BEST PRACTICES
IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS HANDOUTS

Valerie Kreider, Ph.D., LPCC-S, LICDC-CS
Harry Sivec, Ph.D.

Contents

Getting to Know Your Client

Timeline

Age/Year	Experience Health, Family, Education/Job, Significant Life Events, etc.	Meaning What it meant to me at the time (e.g. I was alone, unloved, unfairly treated, others hurt me, rejected me…)
0 to 5		
6 to 10		
11 to 15		
16 to 20		

Timeline

Age/Year	Experience Health, Family, Education/Job, Significant Life Events, etc.	Meaning What it meant to me at the time (e.g. I was alone, unloved, unfairly treated, others hurt me, rejected me…)

Personal Goal Setting

1. **Working from Values: It is helpful to develop** personal goals from some value(s) that we hold dear to our heart (such as family, worship and faith, work, friendship). Values help us to know what is important in our life to feel really good about ourselves.

Sample Values:

- Faith/Spirituality
- Family
- Independence
- Humor
- Adventurousness
- Compassion
- Friendship
- Honesty
- Gratitude
- Responsibility
- Believing in yourself
- Courage
- Success
- Creativity/Art
- Animal Lover

2. **Identify some of your strengths –** the things that you are (or were) good at, felt good about, celebrated within yourself, that can become a goal or can help you reach your goals. Maybe volunteer at an animal shelter, find a used instrument to play, experiment with things you loved to do, but find yourself shying away from now.

Sample Strengths:

- Good with people
- Good with animals
- Play the guitar/piano/instrument
- Motivated
- Willing to ask for support
- Follow through on tasks
- Responsible
- Hard worker

3. **Personal Goals:** These are goals that people want to reach in order to better their own lives. Reaching personal goals can create a sense of self-empowerment and success. They can help to guide us back to what we are working for in our life.

Sample Goals:

- Solving an ongoing problem
- Making it to appointments on time
- Re-connecting with the people with in your life relationships
- Taking better care of your health (eating well, losing weight, quitting a habit)
- Have some fun in your life
- Begin dating again

4. **Decide on one or two goals to start with:** It's really hard to work on more than a couple goals at a time. Start with one thing you would like to work towards right now. The process of setting goals helps us to stay on track in our everyday life. If we can take care of our goals each day, we are much more likely to reach a bigger goal down the line.

5. **Define "Stepping Stones":** Creating a set of small goals can help us to achieve a large and important goal. For example, if we want to get across a river, there may be several steps involved before actually being able to cross it (finding a boat, finding supplies to build a bridge, confronting a fear of water, etc.). So **Stepping Stones** are the small goals we set that will lead us to reaching the bigger goal.

Let's say the goal is to "make it to my 3 appointments on time in the month of May
Sample Stepping Stones:

- Acquire a calendar (paper calendar, or use a calendar app on your phone)
- Write in your appointments on the calendar
- Set an alarm for yourself
- Keep all of your appointment reminder cards in one place
- Ask someone to remind you (ask if you can have a reminder call)
- Practice reviewing your calendar daily for 10 minutes

6. **Review the goal you have set for yourself along the way:**

    1. What kind of progress have you made (0% to 100%)
    2. What has gotten in your way of working toward the goal?
        a. Unexpected obstacles along the way
        b. Goal was too big
        c. Discovered that the goal is no longer attractive
        d. Keep forgetting the goal on a day to day basis
        e. There may be many more valid reasons why someone might not hit the goal target……
    3. What kind of problem solving might help reach the goal, to overcome the barriers?

7. **Rework the goal until you find it doable for you and on a time line that is right for you:** There is nothing wrong with continuing to work on a goal in the way you have been, modifying it so that it is easier to keep track of and accomplish, or throwing the goal out and starting with a new one. It's your life, and so they are your goals. We are here to support you in any way we can to help you reach the goals you want to reach.

Goal # **Recovery Enhancement Plan**	
Brainstorming…..What area of your life would you like to improve?	
Values:	
Strengths:	
What obstacles might you face in trying to reach your goal?	
Decide on Long Term Goal:	**Target Date:**

Stepping Stones and Target Dates: **Target Date:**

_____

_____ _____

_____

_____ _____

_____

_____ _____

If the plan isn't working as you wanted it to, there are three options (circle one):

Keep working at same goal using a different strategy

Modify the goal

Pitch the goal and start with a fresh goal

Re-write the Recovery Plan for this goal if needed!

Formulation

Form for planning and practice review- Provider(s)_____Date:

Client initials and age:	**Session #/how long in treatment with you?**
Client's recovery goals: what does client really want to work on? **What are the client's strengths and supports**?	
Symptoms/behaviors that interfere with meeting goals? **Current stressors / Substance use**:	
What would you like help with? Question for today's consult **What have you tried so far (attempted skills/action)? and what was the outcome?**	
What do we know about the client (indicate history, beliefs, behavior)? **History**: any life experience that helps us to understand the symptoms and behavior? **Beliefs**: What does client tell self that might affect the symptoms or behavior? **How can we help client to shape a positive, affirming belief about self?** **Behavior**: What does client do that helps or gets in the way of goals/values?	
Consultation/team suggestions: **Action plan: Skill/strategy to practice:** **Inter-professional strategy:**	

Options for interventions/skill to practice: Identify skills to practice with client

Teach about how thoughts affect emotions

Explore behavior choices/options:

Teach Emotion regulation skill:

Build on a strength/interest area:

Identify supports together (family, spouse):

Develop specific coping strategy for_____:

Come up with a strategy for learning about something together: _____

Other:

Provider Self-reflection and feedback: How did the practice go? What might you try differently next time?

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Making Sense Formulation

What Happened Before? (Predisposing Factors)	What Happened? (Precipitating Factors)	What Keeps it Happening? (Perpetuating Factors)	What Might Stop It? (Protective Factors)

Target areas (goals or concerns)	Values

Social Activity	Situation / Thoughts	Physiological Response
		

Moods/Feelings and emotional regulation methods	Behaviors- helpful and unhelpful

Underlying Concerns/Core beliefs/schemas (show links where possible thoughts, feelings, behavior)

Engagement Strategies

Engagement Strategy Check Sheet

Check off the strategies observed during the role-play or audio review. MHP= Mental Health Provider

Helpful engagement strategies	Present √	Example Comment Observation
Chose a place that is comfortable for the client to talk		
Socialized and inquired about areas of interest to the client		
Actively listened and reflected content accurately (did not over generalize or leave out important content)		
Showed curiosity and interest- tried to learn more about client's experience		
Congratulated client for successes and accomplishments Affirmed client's values and/or interests		
Let the client lead by asking what he or she wanted to work on- attempted to identify something important to client that MHP and client could work on together		
Let the client lead by asking for his or her views on what steps to take next.		
MHP checked for understanding of what the client was trying to say		
Asked the client for feedback about the pace of the meeting and let client lead by adjusting the pace to fit his or her requests		
MHP Expressed reasonable optimism		
MHP used appropriate self-disclosure		
MHP used a normalization strategy: stress-vulnerability; common experience; well-known person, etc.		
Asked client to summarize what he/she learned today or what was most helpful		
Asked for feedback about what client liked/disliked about the meeting today		
Other: something you did that helped build the relationship with the client (list):		

Clinical and Adaptive Mode Comparison

Mode 1: Clinical mode (one person plays client; one person plays clinician)

- What brings you in here today?
- What are your main stressors, symptoms, problem areas or challenges that you want to address?
- What treatment have you received so far?
- What are your main goals?
- Where would you like to start?

Scan body- report out how you feel physically and emotionally

Mode 2: **Adaptive mode (one person plays client; one person plays clinician)**

- To start, if you don't mind, I would just like to learn a little about you. What do you really like to do? What are the kinds of things that interest you?

- When are you at your best? What do friends/family consistently say is your strength? Would you mind telling me a little more about these areas?

- What are your big dreams. What would you like to be doing in the next 2-3 years?

- What gets in the way of reaching your goals/dreams?

- I wonder how you would feel about us working together to help you move toward one of your goals?

Scan body- report out how you feel physically and emotionally

What is Psychosis?

The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality[1]. About 1.1 % of the world population develops this kind of condition. That comes out to about 3.5 million people in the US alone that receive a diagnosis of "schizophrenia." About 75% of those people begin to develop this condition between the ages of 16 and 25 years old. In order to receive a diagnosis of "schizophrenia" the person must have had experiences of psychosis for at least 6 months. Sadly, about 50% of those who are diagnosed have not received any treatment.

Many people who develop psychosis get better faster when they receive treatment early in the process[1]. With quicker treatment, folks can get back to work, school, hobbies, and relationships more quickly. When psychosis becomes a factor in a mental illness, it responds well to early identification and treatment.

Psychosis does not equal "crazy" or "violent."[1] In fact, most people who experience psychosis are more likely to be victims of violence rather than the perpetrators of violence. Psychosis is not a result of anything a person does or doesn't do well or right. Physicians struggle to know why some people develop psychosis and others do not. We do know that it seems to be a combination of genetics and environment. We also know that undergoing a lot of stress can sometimes bring psychosis on.[2]

It is important to know that psychosis is a symptom of an illness. Psychosis is not the illness itself[1]. Psychosis can happen within mental disorders or physiologically based disorders. Sometimes it happens with stressful but common events that anyone may go through, such as grief, lack of sleep, drug reaction, or trauma of some kind. Almost all human beings experience a misperception such as a cell phone ringing when it wasn't, or someone calling your name when no one was there. Most of us think nothing of it, though by definition, that is experiencing something that never happened in reality. About 6% of us will have a psychotic "episode" in our lifetimes, so the vast majority of people who experience psychosis will get better and never have another episode. In fact, less than 1% of people with a psychotic episode will go on to develop schizophrenia[1].

Psychosis can involve up to 3 types of symptoms: positive symptoms, negative symptoms, and disorganized symptoms[4]

I. **Positive symptoms** are defined as something that is "added" to thoughts, emotions, or behavior that was never there before. These are called *hallucinations and/or delusions*.

   A. **Hallucinations** are categorized in the following way:

      1. Seeing things that others don't see ***(visual hallucinations)***
      2. Hearing things that other people don't hear ***(auditory hallucinations)***
      3. ***Tactile hallucinations*** are when there is a feeling of being touched when there is no external cause.
      4. ***Olfactory hallucinations*** occur when one smells something that has no external cause. Often the smell is unpleasant or there is a sense the smell is coming from the person him/herself.

   B. **Delusions[3, 5]** are fixed false beliefs that can be very frightening. This is when someone has a belief that sounds possible but not plausible (fearing someone is watching, fearing others want to hurt you), and when people have more unusual beliefs that sound way out of ordinary. This becomes a problem only when the delusion interrupts daily living and quality of life. There are different common types of delusions and these include:

      1. ***Delusions of Paranoia or Persecutory Delusions*** (i.e., belief that one is going to be harmed by an individual, organization or group),
      2. ***Delusions of Reference or Referential*** **Delusions** (i.e., belief that gestures, comments, or environmental cues are directed at oneself),
      3. ***Grandiose Delusions*** (i.e., belief that the individual has exceptional abilities, wealth, or fame),
      4. ***Erotomanic Delusions*** (i.e., a false belief that another individual is in love with him/her),
      5. ***Nihilistic Delusions*** (i.e., a conviction that a major catastrophe will occur),
      6. ***Delusions of Grandeur***: Feeling super important, feeling like one has super powers, or is an important figure like a celebrity or Napoleon.
      7. ***Delusions of Control***: the belief that the mind is being controlled by outside forces
      8. ***Somatic Delusions*** (i.e., a preoccupation with bodily functions)

C. **Distorted perceptions**[2] mean that the person is having difficulty making sense out of what they are experiencing (seeing, hearing, feeling, tasting, or smelling). You may be having a hard time with experiencing lights as brighter and more colorful, sounds that are louder than what you are used to. It can be increased sensitivity to background or white noise. These are all distractions that you may have never noticed before, and normally, you would be able to ignore them without any hesitation.

Sometimes people experience all of these experiences. Sometimes people experience only one or two symptoms. We don't really know why that is. It could be hereditary, physiological, environmental, or any combination.

II. **Disorganized Symptoms**[3] include not being able to be understood by others when you talk, or finding it hard to organize thoughts and actions and to plan ahead. This is sometimes called a *thought disorder.*

III. **Negative Symptoms**[3] are those things that have been taken away from a person (emotions, behavior). When negative symptoms occur, the person feels so tired or so anxious or depressed that they really don't want to move. The instinct is to isolate and hide away, limiting social contact, limiting time outside, little exercise, often not eating well or eating too much. It may look like apathy or laziness, but it is not. Negative symptoms are part of the array of symptoms that are seen in schizophrenia, bipolar, or depression.

Are there warning signs before psychosis occurs? Often there are warning signs and could include the following[2]**:**

- Drop in grades, job performance, or other activities
- Trouble thinking clearly or concentrating
- Suspiciousness or uneasiness with others
- Decline in self-care or personal hygiene
- Withdrawing from family and friends and spending a lot more time alone than usual
- Stronger emotions (anxiety or sadness) than usual or having no emotions at all
- Sometimes experiencing things as louder or brighter than usual.

What does psychosis feel like? This is a tough question because everyone experiences psychosis in their own way. Often, there may be experiences such as[2]:

- Feeling like your mind is playing tricks on you
- Things relate to you in a special way – a way that no one else notices
- Hearing people talking or criticizing when you can't see the person who is talking (the talking person is nowhere to be found)
- Feeling like certain things are super important in some special way
- Making tenuous connections between things that are not usually connected

How can one begin to manage the symptom includes the following[2]:

- Getting good sleep
- Taking medications prescribed by your doctor
- Avoid use of alcohol and other recreational drugs
- Sticking with a Dr and a therapist and develop a plan for recovery
- Staying active through exercise and social engagement
- Stay in touch with people who support you
- Talking with family or some trusted person in your life about what you are experiencing.

Does recovery happen? Yes![1] Sometimes these symptoms come in waves, and in between the waves, the symptoms can be very manageable. A lot of people find recovery in good solid medical help and working with a counselor and/or case manager. Many people can go back to having the wonderful and full life they want to have.

This handout was adapted from:

[1] Retrieved from: SARDAA (Schizophrenia and Related Disorders Alliance of America), https://sardaa.org/resources/about-schizophrenia/ (NAMI), February 24, 2021

[2] Retrieved from: Stanford Psychiatry Web Page: http://med.stanford.edu/psychiatry/patient_care/inspire.html. February 24, 2021

[3]Retrieved from SARDAA (Schizophrenia and Related Disorders Alliance of America), https://sardaa.org/wp-content/uploads/2015/08/Nami_Understanding_Psychosis_Booklet.pdf February 24, 2021.

[4] Smith, L., Nathan, P., Juniper, U., Kingsep, P., & Lim, L. (2003). *Cognitive Behavioral Therapy for Psychotic Symptoms: A Therapist's Manual*. Perth, Australia: Centre for Clinical Interventions.

[5] The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association [APA], 2013)

Working with Thoughts and Cognition

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Aspects of Experience

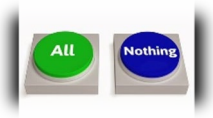
Thoughts

Curious	
Driving a car	
I got a letter from my probation officer	
Listening to music	
I was like so frustrated I wanted to hit something§	
I couldn't breathe I was so scared	
The voices are loudest at night	
Guilt	
Someone told my sister that I was getting high	
I think I'm feeling ok now	
I want to stop talking now	
Are you angry with me?	
My heart aches, I can hear my pulse in my ears, my hands are clenched	
Laughing	
This is stupid	
It's always going to be this way	
Breathing activity (e.g. Square Breathing)	
I have to go shopping	
Afraid	
Demons	

Overcoming Barriers to Getting Active: What got in the way of getting active for you?

Common unhelpful thinking styles: Ways of thinking and solving problems that often leads to distress or prevents us from following our values and goals!

All or Nothing: *Belief that a situation is "all good or all bad"- no middle ground; no variations.*



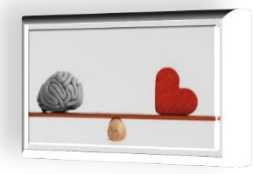
This involves words like *Always, Never, Everybody, and Nobody*. This assumes that the thought is 100% true all the time. It a thinking mistake because one instance would prove the thought was false. It is unhelpful because it keeps our mind on the negative.

Jumping to Conclusions: *Making a quick decision without getting all of the information.*

This happens when we quickly react to events before having all the facts. It is unhelpful because when inaccurate, it leads us to feel worse and maybe take actions that are not helpful. For example, if I assume someone is threatening to me and it is not true, I may leave/avoid or react in anger that can lead to problems.

Circular Sinking Thinking: *Staying in the same negative thinking loop over and over*.

