



nami

National Alliance on Mental Illness

Marin County

TPL

This program is made possible by a generous grant from *the William Gorrill Swigert Fund*



National Alliance on Mental Illness | Providing education, support, and advocacy for individuals and families affected by mental illness

Cognitive Behavioral Therapy (CBT)

Informed Care for Serious Mental Health Conditions

Interactive Webinars

With Dr. Douglas Turkington, MD



Workshop topics:

- | | |
|--|--|
| a) Principles of recovery | Time: 9:00 – 11:00 am
January 20 th , 2023 |
| b) Working with lack of insight | February 17 th , 2023 |
| c) Making sense of psychosis | March 17 th , 2023 |
| d) Managing challenging symptoms | April 21 st , 2023 |
| e) Talking about medicines | May 19 th , 2023 |
| f) Working with cannabis and substance abuse | June 9 th , 2023 |

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PARTICIPANT GUIDELINES FOR CBT WORKSHOP

Dr. Douglas Turkington

January 20, 2023



GUIDELINES

1. *Attendance:* We strongly encourage attendance for all sessions. Each session builds on the other. If you cannot attend one or elect not to proceed, please let us know at info@namimarin.org or 415-444-0480 to respect our waiting list.
2. *Question procedures:* You may submit questions by clicking on the chat feature at the bottom of your screen. Send them privately to Dr. Robert Reiser, not to all participants. During the presentation, please limit your questions to the topic being discussed. Other questions can be asked in the second part of the program.



