NAMI | Marin County

National Alliance on Mental Illness

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

Cognitive Behavioral Therapy (CBT)

Informed Care for Serious Mental Health Conditions

Interactive Webinars

With Dr. Douglas Turkington, MD

Workshop topics:

a) Principles of recovery
b) Working with lack of insight
c) Making sense of psychosis
d) Managing challenging symptoms
e) Talking about medicines
f) Working with cannabis and substance abuse

Time: 9:00 – 11:00 am
January 20th, 2023
February 17th, 2023
March 17th, 2023
April 21st, 2023
May 19th,2023
June 9th, 2023

TPL

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

NAMI Marin
National Alliance on Mental Illness

PARTICIPANT GUIDELINES FOR CBT WORKSHOP

Dr. Douglas Turkington

February 17, 2023

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

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.

This program is made possible by a generous g
the William Gorrill Swigert Fund

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.

This program is made possible by a generous g
the William Gorrill Swigert Fund

GUIDELINES (cont'd)

7. *Survey*: Please complete a brief 2 minute survey at the end of the presentation by clicking the link in your Webinar packet or clicking the link in the chat section of Zoom. Feedback is very important to us in deciding about future sessions of this and other programs. We ask you to take a few minutes to give us your comments.

THANK YOU FOR YOUR PARTICIPATION

This program is made possible by a generous g
the William Gorrill Swigert Fund

NAMI Marin County

National Alliance on Mental Illness

Working with lack of insight

Doug Turkington, Psychiatrist, UK

Friday 17th February 2023

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

TPL

NAMI Marin

National Alliance on Mental Illness

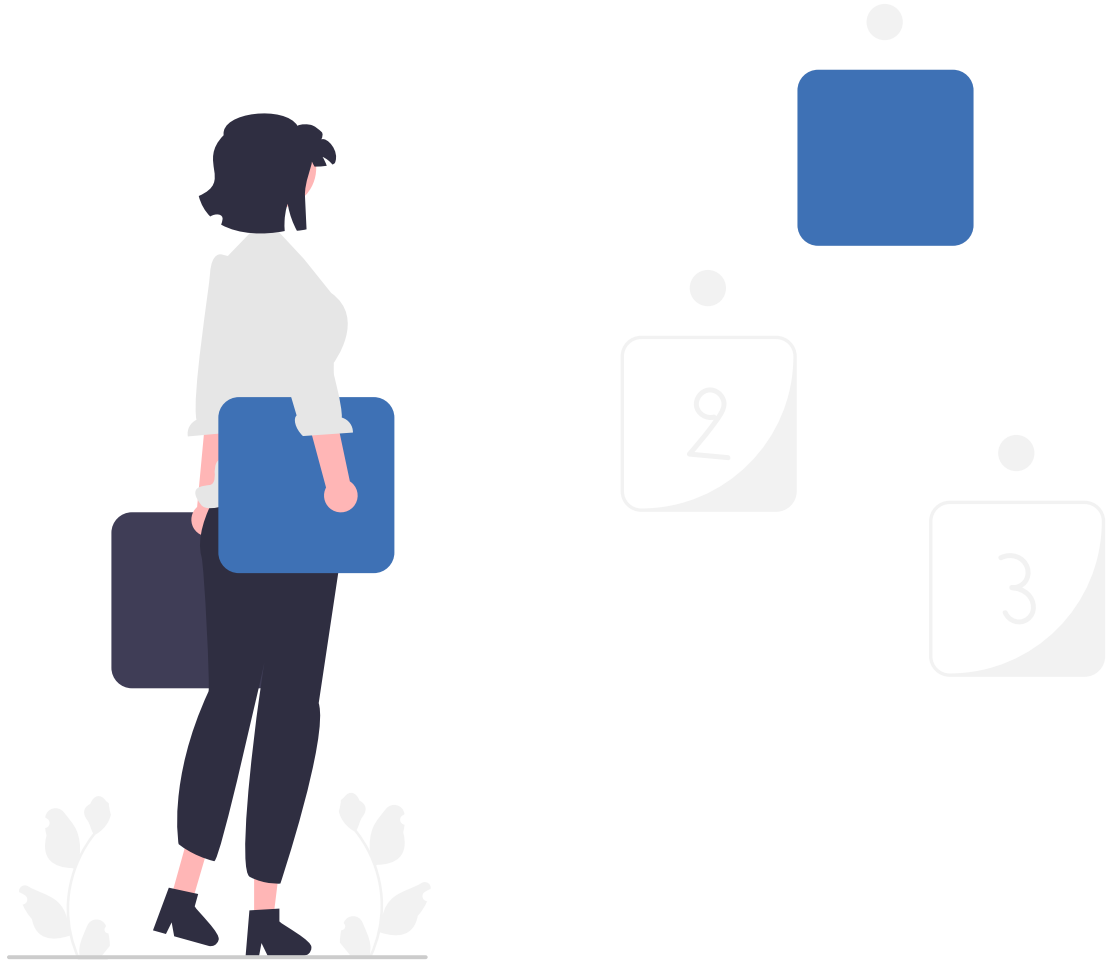
Not all refusal of help

is due to a lack of insight…

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

Working with lack of insight

- What is loss of insight?
- What is anosognosia?
- Medication and loss of insight
- CBT and other Psychological treatments for loss of insight
- Family approaches and insight change
- Enhanced insight



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

Video clip 1. An interview with 'John the Baptist'