There is often the belief that spending more time thinking about a concern will help. However, more time does not necessarily lead to more helpful outcome. For example, if someone spoke rudely to you at the store and the thought stays with you all day- "that was so rude and unkind, why would the person do that?" Staying stuck on the thought only leads to more and more distress. We sometimes refer to this as rumination or excessive worry.



Emotional Reasoning: *Believing something is true based on a feeling*. For example, feeling fear and believing there is danger even when there are no apparent signs of danger around

Fortune Telling: *Believing with great certainty that we know what will happen in the future.*

For example, "I will never get a job". Just because a person has struggled to find work in the past does not mean that they won't find work in the future. It is both inaccurate and likely to decrease my motivation to look for work.

Catastrophizing: *Assuming the worst possible outcome will happen in a situation*.

For example, preparing to the store and thinking- "the car will break down and I will have to walk home in the rain."

Discount The Positive- *Not paying attention to positive information*.

For example, a person may beat themselves, "that job interview was terrible", but refuse to give themselves credit for positive aspects of the situation, e.g., earning the interview, making positive comments during the interview, or receiving positive feedback.

Mind Reading: *Belief that we know what others are thinking without checking.* In reality, we cannot know for sure what another person is thinking unless we ask them. If someone looks at you when you enter a store and you think, "they want to hurt me", it is important to ask ourselves, how do I know this is true? Could they have that look on their face for some other reason?

Unhealthy thinking styles can create Automatic Negative Thoughts (ANTS).

Examples of common Automatic Negative Thoughts (ANTs) that get in the way of activity:

- My mental health symptoms prevent me from achieving my goals.
- I can't figure out what is important to me.
- I don't think it is possible for me to achieve goals.
- I am afraid to take a chance. It would be bad to fail.
- I don't have the knowledge to accomplish goals (I don't know how).
- I don't have any support to change from family, friends and others.
- My physical health problems get in the way. I am too tired or hurt too much!
- I have failed before, there is no use trying again
- I should be doing better in my life
- I always screw things up
- This is just too much for me
- Things are out of control
- I can feel it, something bad is going to happen.
- Your own: _____
- Your own: _____
- Your own: _____

Discuss these automatic negative thoughts in group and talk about which unhealthy thinking style matches with the automatic negative thoughts above.

It's possible that we have been stuck in our own automatic negative thoughts for so long that we don't even realize we are having them. That makes it hard to identify them, and even harder to change them. Fortunately, there is a good way to get from unhealthy thinking to healthy thinking….

What do we know about thoughts?

- Thoughts come and go
- Sometimes we think of things on purpose, other times thoughts just happen
- Thoughts represent ideas- they cannot hurt you
- Thoughts can be linked with distressing or uncomfortable feelings, sensations, and memories
- Some thoughts are inaccurate or come from misinterpreting events and we sometimes call these **Automatic Negative Thoughts (ANTs**)

So what are we to do? Check the Thoughts! Especially the ANTS!

Reasons to check thoughts:

1. _____

2. _____

3. _____

Daily Practice: Catching the thought:

Situation 1: "I am late for my appointment!!"

Thought: They will be so mad, I am irresponsible --- → **Outcome**: Feel anxious, tense, beat myself up

Thought: They may be upset, but will understand → **Outcome**: mildly nervous, prepare a reason for lateness.

The Three-Step Technique (3Cs- Catch, Check, Change)

STEP 1: What am I thinking that is upsetting or troubling me? (*Catch* it):

What is the Automatic Negative Thought (ANT)?

Where am I? (what is the situation?)

STEP 2: Is there a better way to think about this? (Check it):

- **Reality check**: Is this thought really true/accurate? Could I be miss-reading the situation? (What is the evidence?)

- **Is this thought helping me or holding me back? Is the thought upsetting me**? (What will happen if I keep thinking this way? Is there another way to think about this situation?)

STEP 3: Chose a better way to think and act (Change it):

- What other things could I say to myself (positive, **balanced** thoughts) that would be more helpful? How might a close friend advise me to change my thinking? Look at the situation and yourself in a kind and gentle way.

Situation: someone cuts in front of you in the store

Thought: **That is rude and insulting**

Feeling: **Angry, upset**

Behavior: **Yell at person**

Use your imagination:

Situation: Picture a beautiful lake, warm sun, sitting in a comfortable chair

Thought: _____

Feeling: _____

Behavior: _____

You pick a situation:

Thought: _____

Feeling: _____

Behavior: _____

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Catch the thought

Check the thought

Change the thought

Situation: “No one said hi to me at the store”

Step 1: **What am I thinking that is upsetting or troubling me? (Catch it):**

List the ANTs (automatic negative thoughts): Nobody likes me; I’m always alone; I should leave and go home.

Step 2: **Is there a better way to think about this? (Check it):**

Reality check: That's not true. There are people who like me, others in the store may just be busy or focused on their own stuff.

Step 3: **Chose a better way to think and act. (Change it):**

Better thought: I can smile and say hi to others and get my shopping done.

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Catch the thought

Check the thought

Change the thought

Situation: _____

Step 1: **What am I thinking that is upsetting or troubling me? (Catch it):**

List the ANTs automatic negative thoughts):

Step 2: **Is there a better way to think about this? (Check it):**

Reality check:

Step 3: **Chose an effective way to think and act. (Change it):**

Better thought:

Daily practice:

1. Think of one or two situations this week and practice identifying your thoughts in these situations (***Catch it practice!***)

Situation 1: _____

Thought:_____ → Outcome: _____

Thought:_____ → Outcome: _____

Situation 2: _____

Thought:_____ → Outcome: _____

Thought:_____ → Outcome: _____

2. Pick a situation that was distressing or difficult and practice the 3Cs method (use the Catch it, Check it, Change it Handout)

- Catch the thought: What thought is troubling? What is the situation?
- Check the thought: What would other people say about the thought? Is there another possible explanation? What facts do I have (remember fact is different from thought); When I thought this way before, was it helpful?
- Change the thought: What is another way to think about this situation?

Alternative Explanations

What is the thought/belief: **The medicine is poison and will kill me!**	**How much do you believe it: 0 – 100: _____** **How much does it bother you: 0 – 100: _____**
Evidence supporting the thought	**Evidence NOT supporting thought**
Pulling the information, what do you make of this?	

What is the thought/belief:	How much do you believe it: 0 – 100: _____ How much does it bother you: 0 – 100: _____
Evidence supporting the thought	**Evidence NOT supporting thought**
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What is the thought/belief:	**How much do you believe it: 0 – 100: _____** **How much does it bother you: 0 – 100: _____**
Evidence supporting the thought	**Evidence NOT supporting thought**
Pulling the information, what do you make of this?	

Alternative Explanations Activity:

You say "Hi" to someone at the store and they do not say "Hi" back.

Possible Interpretation	Likely Emotional Response
They don't like me	*Upset and sad*

The phone rings and when you answer, you hear the phone hang up.

Possible Interpretation	Likely Emotional Response
Somebody is pranking me	*Mad*

List you own recent example:

Possible Interpretation	Likely Emotional Response

Adapted with permission from Friedman-Yakoobian, M., Gottlieb, J., Hollow, L., Pinninti, N., Carther, C. (2007). *Cognitive Behavioral Therapy (CBT) guide for case managers: Client Workbook.*

Working on Cognitive Model Practice

Part 1: Working with Thoughts Practice

Scenario: Client holding mouth; complains of pain. When asked to describe- "spirits are beating me up in the face". "Demons used to be nice and now they are mean". There is noticeable redness and swelling near jaw and under client's eye.

One person role-play client.
Other person role play case manager or therapist.

Practice: Ask client to describe the experience, and your job is to:

Step 1: Practice getting a full description of the experience. Then stop and identify the components below: Remember to stick with the concrete details and facts!

- Experience/Situation _____
- Thought _____
- Feeling _____
- Behavior _____

Step 2: Summarize concerns into the components above. Check with client to see if you understood the client's experience accurately (validate/accept – ("I hear and understand"). Consider the other ways to think about the event with the client (the person may or may not be ready to hear alternatives, follow the client's lead).

Part 2: Working with Emotions Practice

Step 1: Client agrees to get help, but there is a fear of provider and/or need to wait a few days before seeing provider.

Step 2: Identify one emotion regulation or relaxation strategy that may ease the distress

One person play the client

Other person plays therapist who teaches an emotion regulation strategy/self-soothing strategy consistent with your scope of practice.

Process:

What was helpful/effective?

More comfortable working with thoughts or emotions? Flexibility of your thinking? What was easy or hard about this for you?

What is your practice action plan?

Changing Troubling Thoughts

Practice: Pick a situation in your life where you identify an automatic negative thought and check the evidence

<table>
<tr><td colspan="2">Situation:</td></tr>
<tr><td>Automatic Negative Thoughts (ANT)</td><td>How distressing is that ANT (0-10 with 10 being the worst?</td></tr>
<tr><td colspan="2">How much do you believe the ANT (0-10 with 10 being the highest belief)?</td></tr>
<tr><td>Evidence for Thought</td><td>Evidence Against Thought</td></tr>
<tr><td colspan="2">Look at the above evidence:
1. Staying in the present moment
2. In a balanced way
3. With kindness toward yourself (and others)</td></tr>
<tr><td colspan="2">Outcome - New Action Thought (NAT):</td></tr>
<tr><td colspan="2">Action plan - How will I put this New Action Thought into place in my life?</td></tr>
</table>

De-Center means to look at things from more than one perspective.

And then to choose the perspective that is likely to be most helpful.

Distressing belief/experience: example "Knocking on door"

Perspectives=

- "It's bad, just ignore"; leads me to feel_____and do _____

OR

- "Let me evaluate and decide"
  - ok to protect my space; not answer door ok with that (their issue not mine)
  - Answer door and be ok to say "no"- stand up for self (their issue not mine)
  - Answer door and respond to request if it is reasonable and I chose to help

Pick another situation that concerns you:

Suspicious/other thought= _____

Because of this thought I feel= _____

Because of this thought, I do= _____

What are the facts? (did I check all the facts?)

What would other people say (write down another person's view or alternative explanation)

What makes the most sense to think and do at this time?

Name: _____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Date(s) _____

Thought Record for Belief

Situation: Sees Mary walking down the street. Waves at Mary, but Mary doesn't wave back		
First Thought and Then alternative Thoughts	Feelings	Behaviors
She hates me	Sad	Avoid Mary; Back out of social involvement
She doesn't like me	Worried	Could ask Mary if she is mad at me for some reason
She didn't see me	Neutral	Say "Hi" to Mary next time
Practice First Thought		
Practice Second Alternative Thought		
Practice Third Alternative Thought		

Name: _____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Date(s) _____

Situation:			
First Thought and then Alternative Thoughts		Feelings	Behaviors
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			

Name: _____

Date(s) _____

Situation:			
First Thought and then Alternative Thoughts		Feelings	Behaviors
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			

Name: _____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Date(s) _____

Thought Record for Belief

Situation:			
First Thought and then Alternative Thoughts		Feelings	Behaviors
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			
First Thought			
Alternative			
Alternative			
Alternative			

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

360º Pros and Cons

	Pros	Cons
Do …….. Behavioral Experiment	• Maybe the boss could work with me. • Maybe the cameras could be off sometime. • Maybe I could learn about why they have the cameras are on.	• They're gonna think I'm a weirdo. • They'll notice that I might not be a safe person and I might get fired.
Don't do….. Behavioral Experiment	• They wouldn't know that I have thoughts or that I get anxious. • They wouldn't treat me differently than they do now. • They wouldn't have that I might not be able to take of the dogs. • They would have more faith in me.	• I would continue to worry about why the cameras are on and why they are on. • I'll get anxious and leave or I'll get fired.

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

360º Pros and Cons

	Pros	Cons
Do …….	•	•
Don't do…..	•	•

Working with Emotions

EMOTION CHART

Sad	Depressed	Disappointment	Apathy	Grief
Anger	Mad	Irritation	Frustration	Rage
Happy	Joyful	Glad	Cheerful	Loving
Fear	Anxious	Panic	Nervous	Shaky
Guilt/Shame	Embarrassment	Regret	Humiliation	Disgust
Jealous	Envious	Hurt	Discouragement	Lonely
Content	Calm	Compassionate	Grateful	Curious

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Mood Diary

Monday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Tuesday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Wednesday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Thursday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Friday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Saturday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:
Sunday	☹ 😐 ☺ 1 2 3 4 5 6 7 8 9 10	+ Good things today: - Bad things today:

Mindfulness Techniques

Grounding Techniques:

Normally, "grounding" techniques are a mindfulness technique that is a guided process that instructs the participant to take in information through the five senses. Often, it is taught as a "practice", and there is some, what I often call, mindfulness "fluff" to it. This can be inspiring to some, and offensive to others.

When working with people who are panicked or are bordering on experiencing memories, simply giving them concrete instructions works best. But the participant must have had the instructions prior to the urgent incident taking place.

Education for Grounding: Simply describe "grounding".

"Grounding is a technique that helps to keep someone in the present moment. Lots of times, we get lost in memories or thoughts, and we can get upset by them. We get so lost in them that we find ourselves right in those memories and thoughts instead of being right here in the moment. Grounding helps to simply keep us in this moment. We do this (I'll say "I do this" because it is true that I do this) by looking at the place I am in – the walls, the floor, the colors, the sounds, the sights, even the smells, and maybe even the touch of things. Feel the wood of the chair frame you are sitting in, listen to the music playing in the next room, notice what colors are on the walls. Describe the pictures on the walls. I'm going to remind you to breathe as you do this. Maybe even breathe with me and match my breath (then match their breath, and begin to slow the pace down a bit, if that is necessary). Remind yourself of where you are, when you are, and who you are with. Say those things out loud."

As I am asking them to feel, see, touch, and smell all these things, I ask them to very briefly describe them to me (The walls are blue. The arm of the chair is smooth wood or metal. The door to the room is made of wood. I smell rain in the air. etc.). Breathe with them until their breath slows down, and they can calmly state where and when they are and can identify you.

It is best to teach them this skill when things are going well. Practice this skill when things are going well. To slow down their own breathing when they are alone, they can put their hand on their own belly and feel how quickly they are breathing and attempt to slow the breath by that simple feedback method. Perhaps at the beginning of every meeting for a quick minute or two. That way, when panic or terror begins, they have a method that they have practiced and are familiar with.

Relaxation Techniques: Isn't it hard to relax when that is exactly what you are trying to do? I think so too. That makes relaxation very hard to teach. Relaxation is about giving one's self a rest. We hold our bodies so rigidly when we are anxious. There are many ways to teach relaxation and many aids to help guide one through a relaxation technique.

1. Find a relaxation technique that you like and share that with your client
2. Sometimes, relaxation is more about giving your mind a rest than your body
    a. I often play piano or guitar to relax
    b. Sometimes I watch TV to relax
    c. Sometimes a listen to relaxing music
    d. Sometimes I practice yoga – relaxing yoga
    e. Sometimes I paint to relax
    f. Walking
    g. Playing with my dog
    h. It's not always about letting go of muscle tension, it can be about letting go of all the thoughts and memories and chores and judgments we have going on in our heads.
3. *Education for Relaxation*: Sometimes relaxation is about letting go of muscles:
    a. *Preparation:* "Sit in a chair, or lay down on a mat or comfortable place and pay attention to your breathing. Attend to your breath moving in and out of your body, paying more attention to the out breath than the in breath. Attempt to make the out-breath longer than the in-breath (this cues the parasympathetic nervous system to go "online" and will naturally calm down the central nervous system without conscious awareness.) As you breathe out, allow your muscles to let go and rest. With each out-breath, allow your muscles to let go even more. Feel the heaviness of your body in (the chair, sofa, bed, yoga mat, etc.).
    b. *Mindfulness*: Just rest for a moment and feel yourself breathe. This is a kindness you are giving to yourself, to relax, to let go of your tension for just a moment. When you find yourself thinking of other things, congratulate yourself for catching that, and gently and lovingly bring yourself back to letting go of your muscle tension with each breath.
    c. *Closure*: When you are ready, begin listening to the sounds in the room, feel the clothes you are wearing, feel whatever it is you are laying on, hear yourself breathing, Remind yourself that you deserve to have a rest and rejuvenate yourself, and gently bring yourself back to the moment, ready to go on with the rest of your day.
4. Progressive relaxation can be helpful (there are guides everywhere) but the process can often be so long that it is hard to pay attention to. Give it a try if you'd like to. It can have profound effects if one has worked up to the task of relaxation periods of longer than 15 to 20 minutes at a time.

Breathing Techniques:

Posture: A few words should be said about posture. With breathing (as with mindfulness when we come to it), posture is important. The idea is that we want to pair a sense of dignity and honor to the experience of being in our bodies, and being in our bodies in the here and now. Having a fairly upright posture is best. I suggest having feet on the floor, or legs gently crossed if the participant is sitting. Shoulders and hips square to the body and relaxed. Jaw gently dropped. Hands on thighs palms down. Sitting in a dignified manner, as if one were the King or Queen of this particular spot on the earth. Sitting with honor and dignity begins to introduce a felt sense of honor and dignity. No manipulation of the breath is necessary.

