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# Cognitive Behavioral Therapy for Individuals with First-Episode Psychosis

# CBT for FEP: Training Roadmap

- CBT: Background and Review
- General Treatment Considerations
  - Format
  - Establishing Alliance
  - Fostering Motivation
- CBT Strategies for Specific Problems
  - Positive Symptoms
  - Negative Symptoms
  - Depression
  - Anxiety



# CBT: Background & Review



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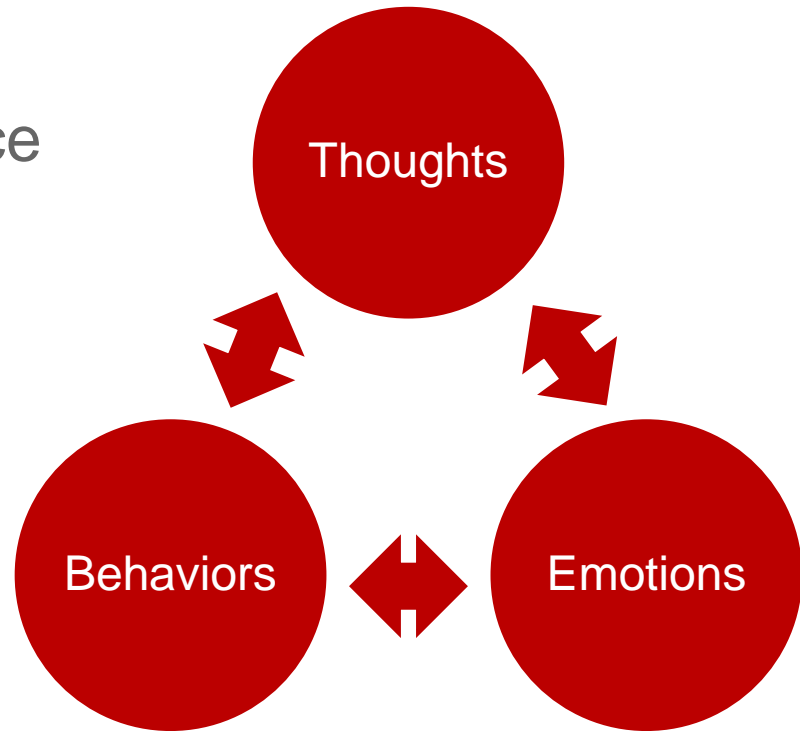
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# Introduction to Cognitive Behavioral Therapy

Interrelatedness of Thoughts, Emotions, and Behaviors

## Evidence-Based Practice

- Depression
- Generalized Anxiety
- PTSD
- Substance Abuse



# CBT for Psychosis

- CBT-p
  - Additional Emphasis on Psychotic Symptoms
  - Empirically Supported
- Goals of CBT-p
  - Reduction of Distress in Response to Experience of Symptoms
  - Symptom Reduction
  - Addressing Comorbidities



# General Treatment Considerations



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# Therapeutic Alliance

- What Makes an Alliance?
  - i. Agreement on Therapeutic Goals
  - ii. Discussion of Methods to Achieve Goals
  - iii. Emotional Bond Characterized by Trust & Warmth
- Creating a Relaxed, Supportive & Accepting Environment
  - Openness & Comfort
  - Non-Judgmental
  - Non-Confrontational, Non-Collusive

• Youth with FEP – Special Considerations



# Facilitating Motivation

- Individualized, Goal-Focused Approach
- Considering Readiness for Change
- Promoting Client's Sense of Agency





# Insight Considerations

- Diminished Insight is Common in FEP
- The Client as The “Expert” on Themselves
  - Clinician as a “Clinical Educator”
- Striking a Balance



# CBT Techniques for Specific Problems

## Positive Symptoms



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# Positive Symptoms - Review

- *Positive* = symptoms and behaviors not typically observed

## Positive Symptoms

Hallucinations	<ul style="list-style-type: none"><li>• Auditory, Visual, Tactile, Olfactory, Gustatory</li></ul>
Delusions	<ul style="list-style-type: none"><li>• Paranoid/Persecutory, Grandiose, Somatic, Reference, Control, Thought Insertion/Withdrawal, Thought Broadcasting</li></ul>
Disorganized Speech & Behavior	<ul style="list-style-type: none"><li>• Tangentiality, Circumstantiality, Loose Associations, Clanging, Neologisms, Blocking</li><li>• Odd Behavior</li></ul>



# Hallucinations

- Sensory experiences occurring in the absence of a stimulus
- Occur across sensory modalities
  - Hearing – Auditory
  - Vision – Visual
  - Touch – Tactile
  - Smell – Olfactory
  - Taste – Gustatory



# Delusions

Strongly held false beliefs which are:

1. Not amendable to contrary evidence
2. Not consistent with the person's culture

## Common Types

- Paranoid/Persecutory
- Grandiose
- Somatic
- Reference
- Control
- Thought Insertion/Withdrawal



# Disorganized Speech & Behavior

## Thought Disorder

- Tangentiality
- Circumstantiality
- Loose Associations
- Clanging
- Neologisms
- Blocking

## Odd Behavior



# CBT for Positive Symptoms

- Majority of treatments aimed at addressing positive symptoms
  - Psychosocial & Pharmacological
- Primary Factors to Address:
  1. Early Warning Signs
  2. Understanding & Responding to Symptoms
  3. Preparing and preventing Future Episodes



# Early Warning Signs

- Identifiable changes in affect, behavior, and thinking typically proceeds symptomatic relapse
  - Identification of a “Relapse Signature”
- Action Plan
  - Responding to Early Warning Sign
- Collaborative Monitoring
  - Self-monitoring by Client
  - Therapist Monitoring





# Early Warning Signs

## Common Early Warning Signs

- Feeling preoccupied
- Feeling depressed or low
- Others struggling to follow what I'm saying
- Difficulty with concentration
- Feeling like I'm being watched
- Feeling confused
- Feeling overly excited
- Feeling distant or forgetful
- Changes in sleep
- Changes in socialization
- Difficulty keeping up with responsibilities



# Early Warning Signs Self Management

## EARLY SIGNS SCALE

Name: ..... Today's Date: ...../...../.....