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

What is insight?

- Awareness of self and one's own mental state.
- Recognition that voices and delusions are internal and not external phenomena
- Recognition that a mental disorder is the cause of these experiences
- Acceptance that antipsychotic and other treatments are needed.
- Loss of sense of self/loss of insight is the commonest symptom in first episode psychosis at 100%, hallucinations present in 70%, delusions present in 50% and thought disorder present in 20%.
- Right posterior insula may be the location of sense of self and insight (Palaniyappan, 2010)

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

What is anosognosia?

- Anosognosia - a term developed by neurologist Joseph Babinski in 1914 – 'a person with a disability is unaware of having it'.
- A specific problem with self-awareness which prevents patients with brain damage due to stroke or tumor from recognizing the presence or appreciate the severity of deficits in sensory, perceptual, motor, behavioral or cognitive functioning which are evident to clinicians and caregivers
- Most commonly affects left hemiplegic limbs following a stroke with the patient completely ignoring the hemiplegia.
- Due to physiological damage to brain structures – usually a lesion in the parietal lobe or the fronto-temporal-parietal area in the right hemisphere
- Anosognosia can be transient or life long.

TPL

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

NAMI Marin
National Alliance on Mental Illness

What do we mean by 'lack of insight' and anosognosia in mental health?

- Does anosognosia lie on a spectrum with the 'loss of insight' seen in psychosis (e.g. Schizophrenia)?
- But no similar pattern of brain damage is demonstrated in psychosis (schizophrenia).....
- Is 'loss of insight' linked to problems in prefrontal lobe function?
- The frontal lobes are essential for organization and control of goal-directed thought and behavior (Fuster, 1989; Luria, 1966; Stuss and Knight, 2013) – e.g. mental set-shifting, inhibition, information updating, working memory, response monitoring, and temporal coding
- OR is 'lack of insight' just about someone not agreeing they have a 'problem'/ 'diagnosis' – not acknowledging the impact of their behavior?