GUIDELINES (cont'd)

4. *Question format:* Questions should be generally applicable without specific family details. Please do not ask Dr. Turkington to make person-specific advice about your family members.
5. *Confidentiality:* The first hour presentation will be recorded, including intermittent questions during the talk. The Q&A session in the second half will not be recorded. Please be advised not to include confidential information.
6. *Zoom etiquette:* Please make sure your microphone is muted. Your camera may remain on unless the background is distracting. You may choose to select “speaker view” in the upper right corner of the screen to focus on the presenter. If you have technical problems, please contact Meriam Salem through the private chat feature at the bottom of your screen.





Principles of Recovery

Douglas Turkington

Principles of Recovery

Recognition

Medication based recovery

Individual therapy approaches

Family approaches

Group therapy approaches

Social approaches

Altruism

Positive aspects of psychosis

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Recognition....what is remission..... what is recovery?

Remission means all symptoms have recovered and the individual has returned to their previous life trajectory and targets.

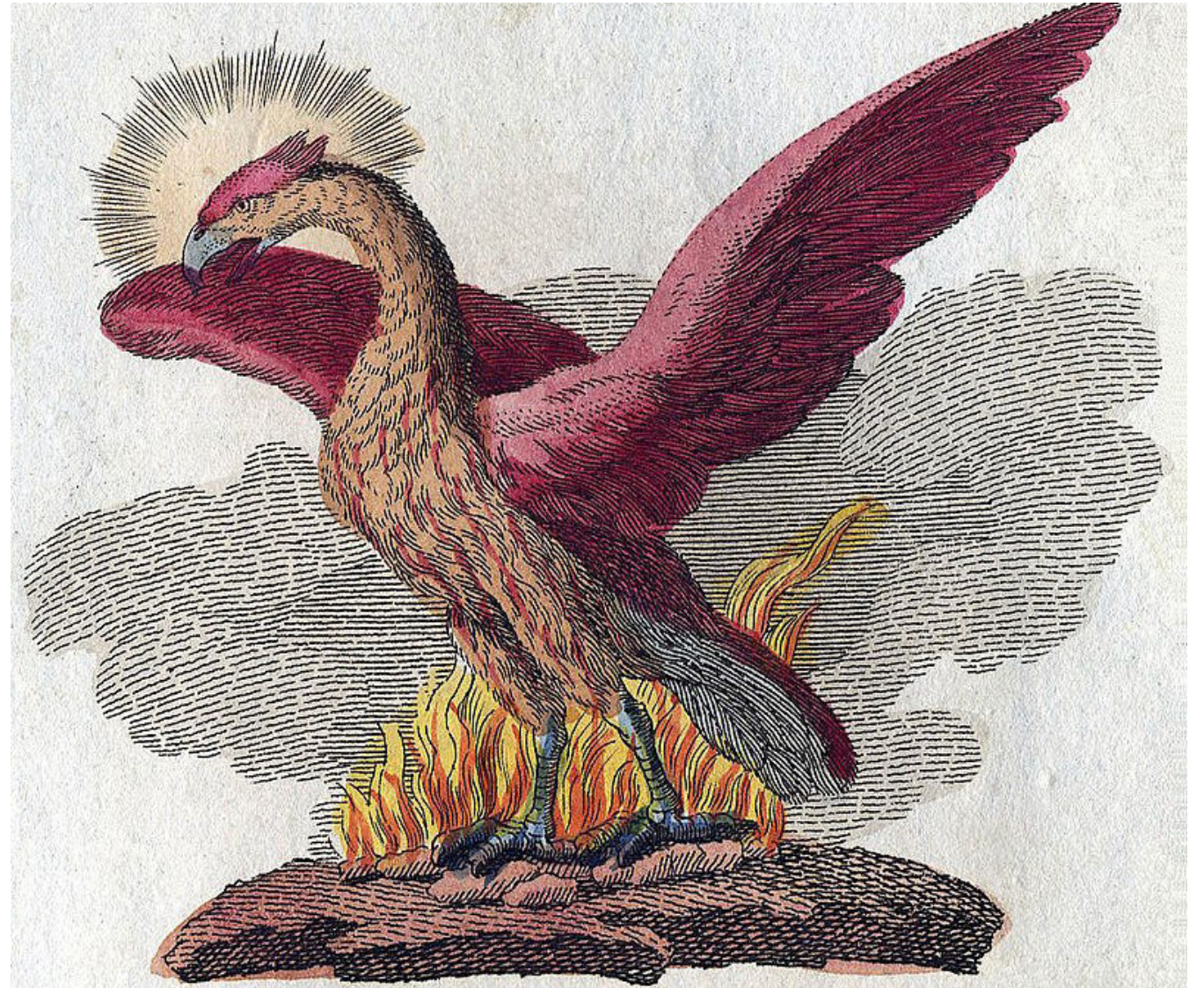
Remission is possible in Psychotic Depression and in Bipolar Disorder but is rare over the medium term in Schizophrenia.

