always judging me."

"Others will reject me."

Rules or guidelines that I follow (to keep safe/meet needs):

"I have to eliminate voices before I can do anything else."

"If I stay home and avoid other people, I will be safe"

Understanding my experiences with CBT-P

Actions that I take to cope:

- Avoid other people
 - Stay at home as much as possible
 - Avoid applying to college/jobs
 - Avoid dating
- Yell at voices/try and drown out with loud music
- Use marijuana



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Understanding my experiences with CBT-P

A situation that interfered with my recovery goals:

Event	What I thought about this event	How I felt (emotions and body sensations)	What I did (actions)
Man on the corner looked at me when I came out of my house	“He’s judging me. He thinks I did something bad.” “He’s been monitoring me.” “He’s going to hurt me.” “I need to go back inside”	Anger Fear Rumbling in stomach/nausea	Went back inside and skipped going to a first date. Tried to watch TV, but ended up just listening to and yelling at voices (which increased).

Longitudinal model, “Understanding my experiences with CBT-P”

Example: Understanding my experiences with CBT-P

My recovery goals and the kind of person I want to be: 1) Go to college for art 2) Rent my own apartment 3) Become a caring boyfriend 4) Find a way of using art to help others			
Current obstacles to these goals: 1) Anxious about meeting new people 2) Unemployed 3) Hear voices telling me to harm myself 4) Feel like others are going to harm me			
My strengths Motivated to have a better life Family supports me Artistic & creative Helpful & care about others – I think I could be a great boyfriend and help other people My treatment team helps me	What has happened to me in the past Trauma at age 5 Low self-esteem after that History of being depressed Did not do well in school Bad breakup in high school	What makes things worse Being isolated Being inactive Arguments with my family Using marijuana When I stop using medications Not many community groups/activities where I live	
My general beliefs and thoughts about...			
Myself "I'm a bad person." "I'm incompetent and a failure." "I might harm myself because of the voices." "I'm boring/I'm not good at making friends"	The world "The world is dangerous" "Nothing is predictable"	Other people "People hate me." "People are always judging me." "People want to hurt me." "Others will reject me."	
Rules or guidelines that I follow (often to keep myself/others safe or meet my needs): "If I stay home and avoid people, I'll be safe." "I have to eliminate the voices before I can do anything with my life." "I need to be very on guard and cautious at all times."			
Actions that I take to cope: Avoid people; currently avoiding applying to college/jobs and dating; yell at voices; stay home as much as possible; use marijuana			
A situation that interfered with my recovery goals:			
Event Man on the corner looked at me when I came out of my house	What I thought about this event "He's judging me. He thinks I did something bad." "He's been monitoring me." "He's going to hurt me." "I need to go back inside"	How I felt (emotions and body sensations) Anger Fear Rumbling in stomach/nausea	What I did (actions) Went back inside and skipped going to a first date. Tried to watch TV, but ended up just listening to and yelling at voices (which increased).

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Before we practice...

What questions do you have about any categories on the “Understanding my experiences with CBT-P worksheet”?

Practice exercise!



- Imaginary vignette to practice
- Identify a representative for your group who will be willing to share some of your group's responses
- Work with your group to fill out the "Understanding my experiences with CBT-P worksheet"
- Come back and share with the group!

Practice exercise!

Understanding my experiences with CBTp Worksheet

Vignette Practice: "Michael"

Case Conceptualization for First Episode Psychosis (FEP)

Series Hosted by the South Southwest MHTTC

Please note that "Michael" is a fictional individual based on experiences that a young person attending an FEP program may have. The following vignette is for educational purposes only.

Michael is an 18-year-old Hispanic male college student. He grew up with his parents in Houston, TX. He describes his young childhood as "very happy," stating that he had strong relationships with both of his parents and his cousins. He would frequently travel with his family to visit his cousins, and he developed a love of hiking, camping, and animals. When he reached middle school, he began having academic difficulties and was diagnosed with dyslexia. Although he had close relationships with his cousins and two friends, he started experiencing bullying at school, which included name-calling about his learning disability and skin color. He described how this bullying reduced his self-esteem and made him feel that he was "stupid" and self-conscious about his physical appearance. He also feels it was around this time that he learned that he gets along better with "other people who have problems."

The bullying escalated in high school, and Michael was beaten up by his peers on multiple occasions. Michael tried to become "tougher" by eating particular foods, especially protein rich food that he viewed as "powerful." This new diet caused conflict with his parents, which made him anxious. Shortly after trying diet pills for the first time, he began hearing one male voice that would tell him he was ugly and stupid. His family also stopped visiting his cousins due to the stress, which made Michael feel very sad and the voice increase and say things like "you deserve to be alone." By this point, he described having few friends and experiencing severe bullying, leading to feelings that other people cannot be trusted and the world is unsafe. He said that he found joy in his love of animals and taking his dog to the park. He also started to notice that other people at the park were watching him and worried that they may be stalking him.

Michael recently started college to become a veterinarian. His parents were able to help him set up accommodations for his learning disability. Although Michael is concerned that he may have a mental health issue, he has not told anyone about feeling sad or the voice because he has heard that "mental health issues makes people violent" and is excited to start a career helping animals. He also feels that he will meet more "weird people" in college who can be his friends or that he can start visiting his cousins again.

About six weeks into college, Michael has his first Biology test. He starts taking the test and hears his voice tell him that he is a danger to other people. It says that he is going to harm them. Michael feels very scared and anxious. The voice has never said this before, so he thinks it might be true; maybe the voice is warning him. Michael gets up and leaves his test, telling the teacher that he suddenly feels ill. A few weeks later he is enrolled in your FEP program.

Understanding my experiences with CBT-P

My recovery goals and the kind of person I want to be:			
1) 2) 3) 4)			
Current obstacles to these goals:			
1) 2) 3) 4)			
My strengths	What has happened to me in the past	What makes things worse	
My belief systems about...			
Myself	The world	Other people	
Rules or guidelines that I follow (often to keep myself/others safe or meet my needs):			
Actions that I take to cope:			
A situation that interfered with my recovery goals:			
Event	What I thought about this event	How I felt (emotions and body sensations)	What I did (actions)

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For next time!

- Finish completing the “Understanding my experiences with CBT-P worksheet” with the vignette
- Try one part of the worksheet with your team or an individual you work with
- If you have not yet..
 - 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

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.

January 12th, February 9th, and March 9th 10:00-11:00AM: Culturally Informed Therapy for Schizophrenia with Dr. Amy Weisman de Mamani

April 17th, May 15th, and June 12th 10:00-11:00 AM: Compassion Focused Therapy for Psychosis with Dr. Charlie Heriot-Maitland

Thank you!



" If you are a person with mental illness, the challenge is to find the life that's right for you.

But in truth, isn't that the challenge for all or us, mentally ill or not?

My good fortune is not that I've recovered from mental illness. I have not, nor will I ever. My good fortune lies in having found my life."

**- Elyn Saks -
Author of 'Centre Cannot Hold'
3 Doctorate degrees in Law,
Philosophy and Psychiatry.
Diagnosed with Schizophrenia.**

References

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- Reznik, S., Perivoliotis, D., (2022). Understanding my experiences with Cognitive Behavior Therapy (CBT-P) Worksheet.