Cognitive Behavior Therapy for Serious Mental Illnesses

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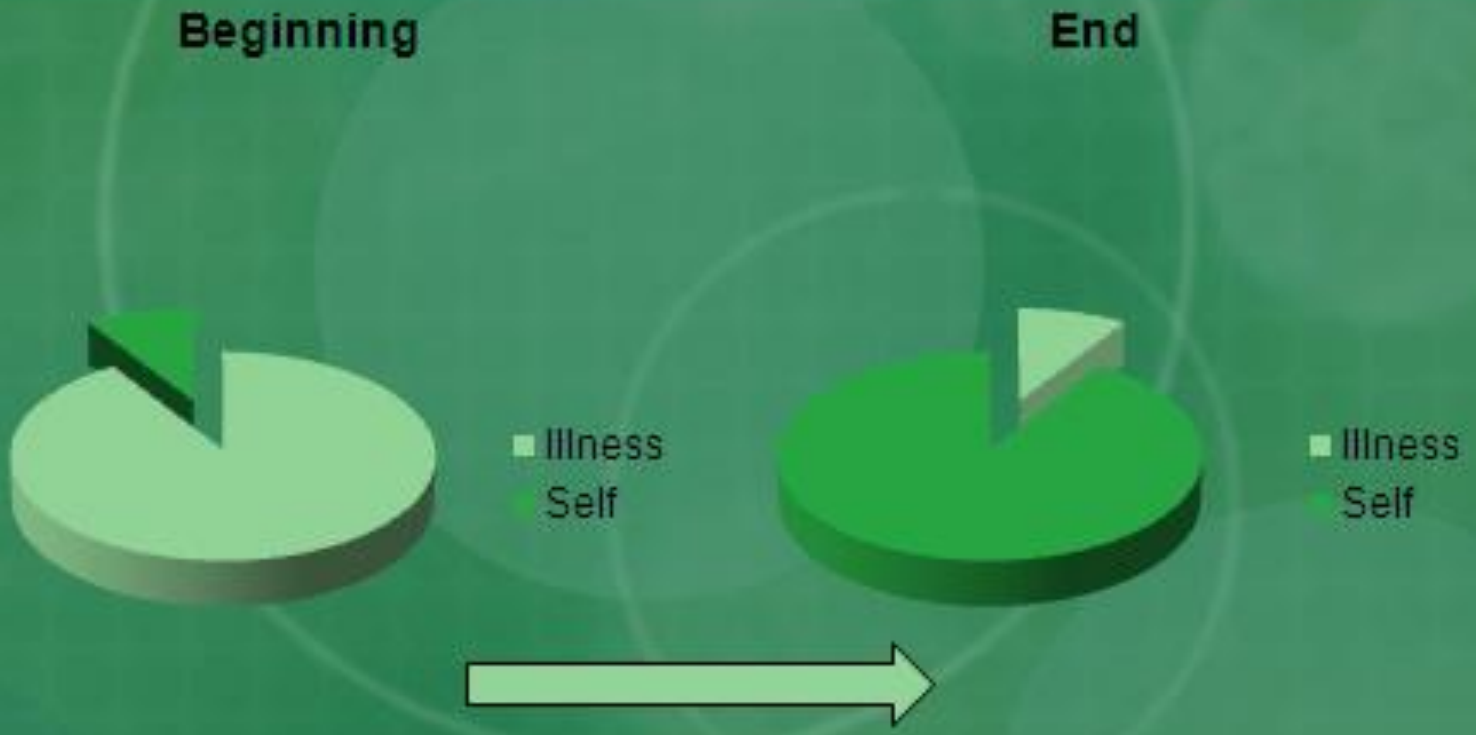
Learning Objectives

- Learn the history and development of Cognitive Behavior Therapy (CBT) for serious mental illnesses.
- Understand cognitive theory for serious mental illnesses.
- Discuss some techniques used in CBT for serious mental illnesses.

Serious mental illnesses(SMI)

- What are SMI?
- Schizophrenia, schizoaffective psychosis, bipolar disorder, severe depression.
- SMI (any emotional illness with significant functional impairment).
- Prevalence: 6%
- Co morbid axis two disorders are common.
- Most research has been in schizophrenia
- Our population

Treatment Goal



Consumers views about illness experience (A)

- SMI is very isolating
  - “At 26 when I became ill, slowly but surely my friends dropped off one-by-one”
- SMI is stigmatizing
  - “ When I get upset or angry like everyone else my mom says that I am not taking medication or I need to get more medicine ”
  - “When I disclosed my mental illness, they withdrew a job offer”
- SMI is demoralizing
  - “ My parents allow my brother to make decisions about his life but do not give me that freedom. They keep telling me what I should do”. (A)
  - **Treat me like anyone else, do not treatment differently**

Consumers view about treatment

- My CM/therapist/ as support: " During the periods I became more ill, It helped me to keep in contact with my therapist/doctor/ CM and have a positive conversation"
- "My relationship with my therapist gave me sense of sanity when my delusions became strong " (A)
- System barriers in developing and maintaining relationship