The recovery model includes moving towards acceptance, generating optimism, improving insight, setting targets to build resilience, improving self-esteem and enhancing personal meaning.

Psychiatric textbooks tend to talk much more about remission than recovery.

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Recognition....
recovery isn't a
sudden
transformation

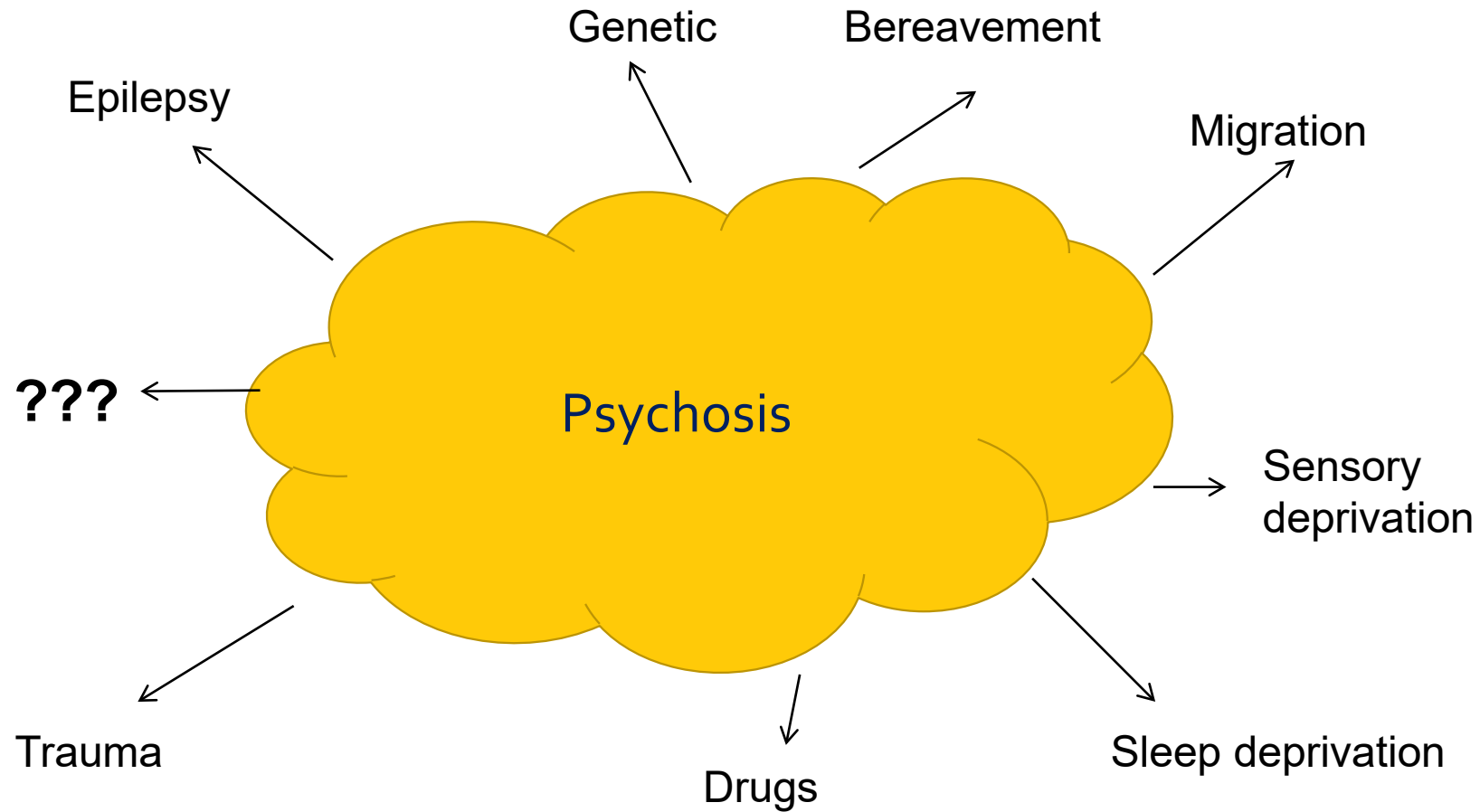


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Recovery begins at home but is strongly influenced by social and cultural factors....these include level of stigma, availability of medication, individual and group psychotherapy, befriending schemes, voluntary, training and supported work placements.

Recognition... What causes schizophrenia/ psychosis?



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Recognition... 'the schizophrenias' (Kingdon & Turkington, 2005)

Bleuler (DSM) vs Kraepelin (ICD)

Sensitivity Disorder (20%) biological...medication crucial

Drug-induced Psychosis (20%) needs family, individual input plus medication

Catatonia (1%) biological needs medication

Traumatic Psychosis (49%) needs expert CBTp or EMDR plus family input.....medication response much less

Anxiety Psychosis (10%)....needs expert CBTp maybe 50 sessions.

Recognition...recovery from first episode of schizophrenia and other psychoses.

after 4 years of treatment 55% of those young people with a first episode of schizophrenia were in recovery or in remission....(Torgalsboen, 2018)

10% were no longer on medication

Positive predictors were high levels of resilience

Negative predictors included pessimism in service providers, stigma in society, lack of individual psychological input, lack of volunteering and supported work placements....

Late recovery in 15%...

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Recognition...service users have defined recovery (Questionnaire of Personal recovery)

Self-esteem 'I feel better about myself'

Optimism 'I feel able to take chances in life'

Friendships 'I feel able to develop positive relationships'

Integration 'I feel part of society'

Self-esteem "I am able to assert myself"

Meaning 'I feel that my life has a purpose'

Positivity 'my experiences have changed me for the better'

Acceptance 'I have been able to come to terms with things'

Recognition....QPR continued

Positivity 'I am motivated to get better'

Positivity 'I can recognize the positive things I have done'

Insight 'I can understand myself better'

Assertion 'I can take charge of my life'

Assertion 'I can actively engage with life'

Assertion 'I can take control of aspects of my life'

Meaning 'I can find the time to do things I enjoy'