Current Medication:

.....  
 .....  
 .....

This questionnaire describes problems and complaints that people sometimes have. Please read it carefully. After you have done so, please tick the appropriate box which best describes how you have felt in the past week, including today. Tick only one column for each of the problems listed. When you have completed the questionnaire, please return it in the SAE provided.

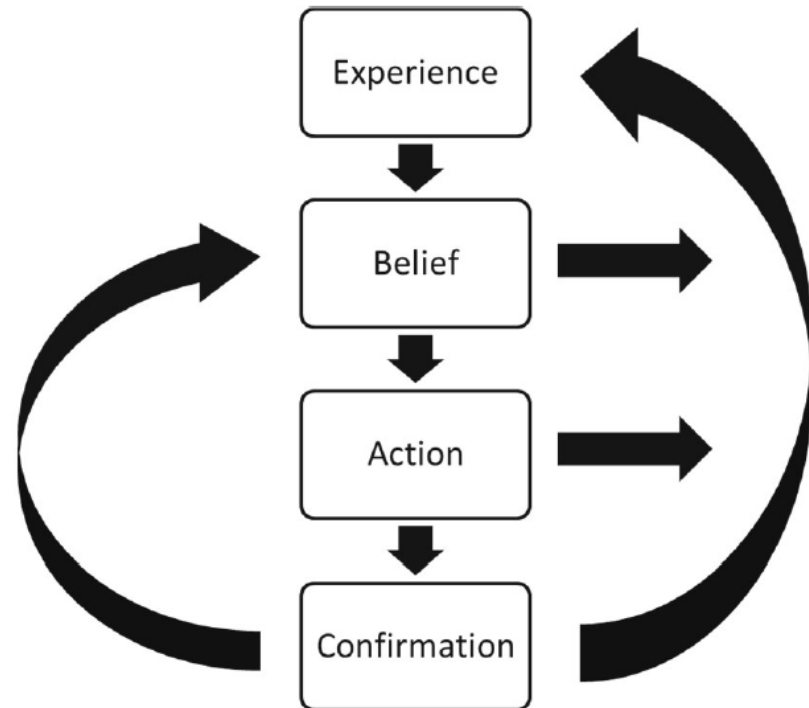
*Thank you very much for your help.*

	0	1	2	3
	Not a problem Zero times a week	Little Problem Once a week	Moderate Problem Several a week	Marked Problem At least once a day
IP Am preoccupied with one or two things				
N Feeling depressed or low				
IP Others have difficulty following what I am saying				
A I have difficulty concentrating				
IP Feeling as if my thoughts might not be my own				
IP Feeling as if I am being watched				
N Feeling useless or helpless				
IP Feeling confused or puzzled				
D Feeling stubborn/refusing to carry out simple requests				
D Feeling very excited				
A Feeling forgetful or "far away"				
D Being open and explicit about sexual matters				
IP My speech comes out jumbled or is full of odd words				
A Sleep has been restless or unsettled				
IP Behaving oddly for no reason				
N Feeling unable to cope, having difficulty managing everyday tasks and interests				



# Understanding & Responding to Symptoms

- The E-B-A-C Model (Tarrier, 2008)
- Four Interrelated Components
  - Experience
  - Belief
  - Action
  - Confirmation



# E-B-A-C Model – Coping Strategies

E-B-A-C-Component	Treatment Goal	Potential Coping Strategy
<b>Experience</b>	Reduce the likelihood that the individual with experience the problematic stimulus	<ul style="list-style-type: none"> <li>• Attention Switching/Narrowing</li> <li>• De-Arousing Techniques</li> <li>• Removing symptomatic risk factors</li> </ul>
<b>Belief</b>	Correct/prevent misinterpretation of the experience	<ul style="list-style-type: none"> <li>• Belief Modification</li> <li>• Reality Testing</li> </ul>
<b>Action</b>	Reduce maladaptive behavioral responses	<ul style="list-style-type: none"> <li>• Increase social engagement/disengagement</li> <li>• De-Arousing techniques</li> <li>• Avoid problematic coping strategies</li> </ul>
<b>Confirmation</b>	Correct/prevent misinterpretation of the results of the action	<ul style="list-style-type: none"> <li>• Belief Modification</li> <li>• Reality Testing</li> </ul>