TPL

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

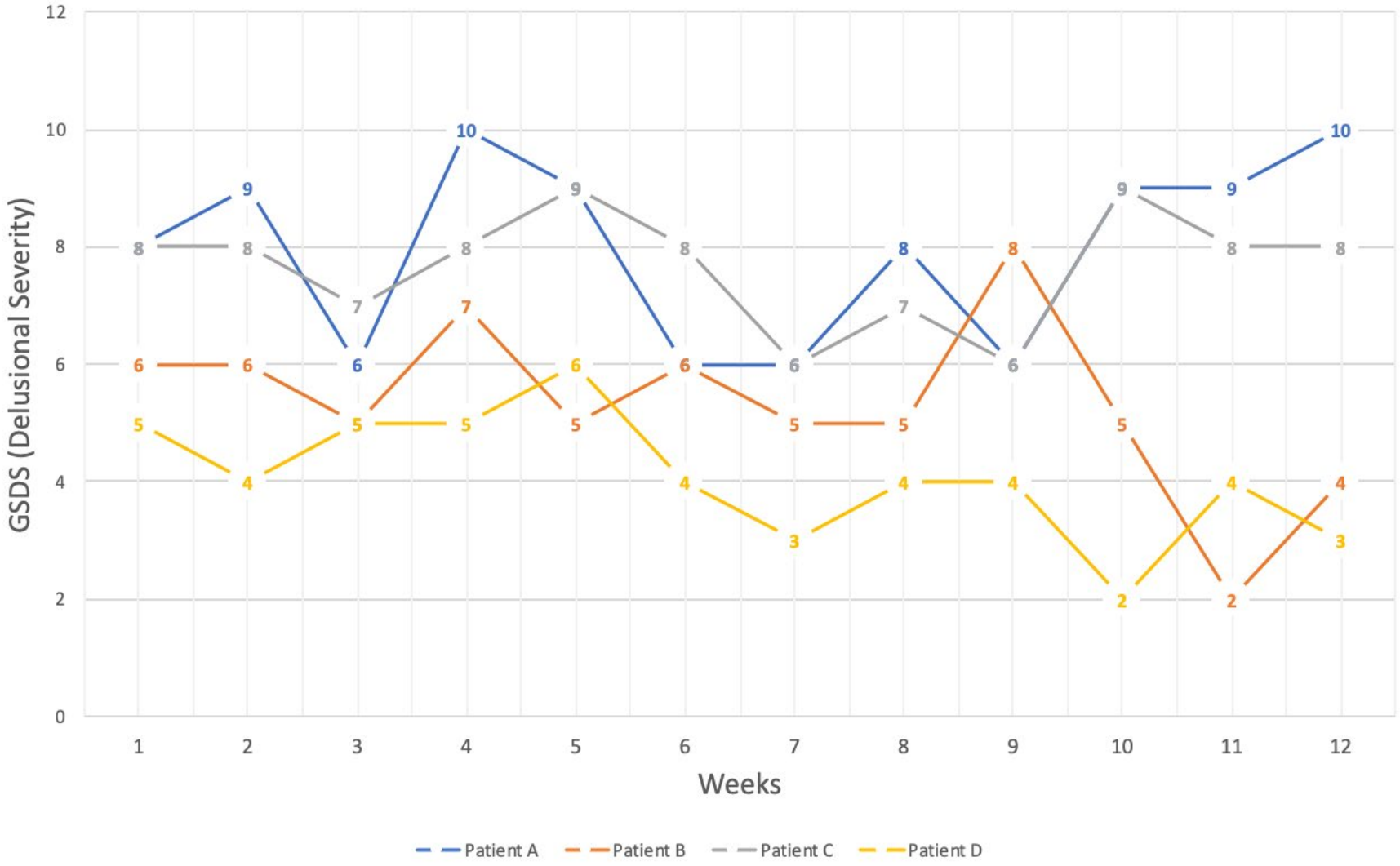
NAMI Marin
National Alliance on Mental Illness

Stigma

- Charlotte is very annoyed that she has been given a diagnosis of Paranoid schizophrenia and is very averse to taking any kind of medication…she is now refusing to talk about her distressing auditory hallucinations until her diagnosis is changed in the medical notes….
- Charlotte believes that schizophrenia is untreatable and dangerous (self-stigma) and that she will have no friends and not be able to work (direct stigma) unless the diagnosis is changed…

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

Delusions vary from day to day and week to week and so does insight!



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

Course of loss of Insight

At 3 year follow up after the first episode the majority of clients have recovered insight into the three dimensions.