Visibly work with them on posture – practice the posture with them yourself. Do this each time. Make these associations frequently, and clients may begin to follow your lead regularly.

Square Breathing:

1. Breathe in to the count of four
2. Hold your breath to the count of four
3. Breath out to the count of four
4. Do this four times

Mindful Breathing:

1. Breathe normal breaths. Count each out-breath only. Count up to 10 out-breaths. Begin again if you need to.

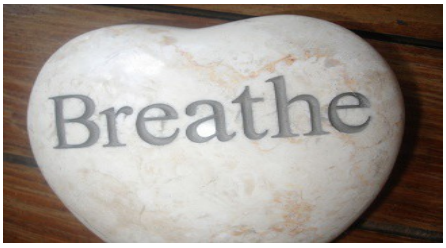
Or….

2. Sit quietly for several moments. Say to yourself as you breathe normally…

   "I am breathing in" – when you are taking an in-breath

   "I am breathing out" – when you are taking an out-breath

With any mindfulness technique such as breathing, always put into the directions or instructions that minds wander, and that is natural and normal. Do not be dismayed by constant mind wandering. On the contrary, congratulate yourself that you have done exactly what mindfulness practice is designed to do – catch ourselves doing something other than what we are targeting, so that we can gently and compassionately bring ourselves back to our frame of reference – our breathing. Excellent job!



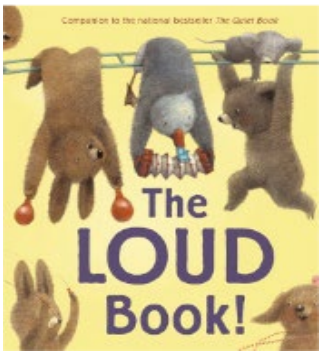
Mindfulness Techniques and Working with Voices

These mindfulness activities are particularly good for helping clients to manage dealing with voices. Give instructions and practice with clients or have them practice with you. Then process the experience with them. Have them practice daily. Motivation, effort, and practice will help these particular activities work proficiently. The name of the game here is PRACTICE.

Sub-vocalizations:

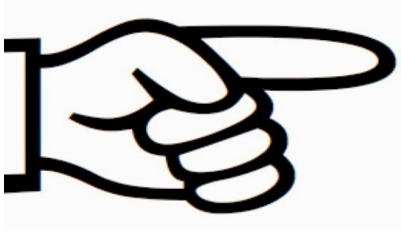
There is something about sub-vocalizing that interrupts the process by which auditory hallucinations seem to be produced. This can work for intrusive memories and thoughts as well. Simply reading a book to one's self does not seem to work. Reading it out loud does seem to work.

1. Read a book out loud
2. Read a book at whisper level
3. Read to someone



Look → Point → Label:

Have them look around the room or area where they are and find an object. Have them point at it. Have them say the name of it out loud. Do several rounds of this. This pulls them back into the present moment.



Mindfulness Practices and Survey

	Helpful	Have used the skill outside of group	Not helpful or don't remember
Session 1 Mindfulness to Breath Square Breathing (4 in; hold for 4; 4 out; 4 times)			
Session 2 Mindfulness to Thoughts Using words to notice changes In thoughts and physical experience (Peace, Loss, Lama Spit, Compassion)			
Session 3 Mindfulness to Listening Using music to identify changes in body sensations and emotions (Moonlight Sonata, Jazz, Choir)			
Session 4 Mindfulness to Touch (Grounding) Examining a stone – noticing all aspects of the stone – color, texture, size, turning it over, being curious about the stone			
Session 5 Mindfulness to Eating (Savoring) Used raisin or "craisin", allow it to be in your mouth without chewing, feeling the texture, biting it without breaking into it savoring the flavor as you finally bite; Chew with conscious deliberation			

	Helpful	Have used the skill outside of group	Not helpful or don't remember
Session 6 Mindfulness to Gratitude Share with another person what you have learned from them – what you are grateful about what they have taught you			
Session 7 Loving Kindness "May I be filled with loving kindness; may I be held in loving kindness" See handout – Session 7			
Session 8 Mindfulness to Thoughts Relax into breathing Focus on breath When thoughts arise, as they always will, label them and place them on a cloud to pass by, or on a leaf in a river to float down the stream			
Session 9 Mindfulness to Sight Browse the paintings in the hallway share with a friend the items that you enjoy or don't enjoy, or have feelings or thoughts about – describe what came up for you, listen to what came up for them			
Session 10 Mindfulness to Discomfort Focus on your breath Scan your body from head to toe Notice any tightness or discomfort Open up space inside your body for that experience to begin to dissipate and lose its tenseness. Send imaginary heat or light to that area to relax the sensation			
Extra Progressive Muscle Relaxation Starting with the top of your head, gently squeeze and then release each major muscle group: scalp, eyes, jaw, neck, shoulders, triceps and biceps, forearms, hands, chest muscles, abdomen, buttocks, thighs, shins and calves, feet, and finally toes. Feel the warmth coming into your muscles when you release the squeeze. Relax			

Emotion Regulation in the Brain

Definition of Terms

INSULA

- The Insula helps combine physical experience of the body and the emotion experienced – helps us to be aware, emotionally and physically, in the present moment
- Controls autonomic functions through the regulation of the sympathetic and parasympathetic systems – works for homeostasis
- Regulates the immune system

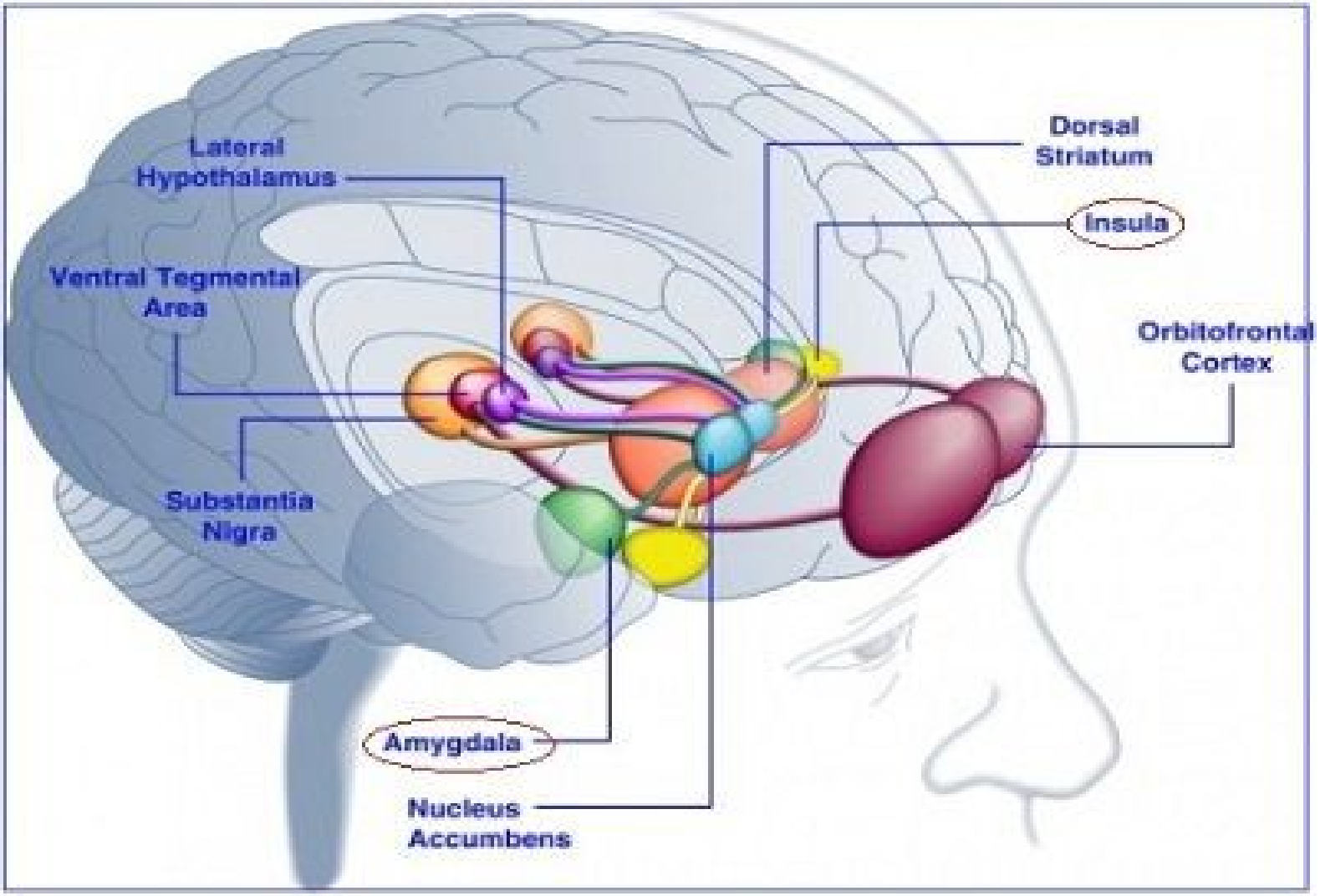
AMYGDALA

- Responsible for perception of emotions
- Stores memories of events and emotions so we can recognize similar events in the future

Both the amygdala and the insula are vital in the experience of shame

ALEXITHYMIA

- Multidimensional construct
    - Difficulty identifying emotions
    - Difficulty describing emotions to others
    - Difficulty appraising their bodily sensations
    - Constricted imaginary processes
    - External locus of control (externally focused)
- 2 subcomponents of Alexithymia
    - Cognitive-emotional component (verbalizing & analyzing)
    - Subjective-Emotional component (emotionalizing & fantasizing)
- Individuals with schizophrenia tend to score very high in the construct of alexithymia


Lateral
Hypothalamus
Ventral Tegmental
Area
Substantia
Nigra
Amygdala
Nucleus
Accumbens
Dorsal
Striatum
Insula
Orbitofrontal
Cortex

The Stress Bucket

Everyone experiences stress at some time in their lives. It's part of being human.

Sometimes, we will choose a path in life that is stressful, but we choose it because we believe that the decision is a good one for us. We believe it will keep us safe, well, and happy. Even good changes are stressful sometimes.

- Getting a new job
- Going back to school
- Moving to a new home
- Starting a new relationship
- Ending a toxic relationship
- Beginning counseling or treatment

Can you think of times when you have made a decision that was "good for you" to make, but was still stressful?

_____

_____

_____

The Stress Bucket Model shows that too much stress is not good for our bodies, no matter who we are or what we struggle with. When we get overwhelmed with stress, symptoms begin to show up whether they are symptoms of depression, anxiety, diabetes, getting a cold, irritability, and the list could go on and on. This model shows that symptoms arise for anyone.

If you can imagine stress as water that flows into a bucket, it's easier to see how stress affects us. It's like water flowing into a bucket, and there's nowhere for all that stress to go.

Water (or stress) begins to fill the bucket, the bucket becomes full of stress (or water). After a while, there's no more room in the bucket and it begins to overflow. When that happens, we begin to have some symptoms related to that stress. This can include:

- Panic or anxiety
- Depression
- Hallucinations (auditory, visual)
- Sleep problems
- Headache, stomach ache, back pain
- Vulnerable to colds and flu
- Jittery or irritability

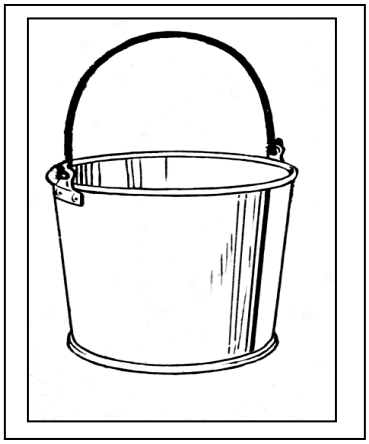
+

<u>Vulnerabilities</u>

Vulnerabilities can make our bucket leaky, and the water, or stress, begins to find another way out, but usually not in an effective way. These can increase our stress too.

Vulnerability can be thought of what makes us more fragile to stress. The more vulnerable we are, the more likely we are to feel the stress. Vulnerability can be thought of as the size of the bucket.

Some of us have a smaller bucket, which means that it won't take much stress before the bucket overflows.

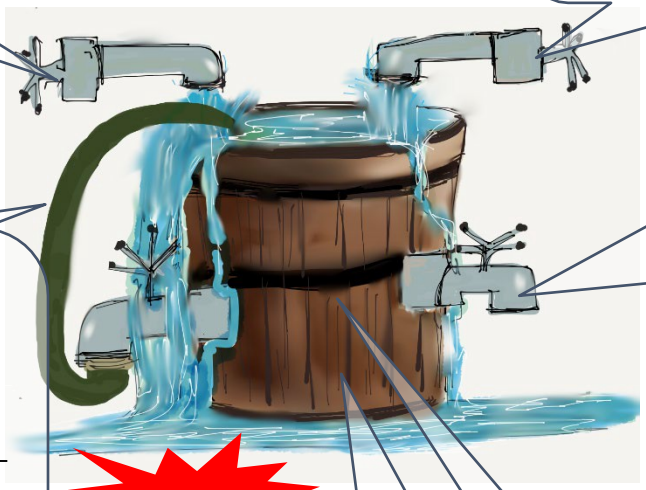


Some of us have a big bucket, which means that it can take lots of stress before the bucket overflows.

Daily Practice

Interpersonal Stressors

General Stressors



New Coping Skills

Unhelpful coping strategies. What do you need to work on?

Symptoms

Vulnerabilities

Resilience

When we are not sure how best to manage the stress, we do whatever we can to cope with it. If we haven't learned healthy ways to deal with stress, we will use ineffective ways to cope, like…

- Drug or alcohol use
- Yelling or getting into fights
- Feeling so hopeless that we stay in bed
- Anxiety that is so high that we begin to fall into circular sinking thinking
- Miss appointments with therapist, case manager, or physician (avoiding because the transportation is hard, the doctor might not say what we hope they will say, not really feeling like sharing with my counselor or case manager).
- Just not paying the bills because we are afraid to look at them

Are you aware of ways of coping you use that haven't been very effective at reducing stress, and in fact, may increase your stress, adding more water to the already full bucket.

_____

_____

_____

_____

Using ineffective coping skills like drug use, alcohol use, avoidance, staying in bed all day, or watching TV, works in the short term, but not all the way, and after a while, our bucket begins to leak anyway. It's just like hooking a hose from the bucket, and putting it right back in at the top again. The hose doesn't even help with our vulnerabilities either.

But what we can do is to use some effective coping skills. That allows the stress to come out in a way that we choose.

Coping Skills

The faucets in the bucket represent coping skills. It's possible to learn to manage the amount of water (stress) that stays in the bucket in a variety of ways:

- Lower the number of stressors
  - Reduce your workload if possible
  - Ask for help around the house
  - Get some extra rest if you need to
  - Improve sleep (which is different than "get some extra sleep"

- Improve coping strategies
    - “Catch it, Check it, Change it”
    - Grounding
    - Mindful breathing, and other mindful activities
    - Taking medications regularly if that is on your treatment plan
    - Talk to your counselor or case manager if you need to
    - Monitor your emotions
    - Exercise

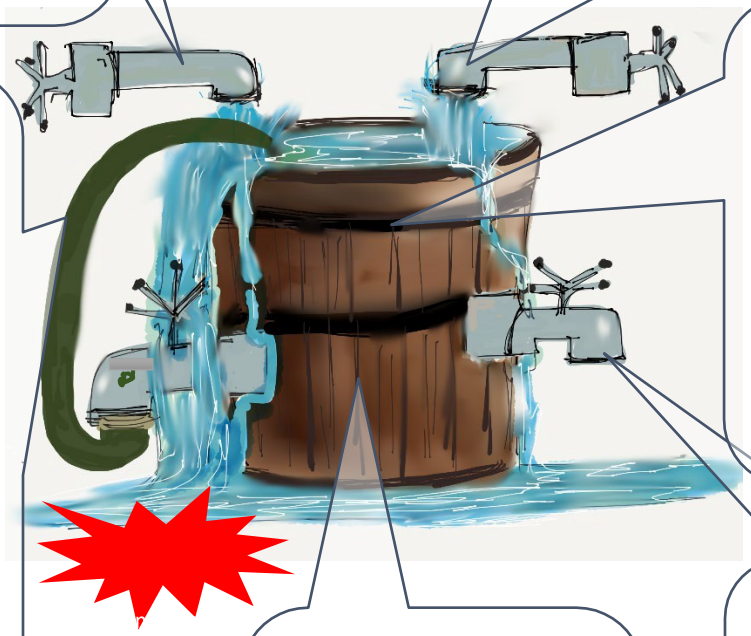
- Build up resiliency – work with the strengths you already have. Think about some effective and healthy ways of behaving that you already demonstrate that have been helpful to you.

Stress Bucket

Daily Practice

Interpersonal Stressors

General Stressors



Begin to work on and change the unhelpful coping strategies. What do you need to work on?