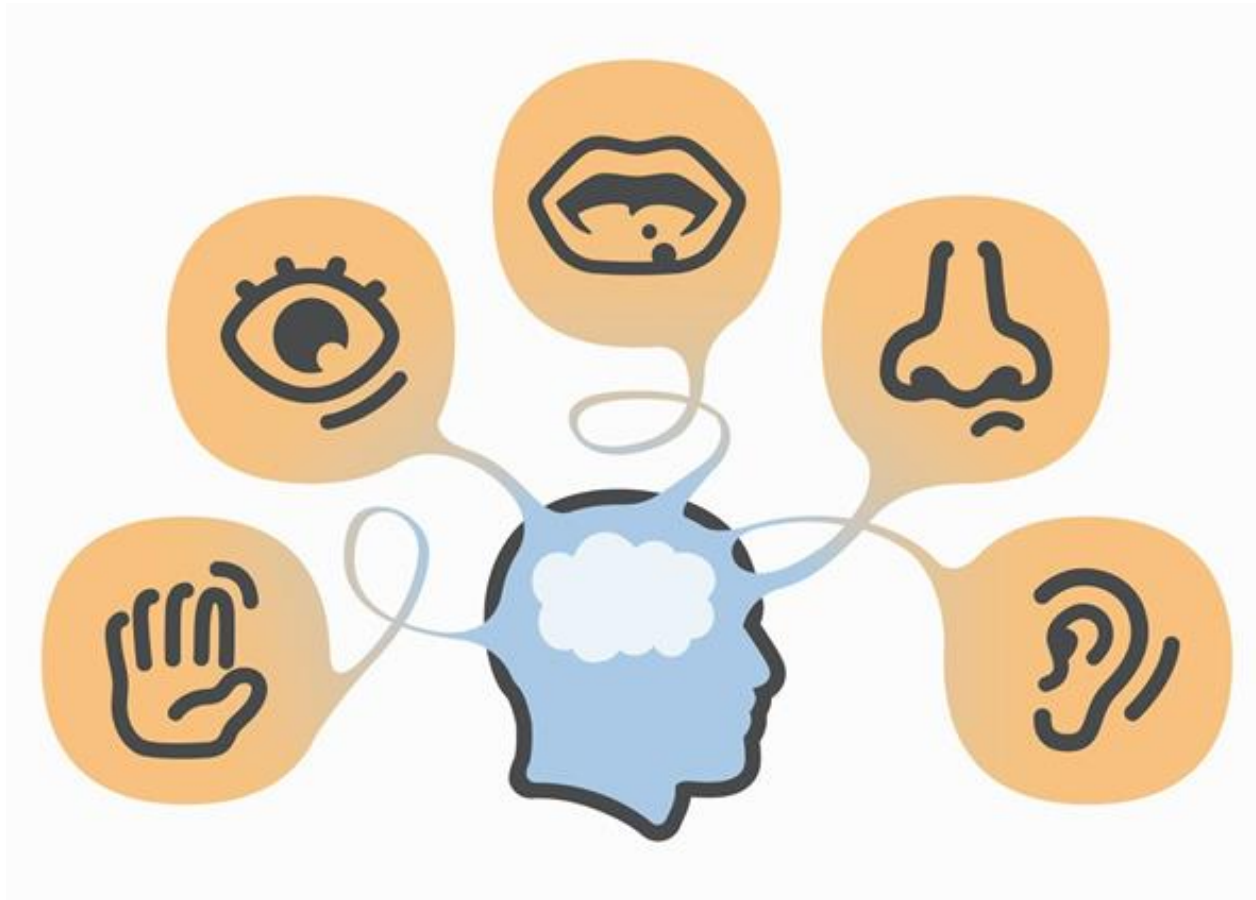


# Attention Switching/Narrowing

- Purposeful shifting of attention to:
  - i. Something positive
  - ii. A specific stimulus (and ignoring others)
- Can be done
  - In vivo (listening to music when hearing voices)
  - Imaginal



# Attention Narrowing/Switching



# De-Arousing Techniques

- Individuals with FEP often experience autonomic regulation difficulties
  - Contribution to Symptom Activation
- Treatments to reduce levels of physiological arousal
  - Progressive Muscle Relaxation
  - Mindful Breathing



# Removing Symptomatic Risk Factors

- Identify Preceding Risk Factors
  - Poor sleep
  - Substance use
  - Isolation
- Removal of Problematic Factors
  - Environmental Modification





# Belief Modification

- Individuals with FEP are Prone to Cognitive Biases
  - Associated with Positive Symptoms
- Increase awareness of cognitive biases
- Increase flexible thinking and correct biases

## Individual Considerations



# Reality Testing

- Strategy for Methodically Addressing Beliefs about Symptoms
- Collaborative Development of Behavioral Experiments
  - A-priori Discussion of Inferences
- Individual Considerations



# Social Engagement/Disengagement

- Psychotic Symptoms and Socialization
- Individualized Social Planning
  - Increased Engagement
  - Adaptive Disengagement
  - The “Middle Ground”



# Avoiding Problematic Coping Strategies

- Elimination/Reduction in Use of Maladaptive Coping
- Psychoeducation on Coping
  - Short-term vs. Long-term
- Factors Promoting Use of Maladaptive Strategies
  - Lack of Awareness of Negative Consequences
  - Lack of More Adaptive Skills



# Avoiding Problematic Coping Strategies

- Suggested Approach:
  - i. Identify Pros/Cons of current strategy
  - ii. Identify alternate strategies
  - iii. Process Pros/Cons of alternate strategies
  - iv. Select the strategy that will be most helpful
- Goal = Increase Motivation to Utilize Adaptive Coping



# CBT Techniques for Specific Problems

## Negative Symptoms



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# Negative Symptoms - Review

- Negative = Absence of expected behaviors or experience
- Often more difficult to treat