Recognition...the opposite of recovery is...stagnation

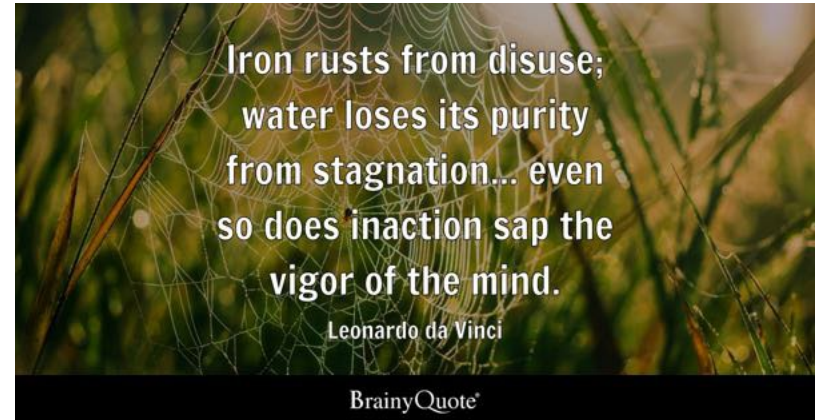
Being alone

Being stuck in a rut

Having little pleasure

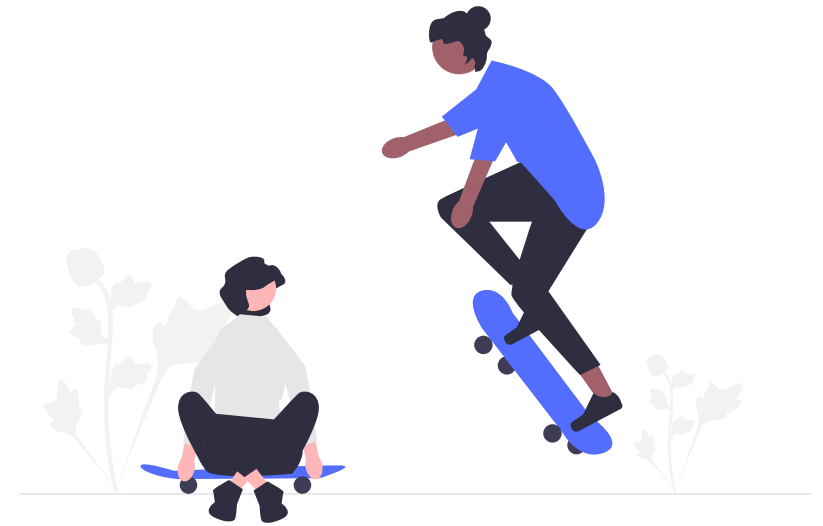
Having few friends

Feeling stigmatized and pessimistic



Recognition

- Use the QPR
- Explore main hobbies and interests... are these still being enjoyed?
- Speak to someone who knows what our loved one used to be like at school or work.
- Are any projects under way?
- Are any old friends still in contact?
- Questions or comments?



Medication and recovery

- 41% of clients with a schizophrenia spectrum disorder will have a good clinical response to their first or second antipsychotic or Clozapine (Leucht et al, 2017).
- Trial of Clozapine should not be delayed beyond 24 months.
- 20% have a placebo level response.
- The 41% need to stay on their medication for at least 2 years before gradual reduction or the symptoms will return particularly if medication is stopped suddenly.
- Individual CBT or CBT informed family input can help the loved one to understand/investigate their delusions and hallucinations when stable and this reduces risk of recurrence if medication stopped.



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Families can use CBT techniques to improve medication adherence (see session on May 19th 2023).

We always advise clients that if they decide to stop their medicine to let us help with a gradual reduction and backup therapy support.

We explain that stopping a dopamine blocker suddenly can destabilise the brain.

This usually means converting the medication to liquid form and reducing by 1mg per week over 3 months with CBT to work with emerging anxiety, paranoia and illusions every two weeks.

Questions or comments?