Resilience

Vulnerabilities

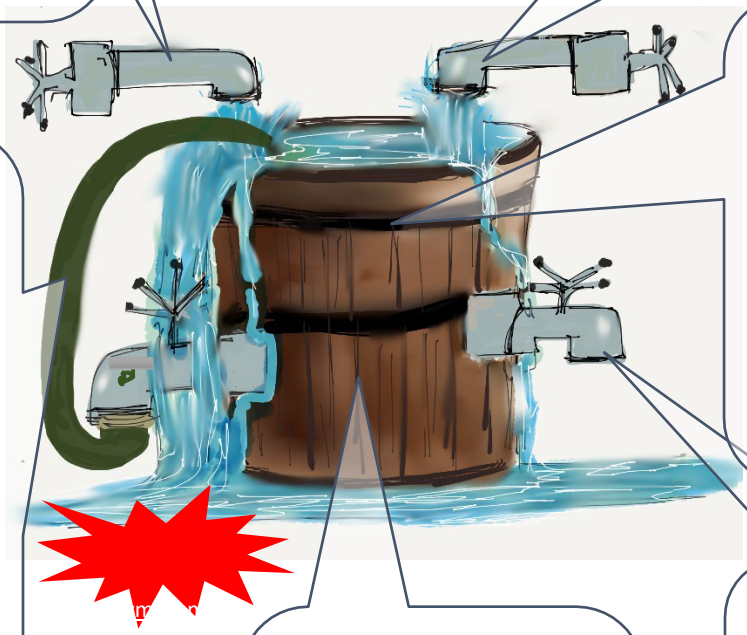
New Coping Skills

Stress Bucket

Daily Practice

Interpersonal Stressors

General Stressors



Resilience

Begin to work on and change the unhelpful coping strategies. What do you need to work on?

Vulnerabilities

New Coping Skills

Working with Behavior

Behavioral Experiment

Prediction

What is your prediction?

What do think will happen?

Experiment

What experiment might test this prediction?

What safety behaviors need to be reduced?

How would you know if your prediction came true?

Outcome

What happened?

Was your prediction accurate?

What did you learn?

Behavioral experiments: Setting up the Investigation

We have learned that our thoughts are different from facts

- ✓ Remember: if I think "chair will break" does not mean that it will break

We have learned that there are many reasons why our thoughts may not be totally 100% accurate

- ✓ Remember: unhelpful thinking habits

We have also learned to identify the thoughts that bother us and to check those thoughts by

- Coming up with alternatives
- Using a pie chart to see how strongly we believe different thoughts
- De-center and see how other people see the situation.

Sometimes we may also need to get additional information to check our thoughts. It is like being a detective whose job it is to evaluate the accuracy of certain thoughts.

- Who is your favorite detective?

- How does that person get to the facts or what really happened?

See below for the most common ways we can address our thoughts by being our own "inner detective".

Research: Look up information from a reliable source or take a survey of those you trust

Experiments: When a detective has a good theory, he or she may set up an experiment to check out his or her theory. See below for ways to investigate thoughts

The Investigation Analysis Worksheet 1

What is the troubling thought or experience?
What is important about this thought or experience?
How sure am I about the accuracy of my belief about the thought or experience? Is there another way to think about this situation?
What additional information would help me with this troubling thought? Where would I find information that I need or want?
Can I do research from resources that are objective?
Is it testable in some way? Can I take pictures? Can I make a recording? Can I ask questions with people I trust (taking a survey)? _____ _____
Write out your experiment.
What is the expected outcome of my experiment? What would it mean if your thought was confirmed or disconfirmed?
What is the actual outcome of the experiment?
What do you conclude from going through these steps?

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Investigation Analysis Worksheet

Meta-thinking (Alternative explanations)

Pie Chart (List alternative explanations)

De-Centering (Get another's perspective)

Thought	Belief %	Alternatives	Belief %	Investigation Research/Experiment	Expected Outcome	Actual Outcome	New Thought
People are monitoring me – I answer the phone and the other party hangs up.	90%	Could be wrong number Could be an auto-dialer from a solicitor	10% 10%	***Research*** Look up info on telemarketing Look up info on auto-dialers Ask other people I trust if they get hang-up calls and what they think about them.	Not sure what I will find with the research	Still get hang-ups, but I have new info on telemarketing and auto-dialers	Could be an auto-dialer 50%-50%
Things in my home have been moved since the last time I was here	90%	Forgot where I left things Pets moved them or knocked them over Furnace air or wind from the window	10% 10% 10%	***Experiment*** Set things in specific places Take a picture Cage the pets for a day GO OUT for period of time; return	Things will be moved	Things didn't move	Sometimes I just don't remember where I put things Maybe it was the pets

Investigation Analysis Worksheet

Thought	Belief %	Alternatives	Belief %	Investigation Research/Experiment	Expected Outcome	Actual Outcome	New Thought

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Investigation Analysis Worksheet

Thought	Belief %	Alternatives	Belief %	Investigation Research/Experiment	Expected Outcome	Actual Outcome	New Thought

Working with Voices and Hallucinations

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Voice Diary

Situation Where are you? When? Day and Time? What are you doing?	**Voice Present** Yes/No	**Voice Content** What did voice (s) say?	**Distress Level** 1(None)-10 (Extremely Distressed)	**Response** What did you do (behavior)?	**Outcome** What happened? Voices- stop or continue? Distress- go up or down? Re-rate (1-10)

Some Ideas about How to Cope with Voices

Frustrating the Voice by Repeating Everything:

- Some voice hearers have found it helpful to repeat to themselves everything that the voice says, word for word, in your mind. For many people, this causes the voice to stop, or at least become calmer. A variation on this has worked when the voices seem very loud: when you repeat to yourself what the voice says, just slowly reduce the “volume;” this tends to lead to a lowering in the volume of the voice itself.

Using Earplugs:

- Putting an earplug in just one ear has helped a lot of people, at least for a little while! Experiment with using either the plug in either your left or right ear. If it doesn't work, try taking the earplug out: for some people the voices stop when the earplug is taken out!

Figuring out what is, and what isn't, actual sound waves

- If you are often unsure whether you are "hearing voices" or just hearing say the neighbors talk, or the TV, you can try the following exercise. Get a tape recorder. When you are starting to wonder what you are hearing, start recording. While it is recording, maybe just for a few minutes, make a guess as to whether what you are hearing is going to show up on the tape as being normal sound. Then play the tape back and see whether you were right or not. Over time, you should be able to get better and better at guessing.

Focusing on the voices

Anything you do to study the activity of the voices fits in this category.

- For example, one method is to notice each day how intense and disruptive the voices were that day, and to give them a rating on a 1 to 10 scale. You can even collect more detail and rate them on how intense they are in each hour. This information could be kept on a chart which might allow you to see when the voices become stronger and when weaker.

- Another method of focusing on the voices might be paying attention to triggers: things that seem to occur right before the voices get stronger. You can then work on better ways to cope with those triggers, so they don’t bother you so much.

- Studying the voices. This might include asking them questions about themselves, while noticing any inconsistencies and asking about those as well. You might ask them how old they are, what benefit they get from pestering you, what they like to do for recreation, anything that crosses your mind. By actively studying and by asking questions you are taking the initiative, rather than letting the voices have all the initiative.

Adapted from Ron Unger, 2018 blog; https://recoveryfromschizophrenia.org/cbt-for-psychosis-trauma-psychosis-handouts/2097-2/

- You can write down exactly what the voices say, and then notice any themes, any issues the voices are preoccupied with.

Distraction. (avoid over-use of distraction, as those who cope best don't seem to focus on using this method.)

This category includes anything you do to divert your attention away from the voices. Some possibilities include:

- Going out for a walk, doing some shopping, travelling around on public transport as a form of diversion than without serious intent to travel to any particular place, going out for a drive or even visiting a transport hub like an airport or busy railway or station..

- Doing routine domestic chores at home, washing, ironing, cleaning or gardening etc.

- listening to a radio, a walkman or stereo (music without words might be better if hearing words in the music gets voices going for you).

- It might be a good exercise to create your own list of things that you particularly like to do as a reminder that you refer too when you having a particularly hard time with the voices.

Concentration

This includes anything you do that really requires you to concentrate on something other than the voice.

- reading, studying (but not if studying is a major stressor for you,) writing a journal or diary, or creative writing, doing art work or sculpting or something related, putting together models, jigsaw puzzles, repairing things at home or maybe at someone else's place, Playing chess, shooting pool, going to a bowling alley, playing racket sports, playing a musical instrument e.g. guitar, drum, violin or keyboard instrument synthesizer: it could be things like singing specific tunes or songs, even attending a choir etc.

- Another form of concentration activity is what is termed **SUBVOCALISATION**. Essentially this means doing specific tasks in your head that you might otherwise use your mouth for. Examples of this method would be 'counting' (in your head up to 100 rather than aloud), or singing a song under your breath

Physical Exercise

- like taking a walk or a bike ride, working out at the Gym, Yoga, or swimming. Physical activity can improve mood as well as help calm the voices.

Social Activities

This means undertaking activities that involve others.

- You might take time to speak with a partner, a close friend, or even a sympathetic worker, if you for example live in some kind of formal residential setting.

- Telephoning a friend/s

- Visiting (fairly supportive) friends or relations who are fairly supportive to you even they may not necessarily understand your experience.

- Attending groups, such as peer support groups such as one for voice hearers, or joining a hobby/activity groups.

- Be careful to avoid social situations where people are likely to be "negatively critical." Experiences with people with these attitudes frequently results in feeling worse. Instead, seek out people who know how to be constructive, people who can see some good in you and help you see how to build on that.

- Also, don't expect too much out of yourself in social situations. No one can please all of the people all of the time, and if you try to make yourself please everyone, you can make yourself miserable!

THINKING (cognitive approaches)

Thinking (termed Cognitive) strategies means using your thoughts in a self-aware way to challenge or in some way diminish the sense of voices having power over you.

- 'Reality testing' The voices may be saying something about your friend or partner, for example, saying that your friend is angry at you about something. Providing that your friend is understanding and are not likely to take offence, you might try asking your friend directly if this is true. You may have to be cautious about the content of what you wish to check out with person the voices are speaking about, as some of it may just be too intrusive or personal and may actually cause offence! And it may be the voices just want to get you into trouble or bring trouble in your friendships or with the people the voices are attacking.

- Negotiating 'TIME OUT' with the voices or otherwise postponing (delaying) listening to the voices. In exchange for giving the voices your positive attention say for a half hour or an hour you ask them to go away for half or a whole day. You may have to experiment with this awhile to get some effect. Its' like saying I will reward you with positive attention for a while if you then shut-up for the next four hours or so. Oryou say if you go away now I will give positive attention towards the end of the day say 5pm etc.

- Providing you don't feel too frightened of the voices you could practice bringing them on then dismissing them: this can really work for some people and build up their confidence over controlling some of the voices.

- Thinking positive thoughts of yourself. Thinking positive thoughts about yourself when the voice are around (voices are often negatively critical), perhaps writing something positive about yourself, your achievements or what you might want to do in the future etc. You may have a portfolio (or album) containing mementos of things you achieved in the past, it can be helpful to look at these as a way of recalling positive aspects of your life.

- Changing what we think about the voices. Changing the way we think about the voices may be more difficult to do on your own and it may be better to speak to someone possibly trained in some form of therapy like Cognitive Behavioral Therapy (CBT) to help with this. Sometime the meaning we put on our belief of voices is termed ATTRIBUTION. Psychological therapies like CBT as previously mentioned can be used to help us to more objectively weigh the evidence for and against particular ideas about the voices: therefore, help us REATTRIBUTE our ideas about the voices: that is changing our beliefs about the voices. This can be especially helpful if we find ourselves stuck with certain ideas about the voices which continually distress us and may not be true.

Getting to know the emotions behind the voices

- If you watch voices carefully, you might notice certain voices that pop up at certain times, or say particular kinds of things at certain times. For example, it may be at times when you are alone, or when something embarrassing or unpleasant has happened. Try to observe and appreciate what you are feeling at the time. Focus on the emotion you are feeling as what is really going on; you may find the voice becomes less important as you give yourself permission to directly feel the unpleasant emotion.

    - Once you know the emotions that stir up the voices, you can also work on encouraging counter-emotions. For example, if voices are stronger when you are bored, work at making your life more interesting. If they are stronger when you are feeling disgusted with yourself, work on ways of increasing your self-respect and reasons for respecting yourself. This can be an extremely important way of fighting voices!

- Imagining that you are the voice & try to understand why you would want the say to your "self" the things the voice says. Try to get inside the "head" of the voice, the way you might try to get inside the "head" of a character in a novel or movie, understanding its emotions, drives, and strengths and weaknesses.

    - Once you understand the life of the voice better, you can start wondering about what it needs, and even showing care and compassion for it. For example, maybe it bothers you because it is scared, and you could imagine

ways to help it find peace. Or maybe it is very rigid, and you could look for ways to help it be more flexible. This is not about giving in to the voice at all, but is about helping to give it what it really needs instead of what it may demand from you all the time.

Questioning the Voice:

- Voices love to act like they are big authorities, and often people get sucked into believing them! You can help yourself by questioning their authority. Example: a voice is disturbing you by saying that you are evil, and you don't know why the voice is saying this. You can challenge the voice, and say "Prove it!" Either the voice will shut up, or it will have to try to prove it, and then you can dispute whatever "proof" it comes up with.

- Voices also like to give themselves fancy identities, such as claiming to be famous people or important spiritual beings, etc. You can dispute this by thinking of some question that you yourself don't know the answer to, but that the voice should know if it really is who it says it is. Get the voice to answer the question, and then look up its answer to see if it got it right.

Using Art

- You can draw the voices, or sculpt them, or make some other representation of who or what they seem to be. This can help you deal with the voices in a new way.

- Another approach, perhaps more advanced, is to "take the role" of the voice, or to mimic it, the way an actor or actress takes on the role of a character in a play or a movie. For example, if you have an "evil voice" you could play the role of this voice the same way that an actor plays the role of an evil character. If the "evil voice" tells you to kill yourself, then when you play the role of the voice you would pretend to be telling someone to kill themselves. You can even play this role in an exaggerated way, being more dramatic and "evil" than the voice usually itself is. You could try this with your therapist if your therapist agrees, or practice in front of a mirror. This method can help you step out of the role of feeling like a "victim" of the voice. It will only be helpful if you feel ready for it and if you can keep it clear in your mind that you are just acting an evil role, not being evil or going to do evil things yourself.

Seeking out positive and constructive voices while tuning out voices that tend to be negative:

- This involves, first, making an effort to distinguish which voices are really offering something constructive versus those that are just causing trouble. Then, for example, when you hear a negative voice, you can instead seek out the company of one of your more positive voices. (One way of calling it up might be just being curious about what the positive voice might say, or imagining what it would say, or remembering the kinds of things your positive voice said in the past.) You might even try asking the positive voice for advice on how to deal with the negative voices.

- If you tell someone, "don't think about elephants," it's elephants that they'll think about. So don't worry about trying to "not hear" destructive voices; instead just focus on paying attention to constructive ones.

Seeking out positive and constructive thoughts & activities while tuning out voices that tend to be negative:

- Any focus on something constructive, that makes you feel good about yourself and what you are doing in the world, can help create good feelings that protect you from the voices.

- Remember that to really make the constructive things you are doing count, you have to give yourself credit for them. One way of doing this is to write each day in your journal about what you did that day that was constructive, and perhaps what you plan to do in the next day.

Using imagination or visualization to protect yourself.

- For example, you might imagine a sort of "halo" or protective light around yourself. Or, you might find an inner guide who can give you advice or help defend you from the voice. You can imagine whatever it might be that you would need to overcome the voice: there are no limits on what you can imagine! You might start out thinking that the voice is more real than your imagination, but remember that the voice depends on you paying attention to it and believing that it has power: if you pay more attention to and put more belief into what you imagine that is protecting you, the voice will lose power.

Learning to quit expecting the voice:

- This method takes advantage of the fact that people tend to hear the voices they are expecting to hear. If you create a counter-expectation, that counter-expectation can eventually overpower the expectation to hear the voice. For example, suppose you are used to hearing voices and getting preoccupied with them when you go home in the evening. Instead, think about what you would like to be preoccupied with in the evening. For example, maybe you would rather be focused on some good music, or a novel you are reading, or working on a project. Focus on expecting that from yourself, and if the voices try to intrude anyway, expect them to become less important as you focus on what you really want to pay attention to.

Notice how the voices are not all that original:

- To do this, you need to keep 2 written records of what happens when you are in a distressing situation. In one record you write down the thoughts that come to you automatically about yourself when you are in the distressing situation. In the other

record you write down what the voices say when you are in those situations. Later, you can look at these records and see how much they are the same or different.