## Core Negative Symptoms

Loss of Motivation

Loss of Pleasure

Flattened Affect

Diminished Speech



# Negative Symptoms - Contributing Factors

- Putative Psychological Factors:
  - i. Defeatist Beliefs
  - ii. Negative Expectancy Appraisals
- Individuals with Psychosis Tend to Believe that:
  - i. They Will Fail, and/or
  - ii. They Will Not Enjoy the Task, and/or
  - iii. The Task Requires Too Much Effort





# Interventions for Negative Symptoms

- Cognitive Strategies: Recognize and address cognitive biases
- Behavioral Strategies: Increase activity
  - Develop activity hierarchy based on pleasure/effort
  - Outside of session assignments are for individual to complete activity and track ratings of pleasure/effort



# Pleasant Activities List

Research has shown that ratings of mood improve if you add some pleasant activities to your routine. Here are some strategies to use pleasant activities to manage stress and add some fun to your life:

- Plan for at least one pleasant activity per day, even if just a few minutes long.
- The activity should not be for someone else ... it should be designed to give you joy.
- If you can't do something you used to enjoy, think about a good replacement. For example, you may not be able to go deep sea fishing, but you might enjoy visiting the boat show or just walking on a pier.
- Aim for gentle pleasures, like taking a walk in a favorite place, walking the dog, or taking time to read the comic strips.
- Mix it up! Variety is the spice of life.
- Simplify – look for simple pleasures that don't require a lot of preparation or money.
- If you have trouble coming up with activities, think about what you enjoyed in the past.

- |   |                                     |
|---|-------------------------------------|
| 1. Soaking in the bathtub                       | 14. Listening to music              |
| 2. Planning my career                           | 15. Buying household gadgets        |
| 3. Getting out of (i.e., paying on) debt        | 16. Lying in the sun                |
| 4. Collecting things (coins, shells, etc.)      | 17. Laughing                        |
| 5. Going on vacation                            | 18. Thinking about my past trips    |
| 6. Thinking how it will be when I finish school | 19. Listening to others             |
|   | 20. Reading magazines or newspapers |

[https://www.mirecc.va.gov/cih-visn2/Documents/Patient\\_Education\\_Handouts/Pleasant\\_Activities\\_List\\_Version\\_1.pdf](https://www.mirecc.va.gov/cih-visn2/Documents/Patient_Education_Handouts/Pleasant_Activities_List_Version_1.pdf)



# CBT Techniques for Specific Problems

## Depression



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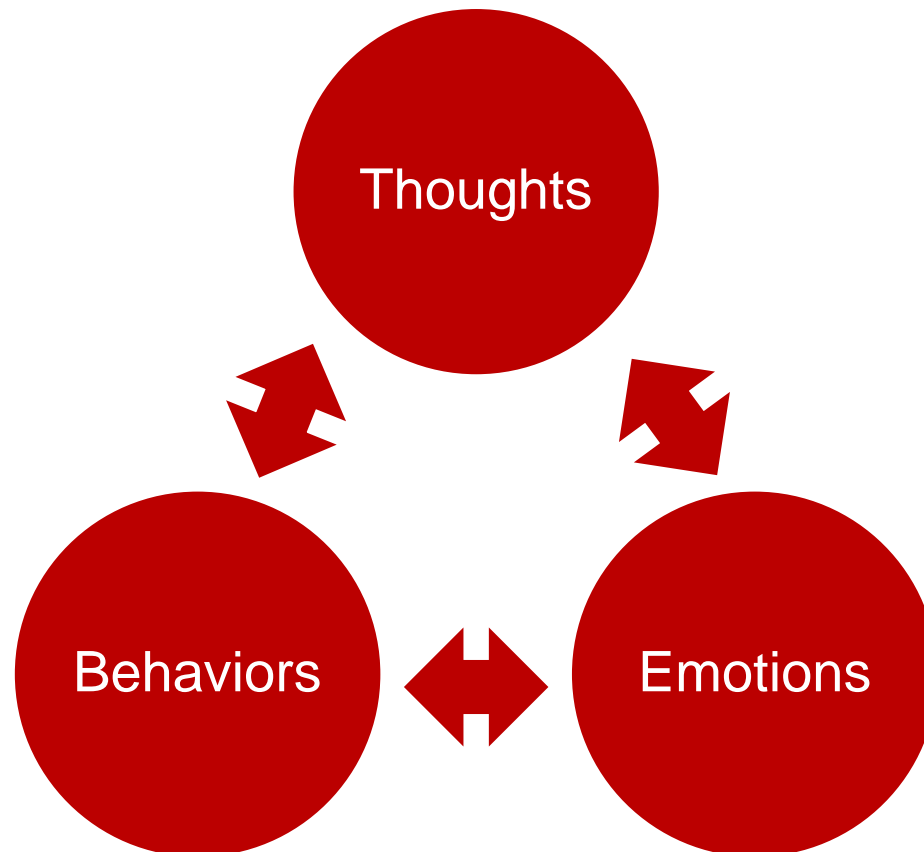
# Depression in FEP

- 70% Significantly Depressed at Onset of Psychosis
- Depression is also common when symptoms of psychosis remit
- Evidence Based Treatment: CBT for Depression



# Introduction to Cognitive Behavioral Therapy

Interrelatedness of Thoughts, Emotions, and Behaviors



# Emotional Awareness

- The adaptive function/purpose of emotions
- How to know you are experiencing an emotion
  - Physical sensations of emotions
  - Behavioral responses & urges
- Use specific emotions to identify relevant thoughts, feelings, and behaviors



Situation: I failed a big exam

Thoughts

- I can never do anything right.
- I'm going to fail out of school.
- I'm a failure.