Medication and recovery

Individual CBT and recovery

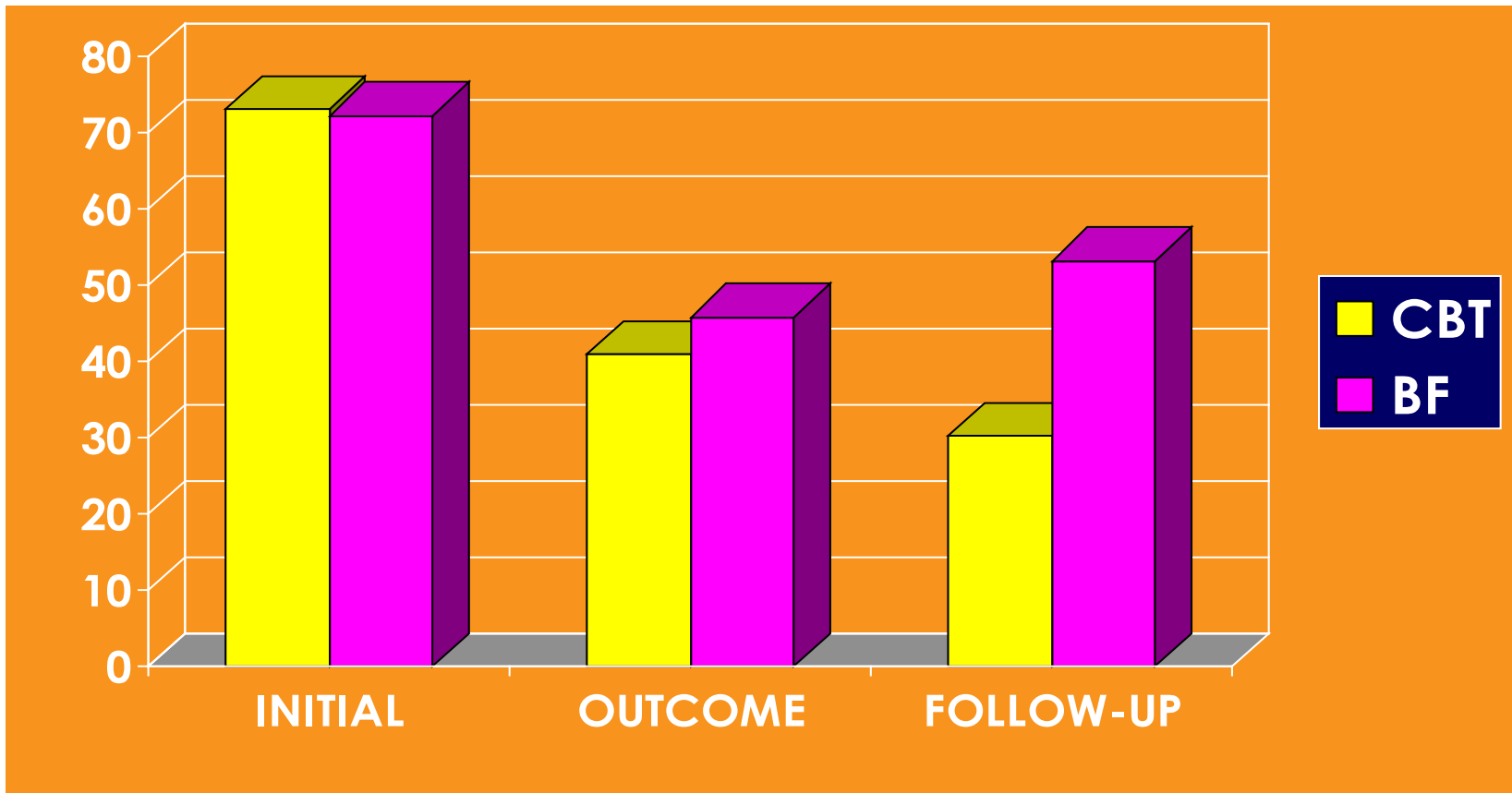
- In the ACTION trial (Morrison et al, 2014) 84 clients with schizophrenia who were refusing antipsychotic medication were recruited to be randomized to 12-20 sessions of CBT or no treatment
- At 9 months follow up 7/22 clients who had received a course of CBT were in recovery (more than 50% improved on PANSS) but 3/23 in the control group also were in recovery. The control group had no treatments of any kind.....recovery can occur in many different ways!
- At 18 months follow up these same clients were still in recovery.

CBT for Clozapine resistant schizophrenia

- At 21 months follow up 28/209 who received 26 sessions of CBT plus boosters were in recovery (more than 50% improved on PANSS)
- At 21 months follow up 14/206 who were in the control group were in recovery (more than 50% improved on PANSS)
- The 14 recoveries in the control group were all social.
- 3 control recoveries occurred in Newcastle in clients with chronic schizophrenia who were moved from city centre, poor quality accommodation to a brand-new group home at the coast with charismatic staff, views of the sea, scheduled activities and a therapy dog.

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Befriending and recovery in chronic schizophrenia



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Differential benefits of CBT and Befriending



- CBT of benefit in hallucinations, non-bizarre delusions and secondary negative symptoms
- Befriending of benefit in persecutory paranoia (the less the insight into the paranoid delusions and the more bizarre the better Befriending did) and in secondary negative symptoms (Samarasekara et al, 2007)
- Neither benefitted primary negative symptoms or cognitive deficits.
- *Testing against TAU or inert placebo should always be followed by testing against an active placebo or a head to head comparator.*

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Recovery from chronic schizophrenia with a course of CBT or Befriending

- CBT at 18/12 follow up 29/46
- Bef at 18/12 follow up 17/44
- Questions or comments?

Family
approaches to
recovery
(Lebert, 2019)

- Self care
- Communication & Befriending
- Work Life Balance
- Emotional Neutrality
- Hope and Flow





Having the Conversation

- Showing interest/curiosity
- Exploring the psychotic experience
- Befriending
- Listening
- Asking factual questions
- Being non-confrontational
- Being non-collusive
- Reducing distress
- Use of personal disclosure
- Be aware of “red flags”
- Questions or comments?