Bottom Line

People with SMI benefit ***from positive therapeutic interactions*** and long term steady relationships.

with medication management helped recovery

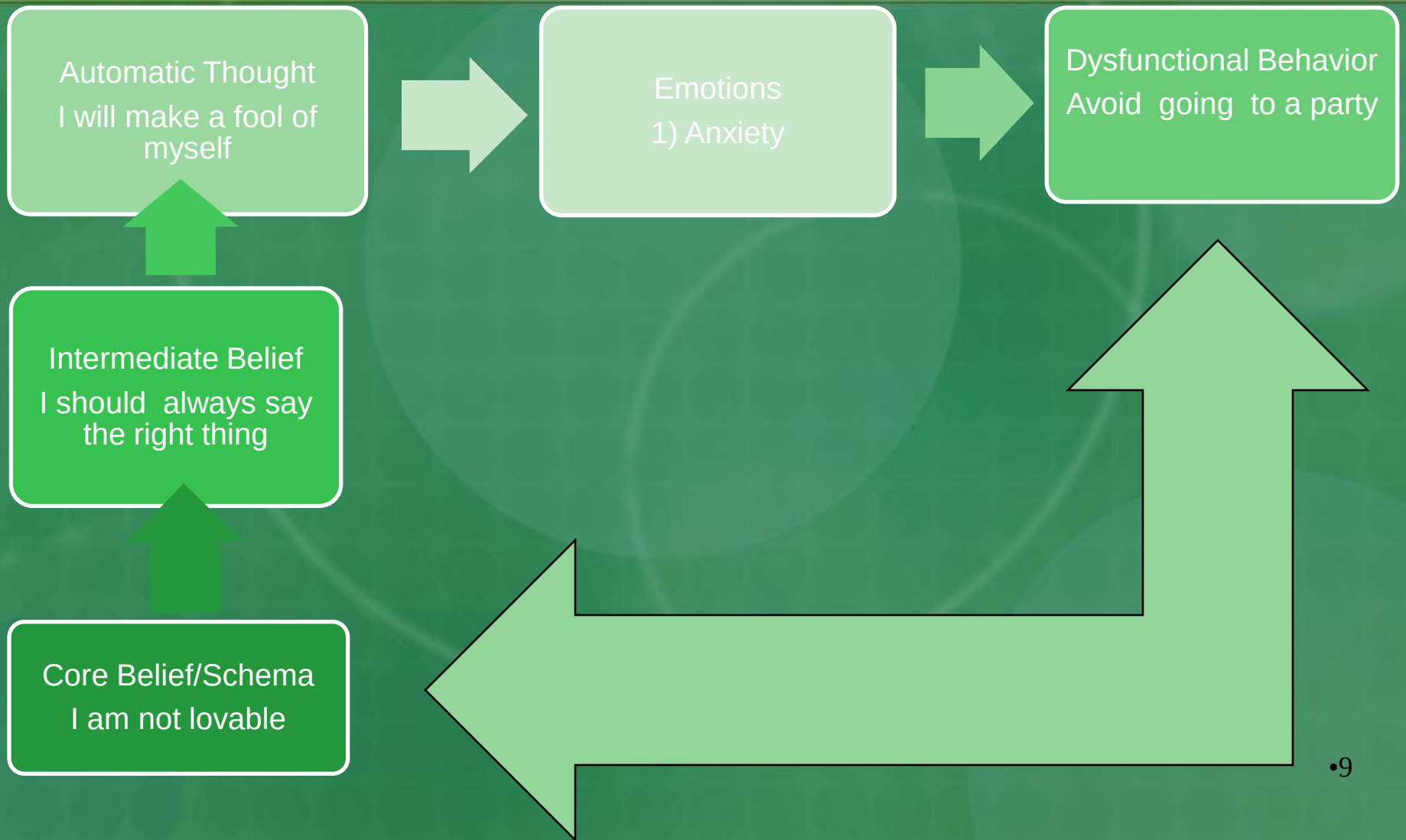
History of CBT: How did we get here?

- Philosophical origins of CBT can be traced to stoic Philosophers like Zeno, Cicero, Epitectus
- Buddha: Talked of controlling the mind as way to overcome suffering
- Recently Albert Ellis and other researchers contributed to the development of CBT.
- It is Dr. Aaron Beck whose name is most closely associated with CBT
- Beck provided empirical validation through controlled trials for depression.

Cognitive Model : Basic

- Cognitions (thoughts and images) are two types: adaptive and Maladaptive or dysfunctional
- Dysfunctional cognitions:
  - Cause and exacerbate our physiological reactions, negative emotions, & dysfunctional behaviors
- Cognitions of different types
  - Automatic thoughts
  - Intermediate beliefs: Should, must rules
  - Core beliefs
- By identifying and changing the cognitions, the emotions can be controlled

Cognitive model: Elaborated



Common self defeating beliefs

- Emotional perfectionism
- Performance perfectionism
- Fear of disapproval or criticism
- Fear of being alone
- Fear of failure
- Conflict phobia
- Entitlement
- Control:
- Worry:
- Ignoring
- Fairness:
- Hopelessness

Dysfunctional cognitions: Examples

- Situation
- 1. Staff could not take her on 6 hour drive to see her sister.
- 2.Two staff members left in a month's time.
- 3. Feeling bored

- Cognition
- 1. "You do not help me with anything b) I am worthless therefore people do not help me"
- 2. Everyone will leave
- 3. PACT team does not do anything for me.