Emotions

- Sad
- Disappointed
- Frustrated

Behaviors

- Procrastinated on homework
- Isolated
- Slept all day

Physical Sensations

- Heavy shoulders
- Nauseous
- Eyes felt heavy like crying



# Addressing Negative Thoughts: Cognitive Restructuring

- Goals of Restructuring:
  - i. Increase awareness of thoughts & their impact
  - ii. Provide tools for addressing unhealthy thinking styles
  - iii. Reduce thought-related distress and interference
  - iv. Increase flexible thinking





# Cognitive Restructuring

- Psychoeducation on Automatic Thoughts & Purpose of Cognitive Restructuring
  - Purpose is flexible/useful thinking NOT positive thinking
- Catch it, Check it, Change it
  - **Catch it:** identify & increase awareness about thoughts
  - **Check it:** identify thinking traps & determine if the thought is helpful/useful
  - **Change it:** restructure thought and/or identify alternate thoughts to increase flexibility



# Psychoeducation about Thoughts: Catch it

- Automatic Thoughts
  - Quick, unconscious, similar in similar situations, short, reflexive
- “But I don’t have any thoughts”
  - Normalize!
  - Spend time increasing awareness of thoughts
    - Point out thoughts in session
    - Thoughts in different forms: images, memories, words, self-narrative
    - Thought focused mindfulness exercises (e.g. leaves on a stream)



# Basic Thought Log: Catch it

Situation	Feeling	Thought

# Basic Thought Log: Catch it

Situation	Feeling	Thought	Behavior

# Cognitive Distortions: Check It

- Distortions are Biased Ways of Thinking about Oneself and the World
- Information processing
  - Quickly process information so we can respond quickly
  - Can lead to biases/traps
- Normalize, Normalize, Normalize!
  - Think about the language we use when discussing cognitive biases
    - Unhealthy thinking patterns
    - Thinking traps
    - Thinking biases



# Common Cognitive Distortions

**All or Nothing Thinking**: Viewing a situation in only two categories instead of on a continuum. This is also called black-and-white thinking, dichotomous thinking, or polarized thinking.

**Mental Filter**: Only paying attention to certain types of evidence (filtering out the positive and focusing on the negative)

**Jumping to Conclusions**: Making a decision of judgment before you have sufficient information to determine the correct answer/response



# Common Cognitive Distortions


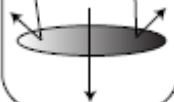





**Mind Reading**: predicting, assuming, or thinking we know what others are thinking or feeling. Making assumptions about what others think about us.

**Labeling**: Assigning global labels to ourselves or other people

**Catastrophizing**: Blowing things out of proportion and predicting the worst case scenario. Thinking that the negative outcome would be the end of the world or you wouldn't be able to cope with it



## Unhelpful Thinking Styles

<p><b>All or nothing thinking</b></p>  <p>Sometimes called 'black and white thinking'</p> <p><i>If I'm not perfect I have failed</i></p> <p><i>Either I do it right or not at all</i></p>	<p><b>Over-generalising</b></p> <p><i>"everything is always rubbish"</i></p> <p><i>"nothing good ever happens"</i></p> <p>Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw</p>
<p><b>Mental filter</b></p>  <p>Only paying attention to certain types of evidence.</p> <p><i>Noticing our failures but not seeing our successes</i></p>	<p><b>Disqualifying the positive</b></p>  <p>Discounting the good things that have happened or that you have done for some reason or another</p> <p><i>That doesn't count</i></p>
<p><b>Jumping to conclusions</b></p>  <p>There are two key types of jumping to conclusions:</p> <ul style="list-style-type: none"><li>• <b>Mind reading</b> (imagining we know what others are thinking)</li><li>• <b>Fortune telling</b> (predicting the future)</li></ul> <p><math>2 + 2 = 5</math></p>	<p><b>Magnification (catastrophising) &amp; minimisation</b></p>  <p>Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important</p>
<p><b>Emotional reasoning</b></p>  <p>Assuming that because we feel a certain way what we think must be true.</p> <p><i>I feel embarrassed so I must be an idiot</i></p>	<p><b>should</b></p> <p><b>must</b></p> <p>Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed</p> <p>If we apply 'shoulds' to other people the result is often frustration</p>
<p><b>Labelling</b></p>  <p>Assigning labels to ourselves or other people</p> <p><i>I'm a loser</i></p> <p><i>I'm completely useless</i></p> <p><i>They're such an idiot</i></p>	<p><b>Personalisation</b></p> <p><i>"this is my fault"</i></p> <p>Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.</p>



# The Judgment Trap



# Identifying Cognitive Distortions & Examining Evidence

**Check it:**

Situation	Feeling	Thought	Thinking Trap



# Additional Strategies for Challenging Thoughts

- Examining the evidence
- Generating alternate interpretations
- Examining whether the thought is useful

Remember, the goal is flexible thinking, *not* positive thinking



# Thought Challenging: Examining Evidence

*“I’ll never finish college now that that I failed this test.”*

Evidence for	Evidence against
<ul style="list-style-type: none"><li>• Failed exam</li><li>• Struggling with classes</li></ul>	<ul style="list-style-type: none"><li>• Doing well in other classes</li><li>• Other students struggled with exam too</li><li>• This class isn’t important for my major</li><li>• Future classes aren’t on this topic</li><li>• I could switch to part time if needed</li><li>• I passed a class in HS after failing an exam</li><li>• One of my friends struggled with school and still got a degree</li></ul>

How much do you believe this thought (before and after exercise)

# Thought Challenging: Generating Alternate Interpretations

*“I’ll never finish college now that that I failed this test.”*

What are all of the possible outcomes?