Group therapy and recovery

Needs to follow individual and family interventions.

Groups need to have a focus eg voices or coping or staying off cannabis

Should be roughly similar in terms of age

Can be culturally based

Allows the emergence of altruism.

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Social approaches

- Befriending
- Drop-ins
- Social and cultural settings
- Training
- Hobbies
- Voluntary activities
- Supported work placements





Whitley Bay and Cullercoats

Altruism and recovery

Eleanor Longden's
story

Debra Lampshire's
story

Talking about the
experience

Giving a
lecture/writing a
blog

Peer support

Running a group

Helping co-
produce research
Questions or
comments?

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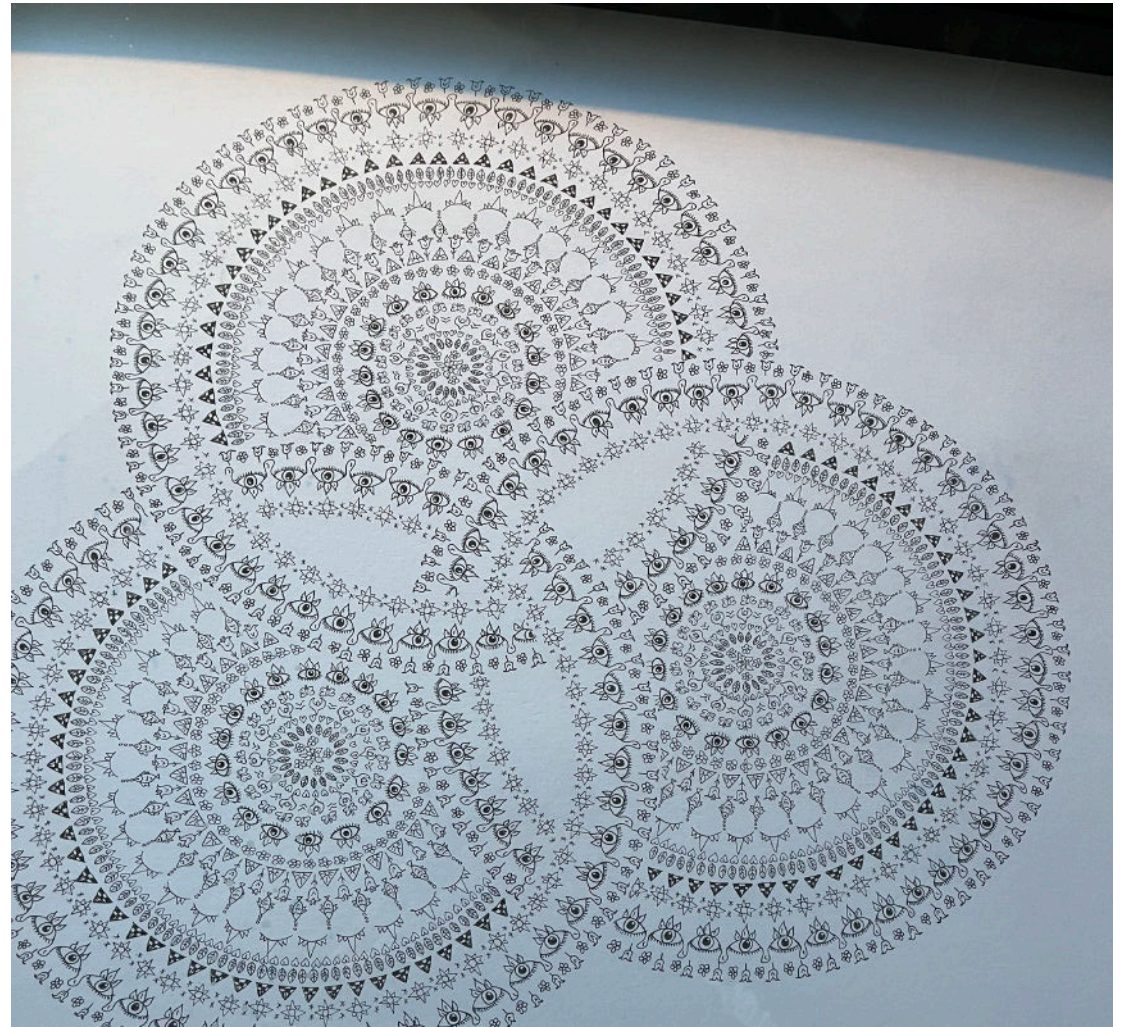
