

**CONNECTICUT EARLY PSYCHOSIS
LEARNING HEALTH NETWORK**

Transforming Access, Care Quality, and Outcomes



Therapeutic Approaches for Addressing Positive Symptoms in Psychosis

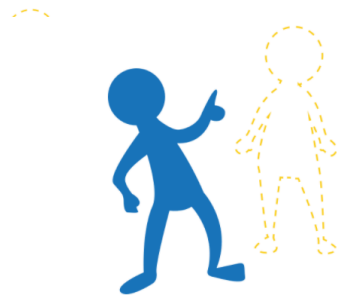
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Positive Symptoms

Positive symptoms: *add to* or *distort* an individual's normal functioning, perception or behavior

Hallucinations, delusions, paranoia, bizarre behavior, disorganized communication...with *limited insight*



Hallucinations

Hearing, seeing, tasting, or smelling things that are not there



Delusions

Believing in things that are not true, and may be impossible

Clinical Scenario

- 20-year-old client, with a history of psychosis, presents to outpatient appointment complaining he's really "stressed out" describes an increase in voices, who are shouting negative things at him, also feels that his classmates are plotting against him. He is not currently on medication and states he does not want to take any. Describes smoking cannabis to help with his stress related to these experiences. Currently living with family and enrolled in school.
- You've worked with this client for several months and are aware of his goal to stay in school without the need for another medical leave.

What should you consider?

- **Assess experiences**
 - Nature, how distressing, frequent, impact on behavior, command
- **Safety/Risk**
 - Insight, passivity, judgment, history
 - *Just because someone is experiencing voices or other sx of psychosis does not mean they must go to the hospital*
- **Identify possible triggers**
 - Any recent changes? Notice any times when it's better or worse (e.g., at night, when alone/in crowded places, while high, etc.)
- **Identify and bolster coping strategies (cognitive, behavioral, physiological, sensory)**
 - E.g., Better when playing video games, talking about experience

STEP Components of Care



Individual Psychotherapy

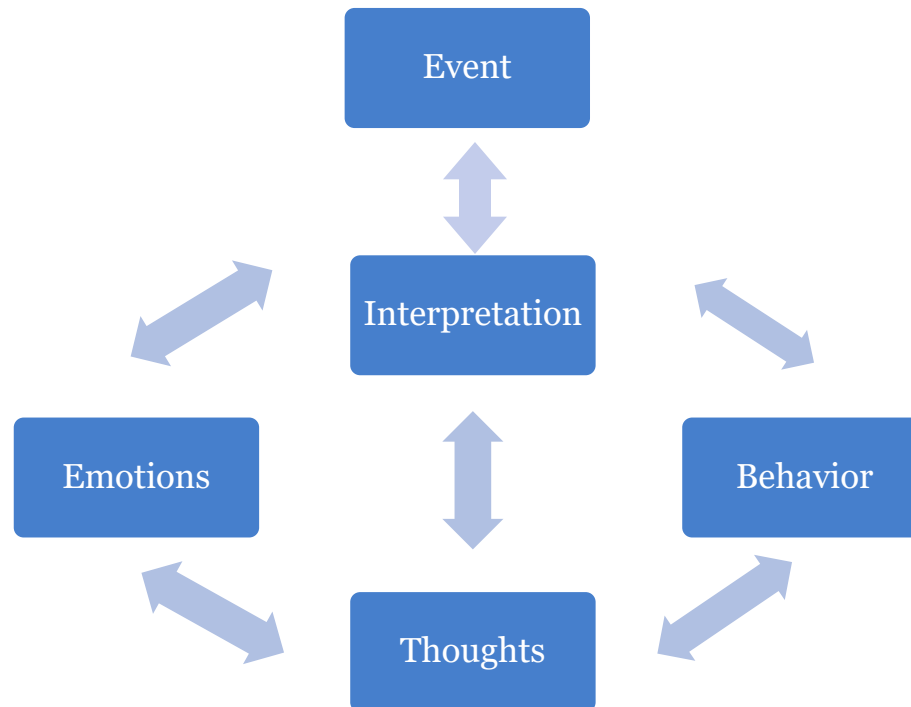
- Implement evidence-based psychotherapies within a ‘Personal Therapy’ framework, utilizing **phase-specific treatment** which can include:
 - **Promoting skills** (CBT, DBT, ACT, FFT, SST, SCIT):
 - Stress management, distress tolerance, and grounding strategies
 - Reality testing
 - Social skills
 - Problem-solving, decision-making
 - **Changing relationship to internal experiences:**
 - CBTp approach (curious, normalizing, collaborative)
 - Acceptance-based and compassion-focused approaches
 - **Cultivating a life worth living**
 - Exploring values, goals; therapeutic topics (Processing episodes, identity, autonomy)
 - E.g., Self-compassion, vulnerability, growth mindset

CBT Interventions for Persistent Symptoms

- **Delusions**
 - Increase cognitive flexibility via generating alternative explanations; evidence for and against
 - *Any chance it could be your mind playing tricks on you? Coincidence?*
 - Test out the veracity of the beliefs (behavioral experiments)
 - Examine consistency of beliefs; curious questioning to illuminate discrepancy
- **Auditory Hallucinations**
 - Bolstering coping skills
 - Managing antecedents differently
 - Changing interpretation of voices
 - Behavioral experiments / reality testing, using others

***Remember to validate emotions,
don't overtly dispute reality!***

Mini Formulation - CBTp



Closer look at some CBTp strategies

Manage antecedents:

Pt hears more voices when

- smoking cannabis
- Sleep deprived
- Stressed

- Generate alternatives (mind playing tricks? Coincidence? Anything else?)

Hears threatening voice

“My classmates are plotting against me”

Scared, anxious

isolates, puts phone and laptop in fridge

“I am not safe”
“Others can’t be trusted”

-Restructure interpretation;
“the voices can’t hurt me”

-*“this is just how my mind responds when I’m really stressed out”*

- Test it out; ask someone
- use coping skills –
distraction, self-soothing

Closer look at some CBTp strategies

Manage antecedents:

- Pt hears more voices when smoking cannabis
- Sleep deprive
- "Stressed"

- Generate alternatives (mind playing tricks? Coincidence? Anything else?)

Hears threatening voice

"I'm hearing an auditory hallucination"

less anxious

Deep breathing, reassure self, listen to music

"the voices can't hurt me"

-Restructure interpretation;
"the voices can't hurt me"

-*"this is just how my mind responds when I'm really stressed out"*

- Test it out; ask someone
- use coping skills –
distraction, self-soothing

Resources on Therapeutic Approaches

- Resources:
 - Personal Therapy for Schizophrenia and Related Disorders
 - [CBTp Fact Sheet](#)
 - [CBT for Psychosis Manual](#)
 - [Tips for coping with voices \(Strong365\)](#)
 - Acceptance Based Approaches:
 - ACT approach – “drop the rope” *“there my voices go again, telling me I’m not good enough”*
 - [Evidence base and resources](#)
 - Compassion focused therapy:
 - thanking our voices for information, metaphorical (not literal) meaning
 - [Stuart Video - Compassion for Voices](#)