- I could study hard and do well on my future exams and end up passing this class.
- I could fail this class and retake it. It might take longer to graduate, but I could still try to finish college.
- The professor might curve the class because everyone seemed to struggle.
- I could switch majors to something that’s a better fit for me.

How much do you believe that not finishing college is the only possible outcome (before and after exercise)

# Thought Challenging: Is this thought helpful?

*“I’ll never finish college now that that I failed this test.”*

- How does this thought impact your behavior? Is thought useful/helpful in keeping you motivated for school?
- Brainstorm other ways of thinking about it that would have less of a negative impact on behavior
  - What’s a thought that would motivate you to keep working on your schoolwork?



# Restructure the thought: Change It

Brainstorm a new thought that is more realistic, balanced/flexible, or more useful

*“I’ll never finish college now that that I failed this test.”*

*“This class is really difficult, but I’ve made it through challenges before.”*

*“It might take me longer to get my degree, but I can still try my best to finish college.”*

How does this thought make you feel compared to the original automatic thought?



# Addressing Maladaptive Behaviors: Behavioral Activation & Opposite Action

- Psychoeducation on Relationships of Emotions and Action
  - The Power of CHOICE
- Behaviors often have consequences, some are positive some are negative
  - Differentiate between short term and long term consequences





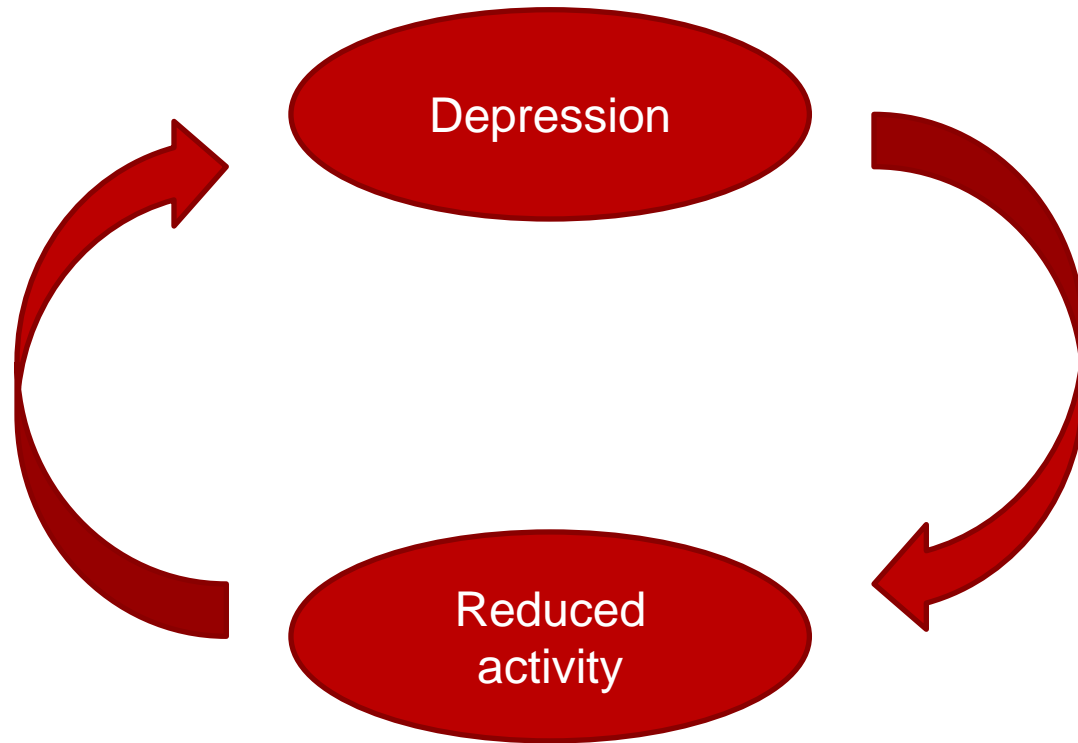
# Acting Opposite to Emotions

- Emotions & Action Urges

EMOTION	ACTION URGE
<b>Sadness</b>	Isolate, Withdraw, Sleep
<b>Anxiety/Fear</b>	Avoid, Run Away
<b>Anger</b>	Fight, Yell, Throw Objects
<b>Shame</b>	Hide, Avoid



# Opposite Action & Behavioral Activation



# Acting Opposite to Emotions

- Emotions & Action Urges

EMOTION	ACTION URGE	OPPOSITE ACTION
<b>Sadness</b>	Isolate, Withdraw	Get Active
<b>Anxiety/Fear</b>	Avoid, Run Away	Approach, Don't Avoid
<b>Anger</b>	Attack	Be a Little Nice, Gently Avoid
<b>Shame</b>	Hide	Tell Secret to Safe People