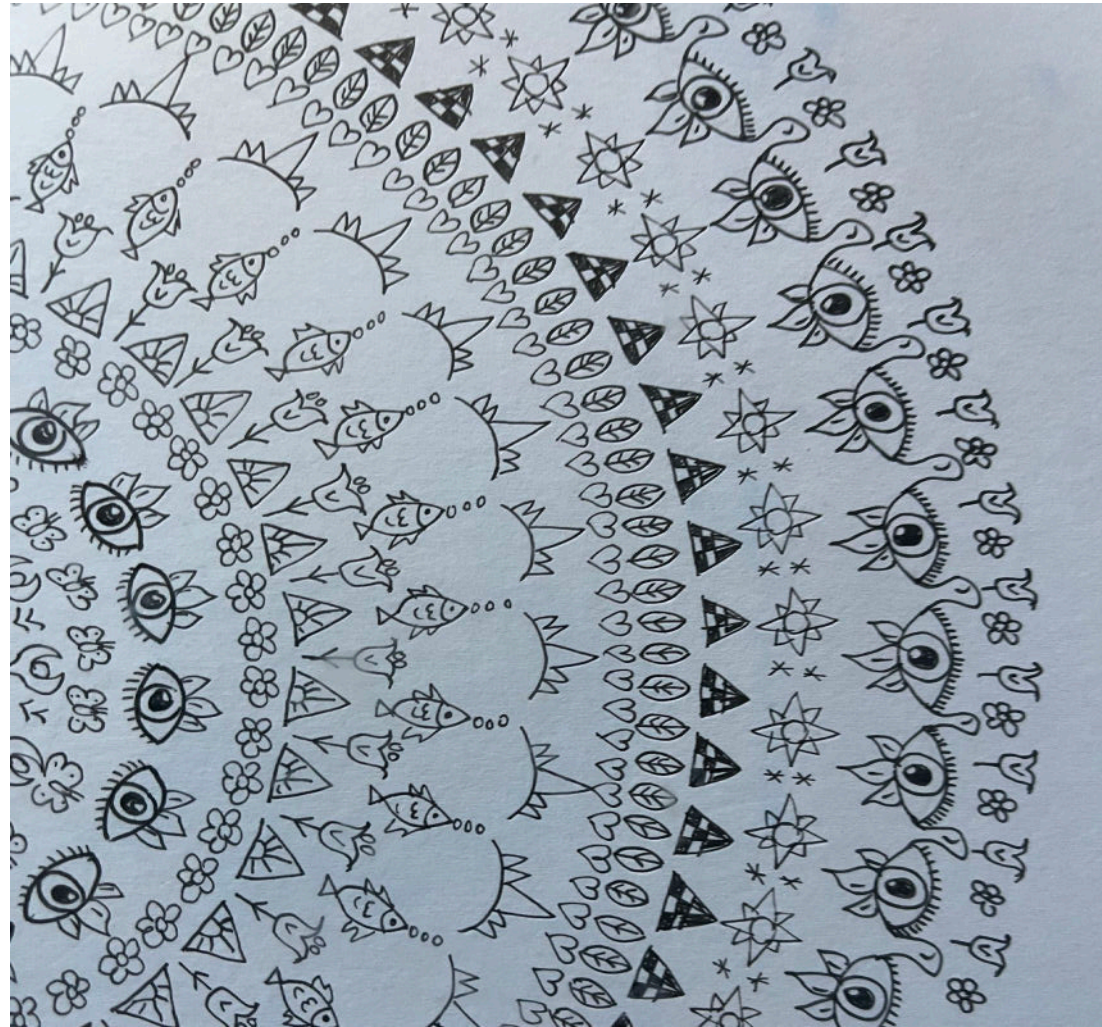
Recovery can lead to enhanced positivity and creativity

- Anthony Hopkins' voices became very positive 'my golden voice' and talked him out of alcoholism.
- He also became a prolific and highly original painter.
- Enhanced creativity can lead recovery or come later
- Enhanced spirituality is common (insula function)
- Enhanced ability in writing, poetry and design
- Enhanced ability to help others with mental health problems

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Examples of post- psychosis art





Interacting spiritual mandalas

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Focusing on Creative Work and a Positive Identity

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‘A Carbonated Future’