Reframe what the voices are saying as something positive

- Using this method, you assume that the voices are really trying to help you in some way, though perhaps they are misguided or overly enthusiastic in what they are trying to do. For example, if the voice tries to convince you that everyone hates you, you might reframe it as trying to make sure you aren't overly self-confident. If the voice wants you to kill someone, you might reframe it as the voice wanting to make sure that person doesn't take advantage of you. If the voice wants you to kill yourself, you might reframe it as the voice wanting to save you from a distressing situation that it is worried will be too painful for you to endure. By finding a possible positive intention in what the voices say, you can then focus your attention to handling those concerns, and you can even thank the voice for its concern and ask it to help you. For example, you can tell a voice that wants you to kill someone that you appreciate its desire to not let you be taken advantage of, that you do not want to go so far as to kill the other person, but that you are open to other suggestions about how to protect yourself from this person. When you reason with the voices in this way, you might find that a healthier dialogue begins inside you.

Reframe hostile voices as helping you get in touch with difficult feelings:

- This one is a little tricky but potentially very helpful. Hostile voices can be verbally abusive, and can even encourage people to give up on themselves or hurt themselves or others. People can then get into long and emotionally exhausting battles with these voices. This method asks you to try something a little different.
  - Instead of fighting back against the hostile voice, imagine that the voice has won, that the voice has all the power and that it has already hurt you in the ways it is trying to hurt you. How does it look or feel to you that this has happened? What is most difficult to you about this feeling?
  - What do you need when you are wounded or overwhelmed like this?
  - Once you get in touch with the sad or wounded feelings, then let yourself notice that there is also a healthier you that can provide some of what you need at this moment. You can then focus on giving yourself some of what you need, you can practice self-comforting.
- The magic of this method is that you quit fighting with the voice, by focusing instead on how it feels to be the victim of the voice. (But you do it without actually hurting yourself - for example if the voice wants you to cut yourself, you focus on what it feels like to be a person forced by someone to cut themselves, how it feels to be sad and overwhelmed, you don't actually cut yourself.)
- The notion behind this method is that voices often try to get people to feel horrible or vulnerable feelings which the person has disowned: by accepting and owning the bad feeling, and then taking care of yourself around it, the voice loses its purpose for existence and fades away, at least till next time there is a difficult feeling you are resisting!

Letting the voice time share in your body.

This is probably more likely to be helpful for someone who is not totally intimidated by the voices and who feels they are not likely to get completely out of control. The way it works is to just to set a time when you can experiment with having a particular voice have "control" of your body, at a time when it is unlikely to cause any problem. (You should only attempt this if you feel you could take back control should the voice attempt anything that will cause trouble.) What is helpful about doing this is that you get to know the voice in a different way, and may even find something positive about it. For example, you may find that an angry voice has a very firm, strong way of acting in your body, and you may find you can eventually borrow some of this strength when you need it in various situations in your life. You may also eventually come to see the voice as more just a "side" of yourself, and less threatening because less alien. **Not taking voices literally**

- This means considering the possibility that voices may not literally mean what they say: instead, they may be speaking in metaphor, they may be speaking poetically. So while the voice may insist for example that you "jump in the river" it might really mean that you should get more into the flow of things, and not hold yourself back so much. So, instead of just doing what the voice says, or just fighting with it because you don't want to literally jump in the river, you could think about what the voice might be really trying to say.

- Another way to not take the voices literally is to try out carrying out their demands in your imagination, rather than literally. For example, if the voice wants you to cut yourself, try imagining that you are cutting yourself, or that you already have done so, and notice what changes, notice what the feelings are and what shifts inside you. (This is very similar to the method above, where you focus on how it feels to be a victim of the voice.)

Allowing your identity to be wider than you are in the habit of letting it be:

- Consider example of someone who wants to lose weight: they are sure who they are is a person that entirely wants to lose weight, and is willing to give up desserts in order to do so. Then they see a piece of chocolate cake, and suddenly, there is the temptation to eat it. If the person is rigid about who they think they are, that they are a person who doesn't want desserts, then they can only see the temptation to eat the cake as coming from someone or something else, maybe a demon or an unpleasant voice. The chocolate cake example is kind of silly, because usually people are able to accept that there are two parts of themselves, one part that wants to diet and another part that wants cake, so they can be wide enough in their identity to let both parts in. But what about bigger conflicts?

- A person who wants to live may find it really difficult to accept an urge to kill themselves. A person who wants to be conventional sexually may have a hard time accepting urges to be gay or otherwise different sexually. A person who wants to be peaceful may have a hard time with urges to kill or hurt others. These are very serious conflicts. One way people can try to resolve them is to simply decide that "the real me" only wants what is good or conventional, while the "evil" or "nasty" ideas and impulses come from something else, like from voices.

- This solution could be called "making the self more narrow." Making the self more narrow has its advantages, in that it can help a person feel that his or her own self is good and peaceful. But the disadvantage is that the urges and temptations are still alive somewhere, and they will live as voices and demons if not allowed to live as parts of the self.

- Another way the self can get narrow: let's say the person identifies themselves as kind of weak and incapable, for whatever reason. Something strong within them might be seen as foreign, as not themselves. So maybe the person connects with the strong part by thinking of it as an exterior spirit and feels helped by this. This can be helpful, but since the strength is seen as exterior to the person, in time it can take its own direction that may not be helpful to the person. For example, they might start out noticing a "spirit" as helping in some strong way, but later the "spirit" wants to take some direction that the person doesn't want to go. So "spirit helpers" can easily become "demon opponents."

- Allowing yourself to be wider, means seeing the thing that seems to be either opposing you or helping you as being part of the bigger you. In other words, you can see yourself as wider, more complex than how you usually see yourself. You can be wide enough to include things like urges to hurt yourself or others, urges to do strange things, to be different sexually, or whatever. Being wider doesn't mean you will necessarily let these urges take over, but it means allowing them to be part of the mix that makes up you.

- Advantages to allowing yourself to be a wider person: You can talk about your experience more the way most people do, which allows you to relate better to conventional people. In other words, you can talk about how you are "beating yourself up" instead of being attacked by a spirit, or how "part of me wants to kill him" instead of "the voices are telling me to kill him" etc. By allowing yourself to be wider, you are no longer as "pure" but you also don't have to feel as different from "normal" people.

- This is not to say that the way "normal" people look at things is always the best way, or always right. Maybe there are times when we would be better off identifying ourselves in a narrow rather than a wide way. But if we have a choice about it at any given time, we may be able to choose a way of looking at it that is most helpful to ourselves at any given time.

Being kind to the voice

- Voices are often distressing, but it's easy to forget that they may be even more distressed themselves. Treating them with kindness may really surprise them, and result in some big changes! When you hear the distressing voice, take a step back mentally, and imagine that it may really be troubled, and is causing trouble only because it is desperate. You can take an attitude toward the voice similar to the

attitude a parent might take toward an injured, frightened, or tired child who is being obnoxious.

- For example, a man may be bothered by a voice that calls him names and is very threatening when he has to be around strangers. He may be planning to go the store and knows this is likely to upset the voice. Instead of arguing or fighting with the voice about his plans he could say to it: "I know that going to the store with all the people around is really hard for you! Do you have any ideas about anything that might help you feel safer while I do the shopping?" The voice might be helped by something that is strictly imaginary, like imagining a tropical beach that the voice can go to while the person is shopping. Or perhaps the voice would have a more practical suggestion, like going to the store at a time when fewer people are around, or having a better shopping list so the trip is less confusing.

- Notice in the above example, the person did not give in to the voice, but was kind to it and considered its needs. This might not work right away (the voice may still be distrustful and obnoxious) but eventually the relationship between the person and the voice might change.

Getting better at telling the difference between "voices" and what actual people are saying.

- Some people seem to always be able to tell when it is their "voices" talking and when it is that they are listening to actual people, or the radio announcer, or whatever. Other people have a harder time with this, and sometimes the voices trick them into thinking that other people are saying things that they aren't. This can cause lots of confusion and chaos! If this is a problem for you, here are some things you can try:

    - It might help to just pay attention and be on the lookout for this. Voices trickpeople much more easily when they are being inattentive.

    - Notice if there are certain things the voices really like to say. If you start hearing people around you, or the radio announcer, saying these things, be alert: it might really be the voices.

When what you are doing for coping isn't working:

- Try something different! Anything at all that you do differently might be just what you need to be successful.
- You could even try something "completely different" or even the exact opposite of what you were trying before.

Rediscovering your dreams and getting on with your life

While doing something just to distract yourself from the voices may have limited usefulness, doing something because it connects with your dreams and because it makes

you feel fulfilled as a human being may be much more helpful! In other words, instead of thinking you can't pursue your dreams because the voices cause too much trouble, try finding right now some things you can do to take steps toward your dreams. Every time you take some meaningful step, you win, and you prove that you and not the voices are in control of your life!

Keep in mind that for this to work, you don't need to make the voices stop, you just need to find ways to do what is most important to you whether the voices continue or not. This focuses your attention on what you want to do, not on the voices.

What to do if you are trying to pay attention to some constructive activity but then you notice you have started paying attention to the voices instead: just direct your attention back to the constructive activity. Remember why you are doing it and why it is important to you.

Other Types of Coping

- You may fine entirely different methods of coping as you pay attention to what works for you: good luck in your experiments!

Basic Idea: that the origin of psychosis is in a retreat into the imagination, trying to make imagination substitute for the extended world. This is fun at first but then the mind (or imagination), in an attempt to re-engage the person with the extended world, quits presenting positive images and presents images of danger, force, and hostility, attempting to push the person into coping with what is unfriendly. The person, however, because he or she is believing that the world of imagination is the extended world, finds him or herself reacting to the imagined challenge as though it wore an actual challenge from the extended world. Since the challenge is not "real" however it cannot be defeated, and so the person is entirely stuck. One solution is for the person to notice that the imagined challenge can itself be fought with the force of active imagination; doing so restores the neutrality of imagination, leaving the person able to re-engage with the extended world.

Or, voices could start as a scared person tries to protect him or herself by imagining all possible danger and anticipating it. The person goes from "this is ambiguous - it might be that those people are talking about me" to actually "hearing" what it is feared they might be saying. The person then reacts to what "might be" happening as though it really were happening - classic panic. Similar only opposite causality on the grandiose side, where person instead imagines what might really be great that is going on.

In the first model above, the voices begin as a kind of "addiction" or seduction, into which the person buys into a positive feedback loop because of the appearance of a payoff. This creates a dependence. The person then fears the absence of the voice and can be bullied by the voice as a result, with the positive feedback then being the panic related to the withdrawal. In the second model, it is panic that starts directly to create the feedback. (Even then, we could say there is a hidden grandiosity or addiction, in that the person imagines they cannot cope with losing whatever it is they are panicking that they are losing.)

Another way of looking at voices: as a dramatization of emotion. The brain may attempt to dramatize an emotion that is being cut off or ignored (maybe because the person is already

overwhelmed). The problem gets worse as the person, or the persons around the person, see the dramatization as "craziness" and cuts that off rather than see the sense, or the emotion, within it.

Developing judgement about voices is key. If a "negative" voice, need to decide to what extent it is helping one deal with a negative situation, and to what extent it is being too extreme. The same is true of positive voices: to what extent are they helping and to what extent are they getting one too carried away. This is really the same task as deciding when emotions are helping and when they are going too far. Of course, when one is traumatized the ability to judge what is too much, is overwhelmed.

Can think of voices as part of self, or think of all entities as part of one consciousness, think of them as split off but really part of one mind.

Can just agree to disagree with voices, rather than get sucked into arguing. "Yes I know that you think I'm worthless, it's ok with me if you think that, you have a right to your opinion. I on the other hand see some value in what I am doing and in what I am capable of doing in the future. I understand you don't agree. It's ok with me that you disagree with me."

When a negative voice speaks up, use that as a reminder to do some self-care for yourself. Or use it as a reminder to do some constructive self-talk - say to yourself the things that a friend or a good coach or a positive voice might say to you. Focus on that positive, constructive message instead of what the negative voice has been saying.

Make an audiotape of the worst things voices might say. Play it over and over again until it doesn't make you anxious anymore.

If unclear if voices are physically real (like hearing voices while alone at one's apartment, that might be the neighbors) try making an audiotape & check it out.

Paying attention to how you set yourself up to be vulnerable to voices. For example, thinking you have to live up to some standard of perfection, then whenever you don't you are vulnerable to a voice that berates you for not doing it.

Focus on creating periods without being bothered by voices, rather than paying attention to the voices. At first these might be short, later they could get longer. Pay attention to what makes these periods happen, measure them, etc.

If you tell yourself you will have to stop the voices before you succeed, then you will pay lots of attention to them as you try to figure out how to stop them (and less attention to the world.) But if you actually pay more attention to the world, and less to the voices, then they lose power. Sort of like bullies - often the best way to control them is to ignore them.

Make fun of voices as a method. First write out a script of what voices usually say. Then, have a friend help you (it helps to make a tape of this you can listen to later.) Have the friend say the statements on the script in his/her most silly voice possible. (They might try to sound like a cartoon character, or say things in a very high pitched voice.) You repeat

back exactly what the "voice" said each time. Later you can listen to the tape as a reminder that you don't have to take the voice seriously.

Making peace with the voices, "peace with justice." A bullies into buddies kind of thing.

Just as in meditation one identifies a thought by just thinking "thought" and then redirecting ones attention, one could just identify "voice" and then redirect attention.

Voices - in addition to not taking them literally, can try not taking them "all the way." Voices may represent parts of the brain that don't talk in shades or subtleties - they say then turn right & go over cliff, but really mean turn right & act as if you were going over cliff, they assume other parts will click in and get you to change course before you actually go over the cliff. Like voices that ask for suicide - maybe really they just want you to kill something about your current pattern of living.

Can have a person role play someone in their life who causes problems for them, to develop a wider perspective on that person. Can use the same method, have the client role play a voice, have it explain its perspective.

Making friends with voices - treat disagreements as temporary and consider attributions of positive intent underneath surface hostility (either for self-protection by the part or to aid the whole self in some way (at least an intent to do so.)

Something like eft - even though my voice is hyperactive, I accept myself and look forward to a great future. Or even though I'm feeling very anxious about the voice, I accept my mind just as it is in this moment. (NOTE how eft puts "acceptance and commitment" into one sentence.

How voices are like poorly behaved children, feed off negative attention.

Being kind and open to reasonable influence, but also having firmness and boundaries (like in good parenting or other relationships.)

Have people role play the voices, to find out more about it. Also to shift their sense of a center, so they can sense that in some sense they have always been the voice. So their sense of identity can "decenter" resulting in an expanded sense of self.

"love your enemy" is key with voices - or MPD - if you learn this, you can expand your sense of identity, I'm not just my body I'm the world.

A person often jumps quickly to the perspective of another person looking at self, makes a statement from that perspective, then jumps back to seeing the statement from the perspective of self before becoming conscious of having done it. (dissociating having don it, and/or the problem is just speed.) If a person actually takes that outside perspective for a while, to own it, and own the process of saying things to self from that perspective, then itis more likely to be seen as a habit that can be changed.

Becoming your own boss: how to invent a better boss that the voices that order you around.

The do-over. Whatever a voice tells you, see what may have been of value in its expression. For example, if it says you are stupid, it may be reminding you that there are important things you don't know. In the do-over, tell yourself the same critical content in a more adult, subtle, and balanced way, in your own words. As what you tell yourself becomes more well-rounded and complete, you won't need the voice as much, will pay less attention to it, and it will fade.

Getting people to reflect on where other people may be coming from, or an improved "theory of mind" is a similar skill to seeing where a voice may be coming from, what interests it may have

An over-emphasis on trying to control one's inner world leads to more confusion between inner and external - because stuff one fails to control is what is seen as external. But getting confused between internal and external worlds leads to inner confusion and distress, leading often to greater attempts to control the inner world! This creates a vicious circle, much like the circle created when people try too hard to get rid of anxiety.

Voice feeds on attention - so a voice that no one listens to isn't much. Can use Izzy Kalman's "feed the pigeons" to make them go away as an example.

Negotiation - find interests under positions - voices may threaten torture but may be most interested in attention - integration is the goal, like with MPD

How something healthy may be a center of something that initially seemed totally sick. Like one of my clients working on recovery, a voice that once almost killed him in a horrible way, is now part of his personality that helps him take on healthy challenges. Like in fairy tales, you meet some strange character, have to fight at first to establish respect, then it can become an ally

People block their feelings, become less aware of the sources of the feelings, feelings become more problematic - then the mental health system makes it harder for people to relate to such feelings by encouraging people to not even look for sources, "it's a biochemical imbalance". Same goes for blocking a voice or a perspective.

A general method to get along with people with a different perspective “that’s so interesting! …. that you experience it that way! Here’s how it is for me…. Someone attacks you, you make a self-deprecating remark, this shows you can find some truth in their perspective.

A good worksheet: look at what is for me to decide vs. what is for voice to decide, what is for voices to decide for themselves. Like, it’s up to the voice to decide if it likes what I’m doing, while it’s up to me to decide if I like it, it’s up to voice to decide if it would like me to kill myself, but up to me to decide if I really want to or not.