# Behavioral Activation

1. Brainstorm Pleasurable Activities (or previously enjoyable activities)
  - Collaborative process
  - Provide list of potential activities or generate list together
  - Identify barriers & make sure to identify realistic/feasible activities
2. Anticipated versus Experienced Pleasure
  - Rate please on scale 0-10
  - Also rate sense of accomplishment on scale 0-10



# Behavioral Activation

3. Complete BA exercise in session
  - “Experiment” angle
  - Jenga, uno, card games, phone games, watch videos together online, watch a show, walk, etc.
4. Process/De-Brief
  - Anticipated versus experienced pleasure
5. Behavioral Homework
  - Select specific activities
  - Rate anticipated pleasure in session & have them rate experienced pleasure when they complete the exercise
  - The “Experiment” Angle
6. Process/De-Brief



# Acting Opposite to Emotions

Opposite Action can be applied to other emotions as well

1. Identify and Name the Emotion You Want to Change
  - Emotional Awareness
  - Work with One Emotion at a Time
2. Identify and Describe Your Action Urges
  - Specific, Observable Behavior
  - Focus on One Behavior at a Time



# Acting Opposite to Emotions

3. Identify Opposite Actions to Your Action Urges
4. Act Opposite
  - Must be done ALL THE WAY



# Acting Opposite to Emotions

- An Effective Skill, But Not a “Quick Fix”
  - NOT meant to be used as avoidance
- Continued Practice





# CBT Techniques for Specific Problems

## Anxiety



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# Anxiety in Psychotic Disorders

- Anxiety is Prominent in People with Psychosis
  - 1/3 Comorbidity in Outpatient Settings
  - Social Anxiety



# Approaches for Treating Anxiety in FEP

## 1. Psychoeducation

- Adaptive function
- Physiology

## 2. Cognitive

- Cognitive Restructuring

## 3. Behavioral

- Exposure/Opposite Action



# Psychoeducation

- Adaptive Function
- Physiology

Symptom	Purpose
Increased Heart Rate	Deliver oxygen to muscles
Cold hands/feet	Redirect blood so less blood loss if injured
Hyperventilation	Deliver oxygen to muscles
Sweating	Cooling of body to prevent overheating
Pupil dilation/Light sensitivity	Improved ability to scan environment
Digestive symptoms (dry mouth, nausea, cramps, diarrhea)	Redirection of energy away from digestion to prepare for action
Muscle tension/Shaking	Prepare for action



# Cognitive Restructuring

- Same Format as Addressing Depressive Cognitions
  - i. Psychoeducation
  - ii. Thought Monitoring
  - iii. Thought Challenging

“Catch it, Check it, Change it”

- Common Anxiety-Related Cognitive Distortions:
  - Jumping to Conclusions
  - Catastrophizing
  - Mind reading



# Opposite Action or Exposures

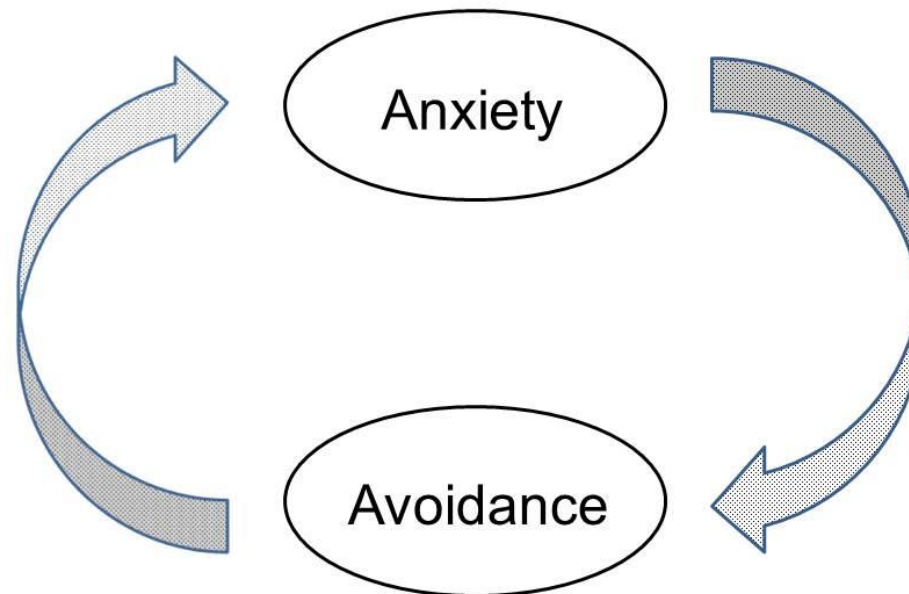
- Relationship between emotions & behaviors

EMOTION	ACTION URGE
Sadness	Isolate, Withdraw
Anxiety/Fear	Avoid, Run Away
Anger	Attack
Shame	Hide