A victory for company

A breakthrough for achievement

A triumph over misery

An election for my governments

A comeback from anonymity

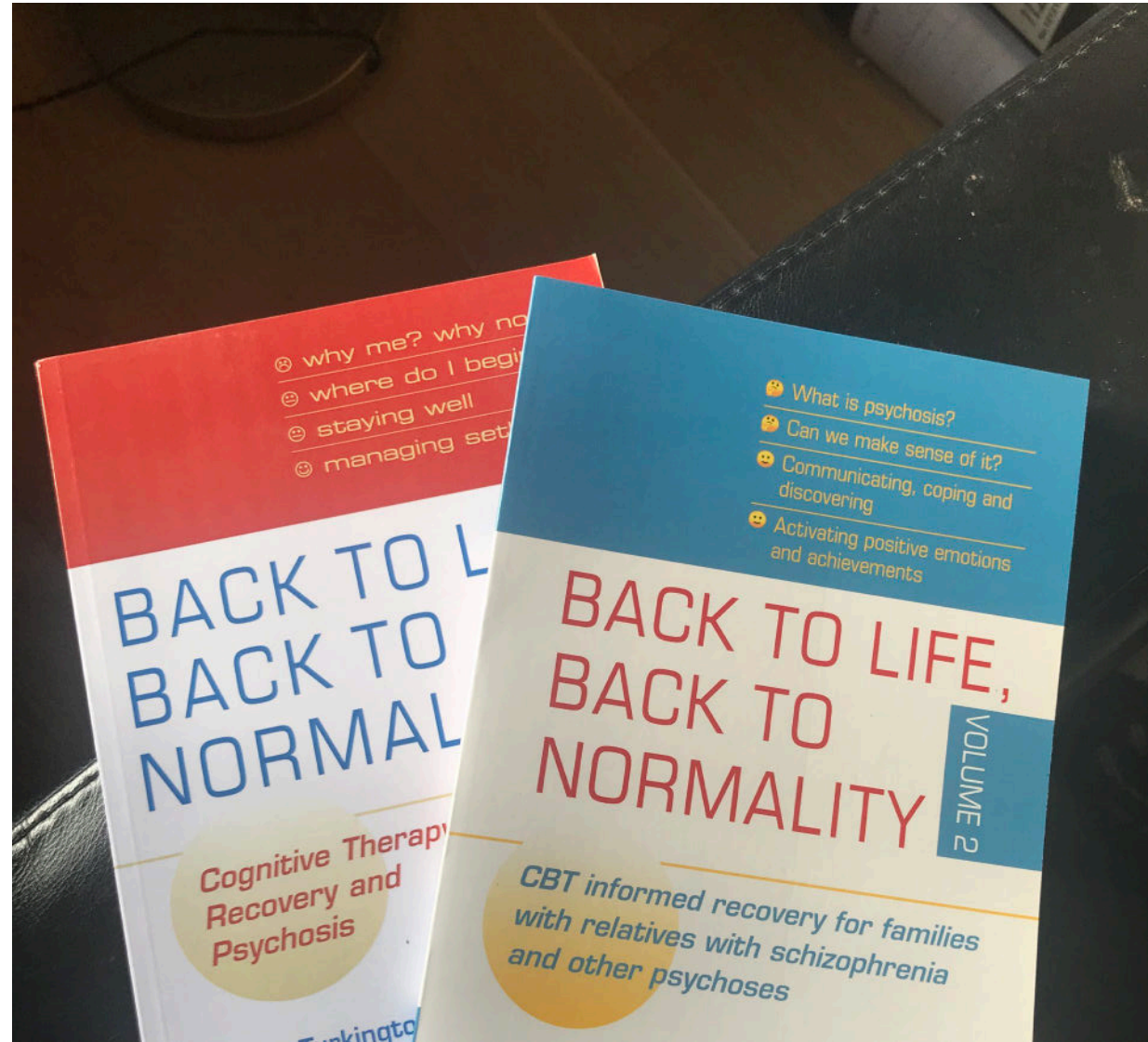
A major gain for accomplishment

A conquest of my histories

A profit made of enjoyment



2 recovery guides (2009 & 2019) for families with a loved one with psychosis



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Summary

even seemingly quite small changes at home can trigger the beginnings of recovery

an enhanced relationship with another person takes recovery forward

social, cultural and vocational recovery come next

we need the support of a mental health system which delivers the majority of the ingredients of recovery (access to medication and evidence-based therapies).

recovery can then lead to enhanced positivity, creativity and spirituality

Feedback and Supporting NAMI Marin

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