Technique for deal with voices: take a 3rd position, I am not the voice or the one who hears the voices, I am the one who has to understand and integrate both of them.

For a disturbing voice, either find or create a counter voice, that effectively contradicts the disturbing voice. Then you can choose to either listen to the disturbing voice, the counter voice, or to anything in between. You have a range of options.

Stress interpretation: see voices as a sign of too much stress, respond by taking it easy rather than stress about the voices being present. (The voices are just an indicator of stress not the cause, they are the smoke, not the fire. Though stressing about the voices can feed the fire.)

Interpreting voices as something less extreme, or finding something less extreme to do to honor the impulse behind the voice. This can work with more than just anger.

Can use a negative voice as a reminder to focus on one's positive intention, as being like the Zen master with a stick. Can thank it for its reminders.

Look around the room, name every object you see. This lowers anxiety and gets the more "objective" part of your mind activated.

How starting and stopping voices can give you a sense of control. You can't always be controlling them but you know you have influence if you decide you need or want to.

If voices are just thoughts or imagining a monologue or dialogue, plus imagining what it would sound like, then it figures that the less one cares about it or has an interest in it, the less likely it would be to occur. But of course catastrophic thoughts about the meaning of voices, or grandiose thoughts about the meaning of them, would lead to a greater interest in imagining it further. (Part of the problem in psychosis is loss of distinction between imagining what something might be, and seeing what it might be. When the thing is the imagination itself, of course, there is no distinction.)

A "stress interpretation" of how to cope with voices – don't concern oneself with the voice at all directly. Instead, do two things. One, find a way not to stress about the existence of the voice or what it is saying. Second, find a way to reduce the stress that probably triggered the voice in the first place. (The voice itself can often be used as a clue to what the stress was that triggered it. For example, if a person is viciously attacked by a person for a particular failure, that suggests the person is stressing over that failure, and could work on how to stress less about it, perhaps by understanding it better, making some changes, or some focused self-forgiveness.)

People who hear an apparently destructive voice often over-rely on making themselves smaller than the voice, which is what is involved in distraction, or trying to shut out the voice. These methods involve focusing the person away from the voice, on an area of consciousness that is smaller than the whole person, so that the voice is shut out. A problem with this strategy is that it gives the person a smaller sense of themselves, since they are training themselves to only identify with the part of them that doesn't include the

voice. This can ultimately lead to a person feeling small and weak, while the voice, free to move around in all of the person's consciousness, can increasingly seem large and powerful. No wonder people feel weak in comparison to it.

One alternative strategy is to deliberately focus on the voice, as an object of study. So one can record exactly what it says, how often it says it, what identity it claims, ask it questions, etc.

A person who can both focus away from the voice, and focus on the voice, can allow themselves a broader focus as well, sensing themselves as a bigger human being who includes the voice as just one part or aspect. This allows the person to feel bigger than the voice, accepting its existence while being in no danger from it.

Stages of dealing with voices:

"Oh my God what is it!"

"I need to do anything so I don't hear it (but I still do).
This is trying to make one's focus smaller. Can work as a temporary measure to regroup and get strength to face the voices, but is a poor permanent method, because it makes the person feel smaller, and gives the voice more power.

"Fuck it I'm going to have a life anyway, so what if I hear a voice"
Person turns and faces the voice, expands focus to include the voice as just one aspect of a much larger mind and life. If this is done sincerely, voice may fade away, or become just part of overall self.

Same dynamics are involved in dealing with panic or other emotional problems. These dynamics can be diagramed, with a large circle showing the whole self, with the initial "oh my god" shown as focus on distress around the voice, then the avoidance stage shown as focus on a small area away from the voice which makes the person seem small and voice bigger, then the third stage shown as willingness to face any distress and see self as bigger than the voice (maybe could use a stage of expanding focus to also include the voice while keeping in mind the more peaceful resolved areas of self, rather than just focusing on distress. How this applies to trauma too.

Trying to make a voice go away is like trying to make a critic go away, which is a variation of trying to be CERTAIN. The person wants certainty beyond any doubt, and sees it as a problem if doubt is being expressed anywhere, so the voice is seen as a huge problem. (The setup for having a voice is that the person avoids thinking through their doubts, so that these can easily self-organize into a voice.) It is actually accepting the voice and the doubt it expresses that is likely to cause the voice to disorganize, as it loses its purpose. Since the person accepts that doubt exists, there is no longer a sharp distinction between the perspective of the voice and that of the person. If the voice continues, it is more likely to be friendly.

Use of disarming method with voices. A key technique. This allows a way out of combat with voices, and allows the person to work on integrating any positive intent or helpful

fragment from the voices while appropriately resisting any bad ideas. Avoids over-reactions of any kind.

Talking to oneself in terms of “we” and “us” and “ourselves.” As in “Why are some of us wanting to cut our wrists? How will we be better off if we do that?” This highlights the way there is diversity but that we all hang together – could encourage teamwork. A downside if it makes people have more trouble transitioning to using “I” when dealing with the external world.

Coping with distressing voices or experiences

Step 1: Identify when and how the voices or distressing experience interferes with an identify value or life goal

Describe voice or experience:
How/when does voice interfere?

How intense is your Distress with voices right now: _____ (0-10, with 10 being the most distressing)

Voices significantly interfere with my life when it is at a rating of: _____ (0-10)

Step 2: Examine past coping and plan for future coping. Make a List

Helpful things I have done to deal with this experience

Unhelpful things I tried to deal with this experience

New ideas: look at list to identify new ideas for coping that will help me reach my valued goals

Adapted with permission From Yakoobian et al., 2007 *CBT client manual*.

List of Coping Strategies for Hallucinations

Distraction	Focusing	Meta-cognitive Methods
Humming	Correct the cognitive distortions in the voices	Use schema focused techniques
Talking to yourself	Respond rationally to voice content	Acceptance
Listen to modern music	Sub vocalization	Assertiveness
Listen to classical music	Dismiss the voices	Use a biological model
Prayer	Remind yourself that no one else can hear the voice	Consider shamanistic views of voice hearing
Meditation	Phone a voice buddy and tell them the voice is active	Consider cultural aspects of voice hearing
Use a mantra	Remember to take antipsychotic medication	Use positive logging to refute negative beliefs about the self
Painting	Demonstrate controllability by bringing the voices on	Use a continuum relating your own worth to that of other people
Imagery	Give the voices a ten minute slot at a specific time each day	List your positive experiences in life
Walking in the fresh air	Play a cognitive therapy tape discussing voice control	List your achievements, friendships etc.
Phone a friend	Use a normalizing explanation	Act against the voices (show them that you are better than they say)
Exercise	Use rational responses to reduce anger	
Use a relaxation tape	List the evidence in favor of the voice content	
Yoga	List the evidence against the voice content	
Warm bath	Use guided imagery to practice coping with the voices differently	
Call your mental health professional	Role play for and against the voices	

List of 60 Coping Strategies for Hallucinations

Distraction	Focusing	Meta-cognitive Methods
Attend the day center/ drop in	Remind yourself that voices are not actions and need not be viewed that way	
Watch TV	Remind yourself that the voices don't seem to know much	
Do a crossword or other puzzle	Remind yourself that you don't need to obey the voices	
Play a computer game	Talk to someone you trust about the voice content	
Try a new hobby	Use rational responses to reduce shame	
	Use rational responses to reduce anxiety	
	Use a diary to manage stress	
	Use a diary to manage your time	
	Plan your daily activities the night before	
	Use a voice diary in a scientific manner	
	Mindfulness	
	Try an earplug (right ear first if right handed)	

Working with Negative Symptoms

Daily Schedule

Day/Time	Planned Activity	Actual Activity	How it Felt
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____
Day/Time	**Planned Activity**	**Actual Activity**	**How it Felt**
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____
			Pleasant 0-10: _____ Productive o-10: _____

Negative Symptoms: A diminishment of normal functioning – something that has been *taken away.*

According to the DSM-5:

1. **Diminished emotional expression** – "Reduction in the ability to express emotion in the face, eye contact, intonation of speech and movements of the hand, head, and face that normally give an emotional emphasis to speech."
    - Appearing to lack emotion.
    - Decreased capacity for intimacy
    - A lack of warmth and thoughtfulness

2. **Avolition** – "A decrease in motivated self-initiated purposeful activities."
    - Loss of interest in everyday activities
    - Reduced ability to plan or carry out activities
    - Neglect of personal hygiene
    - Social withdrawal
    - Loss of motivation
    - Diminished ability to focus
    - Reduced pride in taking a sense of responsibility
    - Apparent lack of willingness to follow a treatment plan when ill

3. **Alogia** – "Diminished speech output."

4. **Anhedonia** – "The decreased ability to experience pleasure from positive stimuli, or a degradation in the recollection of pleasure previously experience."
    - Activity monitoring diary can be particularly helpful.
    - Have the client rate their sense of pleasure or contentment before, during, and after the activity they have chosen. Because they have a hard time remembering pleasure they experienced during an activity, they have a difficult time anticipating pleasure, so it is important to highlight their responses to pleasurable activities.

5. **Asociality** – "An apparent lack of interest in social interactions and may be associated in avolition, but it can also be a manifestation of limited opportunities for social interactions."
    - Inability to read social signals such as body language
    - Social withdrawal

Negative symptoms are present with other psychotic disorders, but are particularly prominent with schizophrenia. Diminished emotional expression and avolition tend to be the two negative symptoms that are particularly noticeable with schizophrenia.

Positive symptoms: Behaviors not seen prior to the onset of the illness. These aspects of personality are *added* as the illness progresses.

According to the DSM-5:

1. **Delusions** - Fixed beliefs that are not based in reality.
    - Are not changed in light of contradictory evidence
    - Subtypes include:
        - Persecutory – beliefs that one is going to be harmed is the most common
        - Referential – beliefs that certain comments, gestures, or cues are directed at oneself
        - Grandiose – believing that one has exceptional abilities
        - Erotomanic – falsely believing that someone is love with him/her
        - Nihilistic – believing that a major catastrophe will occur
        - Somatic – preoccupations regarding health and organ function
    - Bizarre – if they are not plausible and not understandable to same culture peers, and are not part of normal experience (e.g., "there is a chip in my brain", or "some of my internal organs are not my own").
        - Thought withdrawal – "Someone or something has taken away my thoughts"
        - Thought insertion – "Someone or something as inserted thoughts into my brain"
        - Delusions of control – "I'm being acted upon or manipulated by some outside force"
    - Non bizarre – Beliefs that do not have convincing evidence, such as "I'm under surveillance by the police or the FBI."

2. **Hallucinations** – "Perception like experiences that occur without external stimuli."
    - Appear very real and have the impact of normal perceptions
    - Not under voluntary control
    - Can occur through any of the senses, but the most common is auditory
        - **i.** Not perceived as one's own thoughts
        - **ii.** Usually perceived as voices that can be familiar or unfamiliar

3. **Disorganized thinking/speech** – Difficulty speaking and organizing thoughts
    - May result in stopping speech in mid-sentence
    - Putting words together in meaningless ways ("word salad")

4. **Disorganized motor behavior** – May show in a number of ways
    - Childlike silliness
    - Unpredictable agitation
    - May be noted in any type of goal directed behavior which can disrupt ability to performactivities of daily living (ADLs)

Working with Delusions

Delusions Level 1	Delusions Level 2

Engagement
• Make talking about beliefs safe
• Find time and place that is safe
 	
Gain understanding
• What are client's beliefs
• Help client explore the many ways – unassuming questions that explore how client's beliefs affect him/her
• Don't confront delusions
 	
Improve daily living
• Focus on reachable goals
• Work on stress reduction and emotion regulation
  ○ Relaxation
  ○ Activities tied to personal interests and values
• Try to improve sleep
 	
Neutral, Curious stance
• Suspend disbelief
• Ask questions to help you understand – again, unassuming questions
• Small checks for flexibility of thinking
 	
Re-focus on another activity, topic, goal if needed.
	All of Level 1
	
	Formal Assessments; Consider
	• PSYRATS
	
	Explore using peripheral, unassuming questions
	• How does that work?
	• I'm curious…etc.
	• Ask eye-witness type questions
	  ○ Who, what, when, where…
	
	Consider impact of trauma
	
	Develop a formulation
	• On what evidence are they basing thoughts
	• Given past history/experience, discover how current beliefs make sense
	  ○ Work with self esteem
	• Are they experiencing an unusual sensations?
	  ○ Help them make sense of that
	• What cognitive errors might they be making
	• What behaviors keep the behavior going
	
	Lower distress and improve coping
	• Stress reduction
	• Improve sleep
	
	Belief modification - meta-cognitive methods
	• Alternate beliefs activity
	• Pie Chart activity
	• De-centering
	• Cost/benefit analysis of dwelling on a concern of belief
	• Identify ways to check out new belief systems
	  ○ Behavioral experiments
	  ○ Reality testing

CBT-p methods for working with delusions (paranoia)

- Engagement: Alliance building strategies such as conversations about neutral topics and look for areas that client feels confident to tell you about (hobbies, interests, etc.)
- Exploratory questions (peripheral and Socratic)- to gain understanding and help client to explore belief objectively; explore clients' goals and purpose and check to see if delusion causes DISTRESS or INTERFERENCE with goals and purpose (this is key)
- May use self-monitoring forms to organize experiences (thought, mood, physio record)
- Formulation: Key information to be identified and reviewed with client (Freeman & Garety, 2006)
    - On what evidence are they basing their thoughts? Teach them how to explore how they are making sense of their experience and to check evidence
    - Thinking about the person's life and past experience, how do current concerns make sense? Were they bullied or abused in their life? Would make sense that they would expect others to be threatening.
        - Self-esteem concerns often underlie paranoid and suspicious beliefs. One target may be to find ways to improve self-esteem in other aspects of their life
    - Is person responding to confusing or puzzling experience (e.g., physiological, odd sensory experience). It is not uncommon for individuals to interpret unusual sensory experiences (e.g., depersonalization; detachment; dizziness) as threatening or imposed. Normalize and help client to develop alternative explanations for the experience.
    - How is the person reasoning about their experience (jumping to conclusions, leaving out information, tendency to blame others for coincidental or chance events, or other thinking error?). The most common reasoning error in paranoia is jumping to conclusions (40-70%). Other key areas are over-estimating risk and assigning blame for

chance events. Educate clients re commonness of these thinking habits and practice identifying this type of thinking in other aspects of their life.

- What behaviors keep the thoughts going? Anxiety and worry; sleep loss? Avoidance or other safety behaviors? Help client to modify these areas
  - When the person is well, what type of behaviors do they engage in?

— Action phase: Lower stress and improve coping (in order to be more functional, less isolating)

- Stress and anxiety reduction strategies
- Improve sleep

— Action phase: Belief modification:

- Identify what it would mean for the client if the belief changed. What would be better/worse?
- Introduce idea of continuum (rather than all or nothing, maybe a scale of 0 – 100)
- Generate alternative perspectives/explanations for experiences (can be organized with pie chart, or other tool). Need to proceed carefully when considering alternative explanations.
- Identify ways to check beliefs and test new explanations or (Behavioral experiments/ Reality checks). Will need to help client make clear predictions and carefully evaluate their predictions based on evidence, including how the client will interpret evidence that supports and/or refutes their current belief.
- Find ways to support new beliefs if they are more functional for the client

Freeman, D. & Garety, P. (2006). Helping patients with paranoid and suspicious thoughts: A cognitive-behavioral approach. *Advances in Psychiatric Treatment*, *12*, 404-415.

Special Topics

Suicide

- 50% suffer from comorbid substance use disorder
- 50% suffer from comorbid depression
- 10% suffer from comorbid anxiety disorder
- Childhood adversity (ACEs) can be a causative factor in onset of schizophrenia
- Odds of suicide attempts are 6xs higher among those with schizophrenia when compared with those w/o SZ; up to 15% commit suicide
- Substance use and depression resulted in higher rates of suicide attempts
- A comorbid anxiety disorder resulted in 70% less likely to attempt suicide (better problem solving, communication, better skills to negotiate the world
- Highest risk post discharge and in the first 90 days

Homicide

- Those who commit a homicide are more likely to have delusional beliefs at the time of the event
- Delusional beliefs have been reported in 33-95% of murderers with MMD
    - This has more to do with the fear for his/her own life that is provoked by the delusion – it is generally not about an intent to harm out of anger or revenge
- More likely to be committed when intoxicated at the time of the event
- Important to pay attention to patients who are fatigued, in despair, delusional, depressed, particularly when there is a lot of stress happening in client's life occurring
- Ask about
    - Depression, delusion, chronic stress
    - Thoughts of killing children (in women with schizophrenia)
    - Specific perceived perpetrators (in men with schizophrenia)

Crisis Planning

Among the treatment team and other caregivers,

including family:

- Decide how the plan will be triggered – What will that first person do?
- Have a contact list ready (names and phone numbers) – therapists, case managers, physicians, nurses
- Put together an emergency crisis card that includes the list of contacts
- Decide if a power of attorney needs to be identified
- Decide what will trigger a 911 call

Adherence

Adherence factors:

IMPORTANCE

Generally, how important is it for **you** to take your medication(s) on a scale from 1 (not important) to 10 (very important)? _____

Why did you place yourself at that particular point on the scale?