# Opposite Action/Exposure

- Avoidance Cycle



# Opposite Action/Exposure

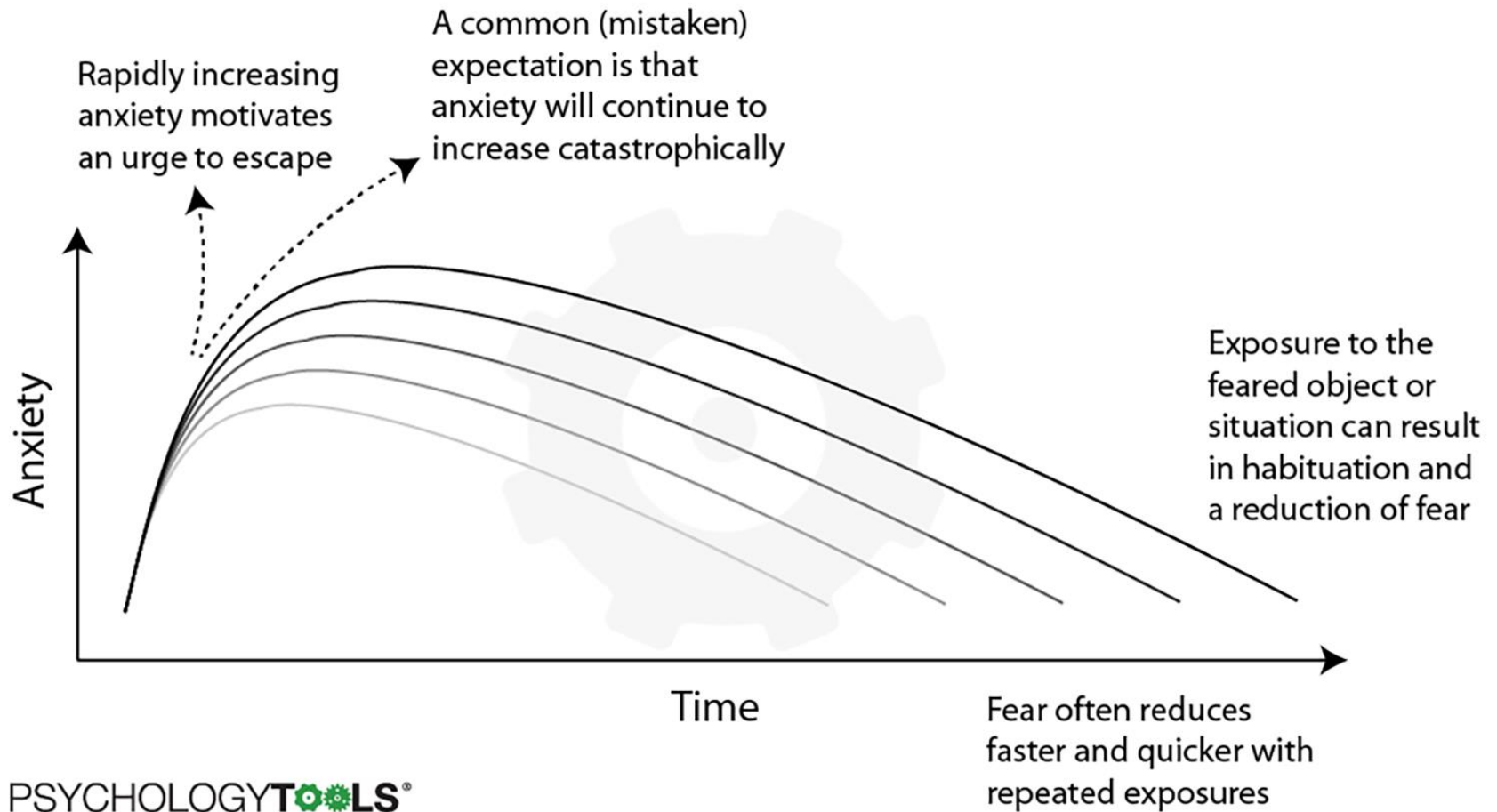
## Goals

- Decrease avoidance behaviors that are interfering with functioning
- Disprove hypotheses about the feared outcomes
- Disprove hypotheses about negative consequences of anxiety





# Exposure Rationale



# Preparing for Exposure

- Brainstorm situations/activities/physical sensations that are distressing or avoided
- Rate anticipated anxiety for each activity
- Use information to create hierarchy



# Example Hierarchy

Situation	Anxiety
Giving work presentation	8
Calling pharmacy	7
Talking to employee at grocery store	7
Leaving house without checking locks	6
Not washing hands after taking bus	5



# Conducting an Exposure

- Preparation
  - Discuss anticipated anxiety
  - Discuss feared outcome
- During Exposure
  - Provide reinforcement and encouragement for sticking with it, but do not try to alleviate anxiety or provide reassurance
  - Participate in exercises (but don't become a safety tool)
  - Ask for emotion ratings & track them
  - Watch for subtle avoidance behaviors & counter them
  - Allow for enough time
- How to know when to end the exposure



# Avoidance

Looking at phone

Distraction

Breathing exercises

Small Talk

Rescheduling

Going to the bathroom

Changing the  
subject

Gazing out  
the window



# Debriefing After Exposure

- What happened to your anxiety?
- Did the feared outcome occur?
- Graph anxiety ratings collected during the exposure
- Assign homework
  - Repeat the same (or similar) exposure at home
  - Rate anticipated anxiety and anxiety during exposure
  - Identify feared outcome & track the actual outcome
  - Discuss when to finish the exposure



# Additional Considerations

- Planning safe exposures
- Ensuring a successful exposure
- Managing your own emotional response



Department of Psychiatry and Behavioral Health  
EPICENTER Psychosis Speaker Series

The Potential Advantages of Long Acting Injectable  
Antipsychotics in Early Phase Schizophrenia

John M. Kane, MD

Co-Director, Institute of Behavioral Science  
Feinstein Institutes for Medical Research

*Friday, April 7<sup>th</sup>, 2023*

*12:00 – 1:00PM EST*

**Register by Wednesday, April 5<sup>th</sup>**

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**GET HELP.  
FIND HOPE.**

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**Thank You**



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