Cognitive model of SMI

- Human brain is vulnerable to psychosis.
- Internal and external stressors along with vulnerability cause SMI.
- Symptoms can be understood in terms of universal themes.
- Patients have healthy accessible attitudes that can be tapped into to deal with, neutralize or moderate disturbing symptoms.
- Psychological interventions can modify brain circuits. Can they?

History of CBT use in SMI:

- First report of treating psychosis (Beck ‘52)
- Quiet period (About 25 years)
- England takes the lead.
- Controlled trials : 34 clinical trials
- Summary of results: Effective in positive symptoms (32 studies) negative symptoms (23), improves functioning (15), improves mood (13), improves social anxiety (2)
- How effective? Moderately effective

Current Status

- NHS in United Kingdom recommends that CBT be offered to all patients:

  A) First episode schizophrenia .

  B) Persisting symptoms despite medications.

- PORT recommendations 2009:

  a) CBT be offered to any individual with symptoms despite pharmacotherapy

- Personal perspective:

How does CBT work?

- Psychological interventions can change brain circuits.
- MRI findings: CBT group showed decreased activation of the inferior frontal, insula, thalamus, putamen and occipital areas to fearful and angry expressions at treatment follow-up compared with baseline (kumari et al 2001).

Some CBT techniques used in SMI:

- Two types: Discovery and change oriented
- Identifying automatic thoughts (E.G)
- Correcting automatic thoughts
- Learning to rate emotions
- Relaxation techniques
- Reframing
- Normalization
- Provide real world knowledge
- Guided discovery (Socratic questioning)
- Cost/benefit analysis
- Behavioral experiment
- Downward arrow technique
- Identifying cognitive dissonance

Other therapeutic techniques

- Therapeutic self disclosure.
- Using the here and now .
- Enhancing motivation
- Example of disclosure
- Example of here and now.
- Example

Medication non adherence: basic information

- Non adherence very common: (70% in CATIE study)
- Rates higher where individual does not

1. Experience distress
2. Recognize impairment of role functioning
3. Have no insight.
4. Treatment is for a long duration

- Expect non adherence.

Conceptualization of med non adherence

- Non adherence usually starts as mental cost/benefit evaluation of medication.
- Critical analysis is fairly frequent in people and is a positive coping mechanism.
- There is updated information about medication in the news, from family or friends.
- New information is likely to enhance fears or make consumers feel stigmatized.

Conceptualization of med non adherence: 2

- New information triggers reevaluation cost/benefit.
- Staff have to provide opportunities to consumers to express their thinking about medication.
- These opportunities can help staff to identify and correct dysfunctional beliefs about medication provide objective data.

Some dysfunctional beliefs

- Beliefs
- I am not mentally ill
- I do not need medicines.
- There is no benefit from medication
- The side effects are too bothersome.
- I rely on God.
- Taking medication is going against God.
- Taking medication means I am weak.
- Taking medication means I am nuts
- Medication takes away my personality.
- Medication is a means to control me.

Interventions for non adherence

- Focus on soft symptoms such as sleep, concentration
- Focus on life goals and discuss if medication facilitates life goals
- Get observations of people consumer trusts
- Give as much control as possible such as choosing the medication, dose, frequency of med use.
- Experiment

Video one: Med adherence

Substance use: Conceptualization

- Please see the addiction cycle handout.

Substance use: some Dysfunctional beliefs

- “ I can drink socially”
- “ I do not drink half as much as I did before”
- “ I drink but do not use cocaine”
- “ I can stop whenever I want to”
- “ I know everything they teach in program, NA/AA”
- “ If only people trust me I will show them my control”
- “ Anyone in this neighborhood will use”
- “ I use when others give to me. I do not steal”
- “ I have too many problems”
-

Question and answers from audience

- What did you not hear?
- What do you agree?
- What do you disagree?
- What do you want to share?

How do you hone your CBT skills?

- Skill building takes time
- Requires training and supervision
- It requires practice.
- It starts with what you do next.
- I would like you all to think and decide about three things that you take from this lecture and utilize in your clinical interactions.

References

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Easy ways of keeping up your interest and learning more

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- Please add your e-mail address to the list if you would like to receive the Beck Institute e-newsletter, 3-4 times a year. Drs. Aaron Beck and Judith Beck, in addition to a variety of experts, contribute to it.
- You can join the Academy of Cognitive Therapy. If you do, you will be part of a list serve which is a treasure trove of information and a way to connect with cognitive behavior therapists all over the world.