What would have to change for it to become more important for you to take your medication?

CONFIDENCE

Generally, how confident are **you** that you will take your medication as prescribed on a scale from 1(not confident) to 10 (very confident)? _____

Why did you place yourself at that particular point on the scale?

What would have to change for you to become more confident in taking your medication?

SATISFACTION

Generally, how satisfied are **you** with your medication on a scale from 1(not satisfied) to 10 (verysatisfied)? _____

Why did you place yourself at that particular point on the scale?

What would have to change or be different for you to be more satisfied about your medication?

ADHERENCE SOLUTIONS CARD

Include dose and time of day that the medication is taken

Box 1

Things I need to talk to my doctor about at my next appointment:

Box 2: I would like the medicine to help me with:

So that I can reach my goal of:

Record strategies that will help me to remember to take medication (e.g., reminders- keep medication next to the coffee pot to remember to take morning medication) in the box below:

Box 3

Review the things that help me with taking medication (e.g., "the benefits of medication are…") and record them in box below:

Box 4

Record ways that I can reward myself for taking medication and steps to goals:

Box 5

My Name: _____

I am at my best when I am doing the following:

_____

_____

_____

My Values and Goals:

Values: The most important things in my life are…

_____

_____

_____

_____

_____

Goals For Recovery: I would like medicine to help with these goals

_____

_____

_____

_____

_____

Inspired by: Deegan, P., Carpenter-Strong, E., Drake, R., Naslund, J., Luciano, A., Hutchinson, S. (2017). Enhancing clients' communication regarding goals for using psychiatric medications. *Psychiatric Services in Advance*. doi: 10.1176/appi.ps.201600418

Outcome Measures

BAVQ – R

CHADWICK, PAUL, LEES, SUSAN, BIRCHWOOD, MAX

The revised Beliefs About Voices Questionnaire (BAVQ-R)

(from The British Journal of Psychiatry 2000 177: 229-232)

There are many people who hear voices. It would help us to find out how you are feeling about your voices by completing this questionnaire. Please read each statement and tick the box which best describes the way you have been feeling in the *past week*.

If you hear more than one voice, please complete the form for the voice which is dominant.

Thank you for your help.

Name: .....
Age: .....

		Disagree	Unsure	Slightly Agree	Strongly Agree
1	My voice is punishing me for something I have done				
2	My voice wants to help me				
3	My voice is very powerful				
4	My voice is persecuting me for no good reason				
5	My voice wants to protect me				
6	My voice seems to know everything about me				
7	My voice is evil				
8	My voice is helping to keep me sane				
9	My voice makes me do things I really don't want to do				
10	My voice wants to harm me				
11	My voice is helping me to develop my special powers or abilities				
12	I cannot control my voices				
13	My voice wants me to do bad things				
14	My voice is helping me to achieve my goal in life				

15	My voice will harm or kill me if I disobey or resist it				
		Disagree	Unsure	Slightly Agree	Strongly Agree
16	My voice is trying to corrupt or destroy me				
17	I am grateful for my voice				
18	My voice rules my life				
19	My voice reassures me				
20	My voice frightens me				
21	My voice makes me happy				
22	My voice makes me feel down				
23	My voice makes me feel angry				
24	My voice makes me feel calm				
25	My voice makes me feel anxious				
26	My voice makes me feel confident				

When I hear my voice, usually ...

		Disagree	Unsure	Slightly Agree	Strongly Agree
27	I tell it to leave me alone				
28	I try and take my mind off it				
29	I try and stop it				
30	I do things to prevent it talking				
31	I am reluctant to obey it				
32	I listen to it because I want to				
33	I willingly follow what my voice tells me to do				
34	I have done things to start to get in contact with my voice				
35	I seek the advice of my voice				

Psychotic Symptom Rating Scale (PSYRATS)

PSYCHOTIC SYMPTOM RATING SCALES

A Auditory hallucinations

1 Frequency

0 Voices not present or present less than once a week
1 Voices occur for at least once a week
2 Voices occur at least once a day
3 Voices occur at least once an hour
4 Voices occur continuously or almost continuously i.e. stop for only a few seconds or minutes

2 Duration

0 Voices not present
1 Voices last for a few seconds, fleeting voices
2 Voices last for several minutes
3 Voices last for at least one hour
4 Voices last for hours at a time

3 Location

0 No voices present
1 Voices sound like they are inside head only
2 Voices outside the head, but close to ears or head. Voices inside the head may also be present
3 Voices sound like they are inside or close to ears and outside head away from ears
4 Voices sound like they are from outside the head only

4 Loudness

0 Voices not present
1 Quieter than own voice, whispers
2 About same loudness as own voice
3 Louder than own voice
4 Extremely loud, shouting

5 Beliefs regarding origin of voices

0 Voices not present
1 Believes voices to be solely internally generated and related to self
2 Holds < 50% conviction that voices originate from external causes
3 Holds ≥ 50% conviction (but < 100%) that voices originate from external causes
4 Believes voices are solely due to external causes (100% conviction)

6 Amount of negative content of voices

0 No unpleasant content
1 Occasional unpleasant content (<10%)
2 Minority of voice content is unpleasant or negative (<50%)
3 Majority of voice content is unpleasant or negative (≥ 50%)
4 All of voice content is unpleasant or negative

Psychotic Symptom Rating Scale (PSYRATS)

7 Degree of negative content

0 Not unpleasant or negative
1 Some degree of negative content, but not personal comments relating to self or family e.g. swear words or comments not directed to self, e.g. 'the milkman's ugly'
2 Personal verbal abuse, comments on behavior e.g. 'shouldn't do that or say that
3 Personal verbal abuse relating to self-concept e.g. 'you're lazy, ugly, mad, perverted
4 Personal threats to self-e.g. threats to harm self or family, extreme instructions or commands to harm self or others

8 Amount of distress

0 Voices not distressing at all
1 Voices occasionally distressing, majority not distressing (<10%)
2 Minority of voices distressing (<50%)
3 Majority of voices distressing, minority not distressing (≥50%)
4 Voices always distressing

9 Intensity of distress

0 Voices not distressing at all
1 Voices slightly distressing
2 Voices are distressing to a moderate degree
3 Voices are very distressing, although subject could feel worse
4 Voices are extremely distressing, feel the worst he/she could possibly fee

10 Disruption to life caused by voices

0 No disruption to life, able to maintain social and family relationships (if present)
1 Voices causes minimal amount of disruption to life e.g. interferes with concentration although able to maintain daytime activity and social and family relationships and be able to maintain independent living without support
2 Voices cause moderate amount of disruption to life causing some disturbance to daytime activity and/or family or social activities. The patient is not in hospital although may live in supported accommodation or receive additional help with daily living skills
3 Voices cause severe disruption to life so that hospitalization is usually necessary. The patient is able to maintain some daily activities, self-care and relationships while in hospital. The patient may also be in supported accommodation but experiencing severe disruption of life in terms of activities, daily living skills and/or relationships
4 Voices cause complete disruption of daily life re9uiring hospitali6ation. 8he patient is unable to maintain any daily activities and social relationships. Self-care is also severely disrupted.

11 Controllability of voices

0 subjec5t believes they can have control over the voices and can always bring on or dismiss them at will
1 Subject believes they can have some control over the voices on the majority of occasions
2 Subject believes they can have some control over their voices approximately half of the time
3 Subject believes they can have some control over their voices but only occasionally. The majority of the time the subject experiences voices which are uncontrollable
4 Subject has no control over when the voices occur and cannot dismiss or bring them on at all

Psychotic Symptom Rating Scale (PSYRATS)

B Delusions

1 Amount of preoccupation with delusions

0 No delusions, or delusions which the subject thinks about less than once a week.
1 Subject thinks about beliefs at least once a week
2 Subject thinks about beliefs at least once a day
3 Subject thinks about beliefs at least once an hour
4 Subject thinks about delusions continuously or almost continuously

2 Duration of preoccupation with delusions

0 No delusions
1 Thoughts about beliefs that last for a few seconds, fleeting thoughts
2 Thoughts about delusions last for several minutes
3 Thoughts about delusions last for at least 1 hour
4 Thoughts about delusions usually last for hours at a time

3 Conviction

0 No conviction
1 Very little conviction in reality of beliefs, < 10%
2 Some doubts relating to conviction in beliefs, between 10-49%
3 Conviction in belief is very strong, between 50-99%
4 Conviction is 100%

5 Distress

0 No distress
1 Beliefs cause slight distress
2 Beliefs cause moderate distress
3 Beliefs cause marked distress
4 Beliefs cause extreme distress, could not be worse

6 Disruption to life caused by beliefs

0 No disruption to life, able to maintain independent living with no problem in daily living skills. Able to maintain social and family relationships (if present)
1 Beliefs cause minimal amount of disruption to life, e.g. interferes with concentration although able to maintain daytime activity and social and family relationships and be able to maintain independent living without support
2 Beliefs cause moderate amount of disruption to life causing some disturbance to daytime activity and/or family or social activities. The patient is not in hospital although may life in supported accommodation or receive additional help with daily living skills
3 Beliefs cause severe disruption to life so that hospitalization is usually necessary. The patient is able to maintain some daily activities, self-care and relationships while in hospital. The patient may be also be in supported accommodation= but experiencing severe disruption of life in terms of activities, daily living skills and/or relationships
4 Beliefs cause complete disruption of daily life requiring hospitalization. The patient is unable to maintain any daily activities and social relationships. Self-care is also severely disrupted.

Name: .....

RAS-DS (Recovery Assessment Scale – Domains and Stages)

Instructions: Below is a list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and circle the number to the right that best describes you at the moment. Circle only one number for each statement and do not skip any items.

DOING THINGS I VALUE					
		UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
1	It is important to have fun	1	2	3	4
2	It is important to have healthy habits	1	2	3	4
3	I do things that are meaningful to me	1	2	3	4
4	I continue to have new interests	1	2	3	4
5	I do things that are valuable and helpful to others	1	2	3	4
6	I do things that give me a feeling of great pleasure	1	2	3	4
LOOKING FORWARD					
		UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
7	I can handle it if I get unwell again	1	2	3	4
8	I can help myself become better	1	2	3	4
9	I have the desire to succeed	1	2	3	4
10	I have goals in life that I want to reach	1	2	3	4
11	I believe that I can reach my current personal goals	1	2	3	4
12	I can handle what happens in my life	1	2	3	4
13	I like myself	1	2	3	4
14	I have a purpose in life	1	2	3	4
15	If people really knew me they would like me	1	2	3	4
16	If I keep trying, I will continue to get better	1	2	3	4
17	I have an idea of who I want to become	1	2	3	4
18	Something good will eventually happen	1	2	3	4
19	I am the person most responsible for my own improvement	1	2	3	4
20	I am hopeful about my own future	1	2	3	4
21	I know when to ask for help	1	2	3	4

LOOKING FORWARD (continued)					
		UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
22	I ask for help, when I need it	1	2	3	4
23	I know what helps me get better	1	2	3	4
24	I can learn from my mistakes	1	2	3	4
MASTERING MY ILLNESS					
		UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
25	I can identify the early warning signs of becoming unwell	1	2	3	4
26	I have my own plan for how to stay or become well	1	2	3	4
27	There are things that I can do that help me deal with unwanted symptoms	1	2	3	4
28	I know that there are mental health services that help me	1	2	3	4
29	Although my symptoms may get worse, I know I can handle it	1	2	3	4
30	My symptoms interfere less and less with my life	1	2	3	4
31	My symptoms seem to be a problem for shorter periods of time each time they occur	1	2	3	4
CONNECTING AND BELONGING					
		UNTRUE	A bit TRUE	Mostly TRUE	Completely TRUE
32	I have people that I can count on	1	2	3	4
33	Even when I don't believe in myself, other people do	1	2	3	4
34	It is important to have a variety of friends	1	2	3	4
35	I have friends who have also experienced mental illness	1	2	3	4
36	I have friends without mental illness	1	2	3	4
37	I have friends that can depend on me	1	2	3	4
38	I feel OK about my family situation	1	2	3	4

THE RECOVERY ASSESSMENT SCALE – DOMAINS AND STAGES (RAS-DS)

38 items with Likert scale with 4 rating categories from:

- Untrue
- A bit true
- Mostly true
- Completely true

Four recovery domains

- Doing Things I value
  - Personal, not societal values
- Looking Forward
  - Viewing self outside context of illness
  - Hopeful for the future
- Mastering My Illness
  - Focus on control and management of symptoms, not amelioration of symptoms
- Connecting and Belonging
  - Greater diversity in social relationships
  - Family and broader communities
  - Reciprocated and personally satisfying

You can use one section at a time, or all sections at the same time. It's up to you and wheat you believe your client needs.

Find the free manual and workbook online at https://ras-ds.net.au/

"Or type in RAS-DS My mental health recovery measure" in your browser to get complete instructions and workbook for use with clients

Nicola Hancock et al., 2014 If you choose to use the RAS-DS, please email Nicola at: nicola.hancock@sydney.edu.au. She will automatically send you updates as they are created.

Name:_____Rating interval: B, 3, 6, 9, 12 Date: _____

DIALOG	Totally Dissatisfied	Very Dissatisfied	Fairly Dissatisfied	In the middle	Fairly Satisfied	Very Satisfied	Totally Satisfied	Additional help Wanted? Yes/no
How satisfied are you with your Mental health?								
How satisfied are you with your Physical health?								
How satisfied are you with your Job situation?								
How satisfied are you with your Accommodations/housing								
How satisfied are you with your Leisure activities?								
How satisfied are you with your Partner/family?								
How satisfied are you with your Friendships?								
How satisfied are you with your Personal safety?								
How satisfied are you with your Medication?								
How satisfied are you with your Practical help you receive?								
How satisfied are you with your Meetings with mental health professionals?								

Pick the top three things that you would like to work on:	**Updates since last review/Progress to Goals**
1	
2	
3	

DIALOG was developed by Stephan Priebe <s.priebe@qmul.ac.uk . Used with permission

DIALOG STRATEGY

Introduce DIALOG as a way to help you work together

Re-administer every 2-3 months

Select no more than 3 domains to work on at a time

Guidelines to select a focus

- Area client really wants to work on
- Satisfaction rating below 4
- Distress associated with mental health item
- Always helpful to purposefully review areas of progress and decline

For review sessions

- Always helpful to purposefully review areas of progress and decline

DIALOG "4-step" approach applied to target areas:

1. Understanding (Socialize and Target)
2. Looking forward (Action phase)
3. Exploring options (Action phase)
4. Agreeing on actions (Review and Take Home)

Priebe, et al (2007; 2012)

Study Guides

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

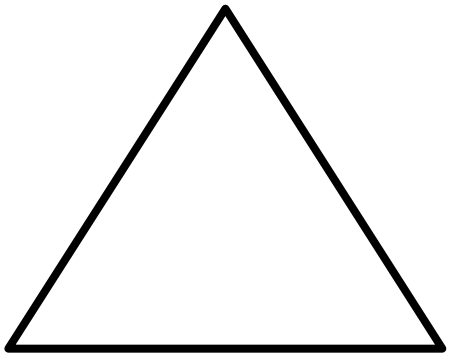
One-Pager Summary Notes for Session 1

Section 1: Introduction
What is CBT-p and what are some "versions" of this approach?
Why should we use a team-based model for working with psychosis?
Section 2: Empathy exercise
What is it like for someone who experiences psychosis?
Section 3: On being human
What did I learn about how my brain works?
Section 4: Understanding Schizophrenia
Important notes to help me understand Schizophrenia
Section 5: Ways to think about Schizophrenia
Of the three ways of thinking about schizophrenia, which ones most inform my view? Most inform my agency's view of treatment? Stigma Biology Recovery
Finish
What do I want to learn more about? What is one learning step I will take after this course? When will I do it?

Series # 1.2 (Day 1 section 2)
Take home work
Review of Take-home work – What did you find most interesting or surprising as you reviewed the different websites provided in our series schedule? And what about it was interesting to you?
Strategies informed by CBT-p
Define engagement:
Define normalization:
What is the "Adaptive Mode":
How do you find common ground with the clients you work with?
A Plan for Goals
All of the choices below are a pathway to creating a goal, but what is the <u>most effective</u> pathway to finding a goal for you and your client to work on? a. Brainstorming, Values, strengths, obstacles, choosing the best goal, stepping stones, review, revise b. Goals, values, obstacles, brainstorming, choosing the best goal, stepping stones, review, revise c. Choosing the best goal, obstacles, values, review, stepping stones, brainstorming, revise
What activity might you do if your client is having a difficult time identifying their values?
Acceptance and Empathy – tough but important question
When we talk about "acceptance," are we saying that the client really has to accept his/her diagnosis? Are we saying that they have to agree with their diagnosis? If we are not saying that, then what is it we want our clients to accept?

How might you search for empathy from yourself when you can't fully relate to what the client is going through?
Is it ok to take a break from the session and come back 5 minutes later, or to walk around the agency with your client to help soothe the client's distress? What other techniques might you use to help your client feel safer in the office or in your car (or wherever).
Normalization and Education
You've told your client that what they are experiencing is a continuum of what is "normal" across our US population. What evidence can you use to support your position with the client?
Stress and Schizophrenia
What are some stressors that might result in psychosis experiences?
How can the "Stress Bucket" help explain to your client how they might change how they manage their stress?
Name two ways the Stress Bucket can be used to provide the client with tools to navigate stress in their life?

Study Guide for Day 1 Session 3 (1.3)
Take-Home Work
What did you learn about yourself from completing the Stress Bucket activity?
START Model
Define all of the components of the START model and give a brief example of how you might approach each of these components
S:
T:
A:
R:
T:
CBTp Model:
On the CBTp Triangle shown below, briefly describe what each corner represents and what is represented by the middle space in the triangle:



Interview Techniques:
What are three questions you might ask in order to translate the CBTp model into a full understanding of the experience (not to be confused with the 3Cs technique):
1.
2.
3.
Write out the Three Question Technique (The 3 Cs):
1.
2.
3.
Cognitive Restructuring is something only a licensed therapist can use with a client. Case Managers should not attempt to use this technique:
True: Explain:
False: Explain:
Emotion Regulation
A higher level of distress is experienced when which technique is used to manage thoughts (circle all that apply): Avoidance Acceptance Re-appraisal Suppression Rumination Vocalizing the emotion
What is one extremely important activity is necessary to do with your client when they return with a completed mood monitoring survey (this is not a trick question):
Name three methods for self-soothing:
1.
2.
3.
List three common phrases you could use with your client when you notice he/she is distressed
1.
2.
3.
Describe what a “formulation” and how it is used:
Take-Home Work: Look at the case of Joe, put it into the cognitive model, and respond to the questions on the back of the page.

Study Guide for Day 2 Session 1 (2.1)
Take-Home Work
How did the formulation go? What did you learn?
START Model
Write down a statement you might make during each phase of the START Model
S:
T:
A:
R:
T:
CBTp Model:
Using the diagram below, outline how you might describe the CBTp Model. Why would we do this?
Components of CBTp Therapy
Write out the 8 main components of CBTp therapy
1.
2.
3.
4.
5.
6.
7.
8.

Describe anosognosia as if you were describing it to a family member of a client you are working with.
What do you think of training the client to become a good “CBTp client,” and why.
What is Socratic Dialogue and Guided discovery? How might you use it in therapy with a client you are working with now?
How might you use a formulation with your client?
Complete a formulation on a client you are working with (no identifying information please) to share with the class.

Study Guide for Day 2 Session 2 (2.2)
Take-Home Work
How did the mini-formulation go? What did you learn?
Working with thoughts
How do you guide the client when working with a thought record?
Think of a game that you can play in the office that might help the client learn the 3Cs and describe below (e.g. I play waste-basketball by catching the thought (written on a piece of paper and then balled up, discover a new thought that is more reality oriented, and throwing the old thought away – basketball style)
What does “flexible thinking” mean?
All this looks easy. Looks like the same things case managers are taught to do. What makes it different in the “therapy world?”
What do you think of training the client to become a good “CBTp client,” and why.

What is Socratic Dialogue and Guided discovery? How might you use it in therapy with a client you are working with now?
How might you use a formulation with your client?
Complete a formulation on a client you are working with (no identifying information please) to share with the class.

Study Guide for Day 2 Session 3 (2.3)
Take-Home Work
Were you able to list techniques to use for thoughts, emotions, behavior? Any Questions?
Voices
List 5 insights you gained in yourself when you participated in the voice hearing activity
Using your own experience to help with your client's experiences.
Based on your experience of the voice hearing activity, how will you practice differently as a result of your insights.
What is the most important thing about using a voice diary? How will you use the voice diary to collaborate with your client?
List 10 things that might cause voice hearing, other than a diagnosis of schizophrenia or psychosis.
It is very likely that the voices individuals hear are reflective of_____?

Is it possible that voices are thoughts the client hears?
In what way might trauma play a role in voice hearing?
Is it really possible that the client is actually hearing something? How do we know?
What are 5 incredibly important questions to ask an individual who is experiencing distressing voices.
If we can't help the client get rid of the voices, what would be the next target to focus on?
Delusions
Name 3 techniques to use when a client is experiencing delusions.
How hard will it be for you to drop a reality based "seed thought"?
How hard will it be for you to focus on improving daily living rather than helping the client to eliminate the voices?
Homework: Look for a place in your practice to use a voice diary and explain it to your client. Ask if they would be willing to use a voice diary. Make plans to review the voice diary the next time the client returns.

Study Guide for Day 2 Session 4 (2.4)
Take-Home Work
1. What did you learn from the Delusion Behavioral Experiment? 2. In what ways could this experiment have been set up more effectively?
There are 5 aspects of negative symptoms that need to be considered when preparing to intervene. What are those 5 aspects?
1.
2.
3.
4.
5.
Would it be fair to say that someone who is presenting with negative symptoms is unmotivated and really has no interest in changing their behavior? Why?
What safety maintenance behavior is a part of negative symptoms? Describe how that maintenance behavior works?
What is a "hierarchy of activities?"
What are the main points you would review when teaching a client about Behavioral Activation.
OK, so now you have a fairly well completed Activity Monitoring worksheet? What do you do with it? **What do you look for?**

What is the goal of Behavior Activation?
Name the three ways to address common barriers when using Behavior Activation?
You've got a patient with severe negative symptoms who also has psychosis. What issue do you attend to most at the beginning of treatment? Why?
Describe what to say when a client indicates that in no way does he/she want to take medication?
Describe what to say when a client indicates that he/she might take medication, he/she is undecided.
What if a client indicates that he/she is willing to take meds, but is often so forgetful, the meds get forgotten most of the time.

Study Guide for Day 3 Session 1 (3.1)
Take-Home Work
What new skills have you been using? What is your experience in using these new techniques?
What do we mean when we refer to "acculturational stage" ?
What coping skills are similar across cultures?
How might other cultures differ from our western culture in terms of relationships, boundaries, environment, and who holds power?
What might be different for other cultures in terms of help-seeking by the client and/or family?
In what areas do you personally need to work on to reduce biases you may have about working with other cultures (we all have biases that need to be worked on – everyone of us!)

Name five reasons we even bother to use outcome measures
1.
2.
3.
4.
5.
Given your scope of practice (your employment role), which outcome measure that we talked about in this session might you consider using on a client on your case load? Why?
Why do families need to be invited, as much as possible, in the treatment of psychosis?
What techniques might you discuss with family members to help them negotiate effective communication with their loved one who suffers from psychosis?
Is it possible for an entire family to engage in maintenance behaviors (safety behaviors) that keep them from understanding what their loved one is going through? What might those behaviors look like?
If you have ever been a victim of stigma, can you describe what feelings and thoughts you had at the time? (no need to describe the situation, only the feelings and thoughts you had at the time).

Name: **Agency:** **Title of your role:** **Date:**

Study Guide 3.2	YES	Undecided	NO
I commit to learning the CBTp model, formulation, and practice skills.	☐	☐	☐
I commit to discussing these skills during supervision, and I will discuss how they can be used effectively with clients.	☐	☐	☐
I understand that should I submit a recording for fidelity rating, that the rating I receive is not reflective of my value and worth as a therapist/provider (neither positive or negative). I will keep in mind that the fidelity rating is only for my own improvement as a CBTp informed therapist/provider.	☐	☐	☐
I'd like to submit fidelity recordings and learn how to work toward fidelity of CBTp skills as measured by my supervisor (if supervisor is trained in CBTp) or by CBTp staff at NEOMED (Harry Sivec, PhD/Valerie Kreider, PhD, LPCCS).	☐	☐	☐
Should an inter-agency learning collaborative form (e.g. CBTp trained providers from other NEOMED partner agencies), I would like to be a part of that group for my own learning purposes.	☐	☐	☐

Thank you for taking the time and energy to be with us during this training. We feel grateful to have so many therapists from around Ohio interested in being available for this vulnerable, and workable, population.

We invite you to hang with us (the NEOMED CBTp faculty/staff) and continue to learn, discover, and collaborate on ways that CBTp informed practice can answer the hopes and dreams of those who suffer from psychosis and schizophrenia.

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Practice session 1: The First Session

Each dyad should practice a separate portion of the session.

1. The first dyad practices the S and T of START: getting to know your client and what they want to work on.
2. The second couple practices engagement and empathy. This would be the A part of the START model, and while we don't normally think of engagement and empathy as "active/action" items or interventions, sometimes it's the only action we can give depending on the severity of current psychosis symptoms. Think about using techniques such as normalizing, guided discovery (to get a better understanding of the presenting problem), psychoeducation…etc.
3. The third dyad practices setting an agenda (we will pretend here that setting the agenda took the whole session so completing the RT of START to identify the agenda for further sessions

Role play: client who has paranoia and/or negative symptoms

Skills to practice:

1. **Engagement and empathy (10 minutes)**
2. **Setting an agenda (10 minutes)**
3. **Use the START Model throughout the session with each dyad doing their respective portion of the START model.**

Main focus is to use the adaptive mode and empathy to get through setting an agenda (DO NOT PROBLEM SOLVE)

- Find interests and find adaptive mode (Desired practice outcome)
- Find interests/strengths and most important issues to discuss today. If more than one issue is defined, identify an agenda in order of importance of issues to address this session.
- Help person translate interest into value-based goal if time permits

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

BEST PRACTICES
IN SCHIZOPHRENIA
TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Feedback for Practicum 1

S Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

_____
_____
_____
_____

T Target: Identify target to work on and/or review during the meeting. The target is usually related to the client's goals.

_____
_____
_____
_____

A Action: Apply one intervention/technique relevant to the client's goal within the work specific to your role. Define the therapeutic framework that supports each of these activities.

_____
_____
_____
_____

R Review: Check the client's understanding of your discussion and ask for feedback about the meeting.

_____
_____
_____
_____

T Take home-work: Identify things to work on before the next meeting. Send the client home with necessary material, including a business card with the next scheduled meeting.

_____
_____
_____
_____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Practice session 2: Working with Thoughts and Emotions

Switch roles every 20 minutes. Your group will need to get through an entire session in one hour, with each dyad picking up where the previous dyad left off. So this is the REAL A (Action or intervention) session.

Role play a client who has very critical voices

1. **Identify unhelpful/ineffective thinking patterns (10 mins)**

2. **Skills to practice**: Continue on from the previous session, but change therapists and clients. Keeping the issue the client wants to talk about in mind, collaborate with client to choose one of the following to work on with your client **(15 mins).**

   Each dyad can continue on with the intervention decided upon in the previous dyadic session, or, the dyad may try to practice a different intervention just to play around and get some practice.

   1. **Thought Record for Belief (Alternative Thinking/Cognitive restructuring)**
   2. **The 3Cs**
   3. **Decision Balance (and cons**
   4. **CBT Triangle**
   5. **List of Unhelpful Thinking Habits**

3. **Debrief**: Discuss the session and collaborate on homework. Discuss what the client understands about the topic of discussion. Make sure they understand the homework assignment. Anything we could do differently next time? **(10 mins)**

Therapist: Anything further they might want to investigate, ask about before next session.

Debrief:

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist

Feedback for Practicum Session 2

S Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

_____
_____
_____
_____

T Target: Identify target to work on and/or review during the meeting. The target is usually related to the client's goals.

_____
_____
_____
_____

A Action: Apply one intervention/technique relevant to the client's goal within the work specific to your role. Define the therapeutic framework that supports each of these activities.

_____
_____
_____
_____

R Review: Check the client's understanding of your discussion and ask for feedback about the meeting.

_____
_____
_____
_____

T Take home-work: Identify things to work on before the next meeting. Send the client home with necessary material, including a business card with the next scheduled meeting.

_____
_____
_____
_____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Practice session 3: Working with Voices and Delusions

Role play a client who: has voices and/or paranoia; Switch roles every 20 minutes

Skills to practice: **Learning to feel comfortable working with voices and delusions**

Desired outcome: Client to arrive at a different perspective on the voices

1. **Understanding the voices (15 mins)**
    - Ask permission to talk about the voices (required)
    - Asking directly about the voices (who, age, male/female, content, how many, etc.)
    - What emotions does client experience
    - What has the client tried already to reduce the voices
    - When are the voices at their worse; when are they better
    - What does client do when they hear the voices
    - Do others hear the voices

2. **Discover what the client believes about his/her voices (15 mins)**
    - What did I tell myself when it happens?
    - What would I tell a friend if they had this experience; or what might they tell me in this situation?
    - Are voices all powerful or is there room for negotiation with them?
    - Do they intend harm to client or someone they love, or are they helpful?
    - Are the voices accurate?
    - What if what the voice is saying is not accurate or just wrong?

3. **Choose a coping skill to get to understand and work with the voices, assign homework, and have client summarize what he/she learned and what was helpful (15 mins)**
    - Cognitive restructuring
    - Voice Diary
    - Evidence for and against negative content of voices
    - Behavioral coping methods for coping with voices
    - Mindfulness and compassion activities

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist

Feedback for Practicum 3

S Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

_____
_____
_____
_____

T Target: Identify target to work on and/or review during the meeting. The target is usually related to the client's goals.

_____
_____
_____
_____

A Action: Apply one intervention/technique relevant to the client's goal within the work specific to your role. Define the therapeutic framework that supports each of these activities.

_____
_____
_____
_____

R Review: Check the client's understanding of your discussion and ask for feedback about the meeting.

_____
_____
_____
_____

T Take home-work: Identify things to work on before the next meeting. Send the client home with necessary material, including a business card with the next scheduled meeting.

_____
_____
_____
_____

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE

Practicum For Therapists

Case scenarios

For practicum, it is best to role play a client in a way that feels genuine. You can role play a client that you know well who experiences certain symptoms to make it more authentic. Please do not make the role plays too difficult as we are all here for a learning experience. **If the provider is having a hard time, the client should be a little easier to work with. If the provider is doing very well and session is going very easily, consider making the client a little more difficult.** If you do not have any examples that would work for the role play, you can use the cases below as a starting point and then modify as needed. Feel free to elaborate symptoms or to add areas of interest and hobbies to make the role play realistic.

Paranoia:

Client is a young adult with religious based paranoia. Believes that bad things happen because of past behaviors. Believes the devil is punishing him/her, especially when social interactions do not go well. Tends to misperceive social cues. Whenever anything out of the ordinary happens, believes it is due to the devil or demons. He / She stays at home most of the day playing video games and sleeping. Avoids other people because negative feedback confirms belief that he/she will not be able to have a relationship. Difficulty with concentration and short-term memory, makes it hard to process conversations at times. Enjoys music, watching sports, strong faith beliefs, work is very important.

For acute paranoia: person believes they are being followed by a gang. Has made several calls to the police and to family members. Wears a hat and jacket with effort to cover his face when out in public. Appears tense and hypervigilant, looking around the room and "on alert".

Negative symptoms:

Person is middle-aged, lives by self and has very few social connections. Stays home most of the time and does not feel like doing anything. Children have moved away and has some regrets about their childhood and blames self. Will Spend time on the phone with her child and these phone calls can last for hours at a time. Sometimes, he/she loses sleeps and becomes more paranoid and holds the idea that her child was abducted in the past. Does not feel like he/she can do anything, despite the fact that he/she makes it to appointments regularly. Moves slowly, mostly due to age, but does get around. Doesn't think people will like him/her. The person has an interest in preparing food, especially desserts and enjoys watching birds.

Voice hearing:

Person is middle-aged with a long history of hearing more than one voice. He/she will respond to internal stimulation in public and then minimize that he/she is responding to voices. The voices are insulting at times, calling him/her names and telling him/her not to shower or not to sleep in the bedroom. Voice sometimes interfere with sleeping at night and with taking showers. Appearance is somewhat dirty and disheveled. Person is sociable, likes music, movies, pets, and still helps elderly parents at times.

Feedback for Practicum 3

S Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

_____

_____

_____

_____

T Target: Identify target to work on and/or review during the meeting. The target is usually related to the client's goals.

_____

_____

_____

_____

A Action: Apply one intervention/ technique or other action relevant to the client's goal within the work specific to your role. Define the therapeutic framework that supports each of these activities.

_____

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R Review: Check the client's understanding of your discussion and ask for feedback about the meeting.

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T Take home work: Identify things to work on before the next meeting. Send the client home with necessary material, including a business card with the next scheduled meeting.

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