55% understand that voices and delusions are internal phenomena

64% understand that a mental disorder is the cause

67% understand that treatment is needed

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

Psychosis as a State of Aberrant Salience: A Framework Linking Biology, Phenomenology, and Pharmacology in Schizophrenia

Shitiz Kapur, (2010)

- A central role of dopamine is to mediate the "salience" of environmental events and internal representations. It is proposed that a dysregulated, hyperdopaminergic state, at a "brain" level of description and analysis, leads to an aberrant assignment of salience to the elements of one's experience, at a "mind" level. Delusions are a cognitive effort by the patient to make sense of these aberrantly salient experiences, whereas hallucinations reflect a direct experience of the aberrant salience of internal representations. Antipsychotics "dampen the salience" of these abnormal experiences and by doing so permit the resolution of symptoms. The antipsychotics do not erase the symptoms but provide the platform for a process of psychological resolution. However, if antipsychotic treatment is stopped, the dysregulated neurochemistry returns, the dormant ideas and experiences become reinvested with aberrant salience, and a relapse occurs. The article provides a heuristic framework for linking the psychological and biological in psychosis.
- Questions?

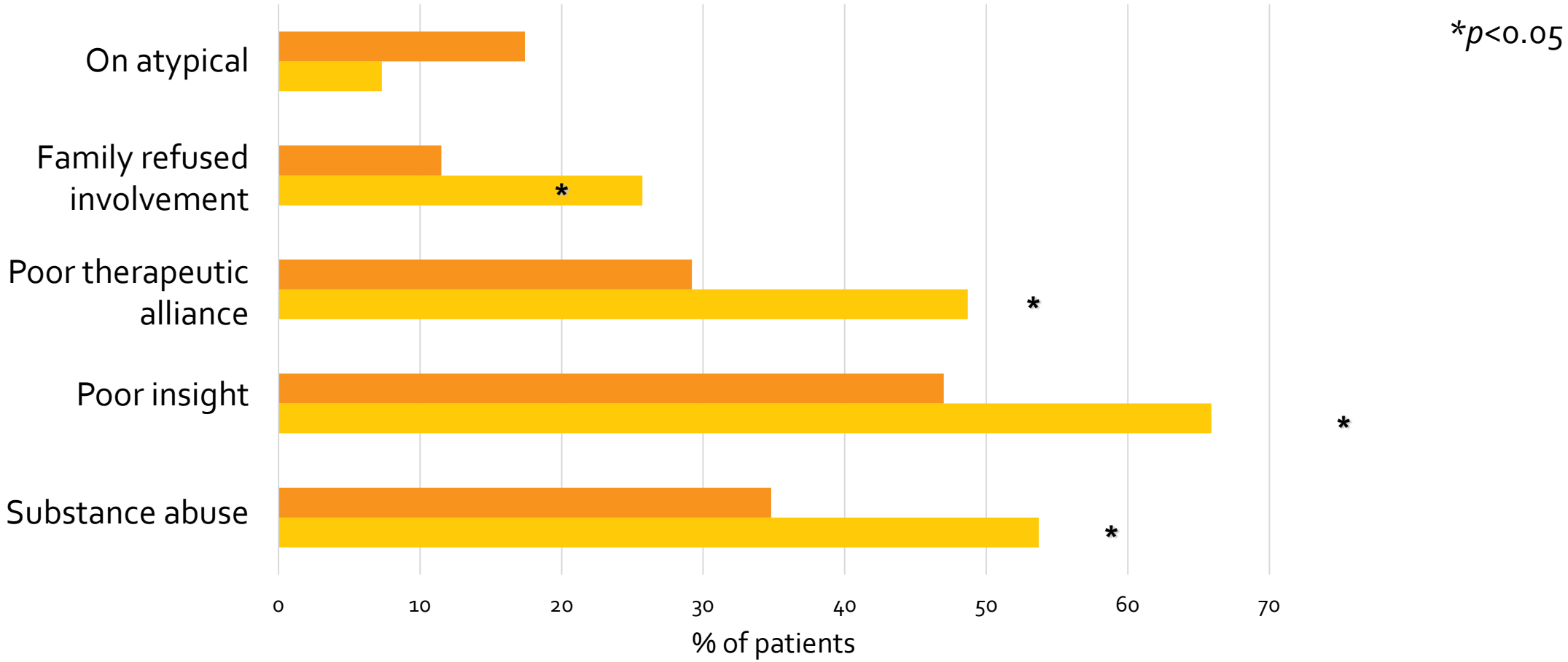
TPL

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

NAMI Marin
National Alliance on Mental Illness

Medication and insight: Inpatient Predictors of Post-Discharge Nonadherence

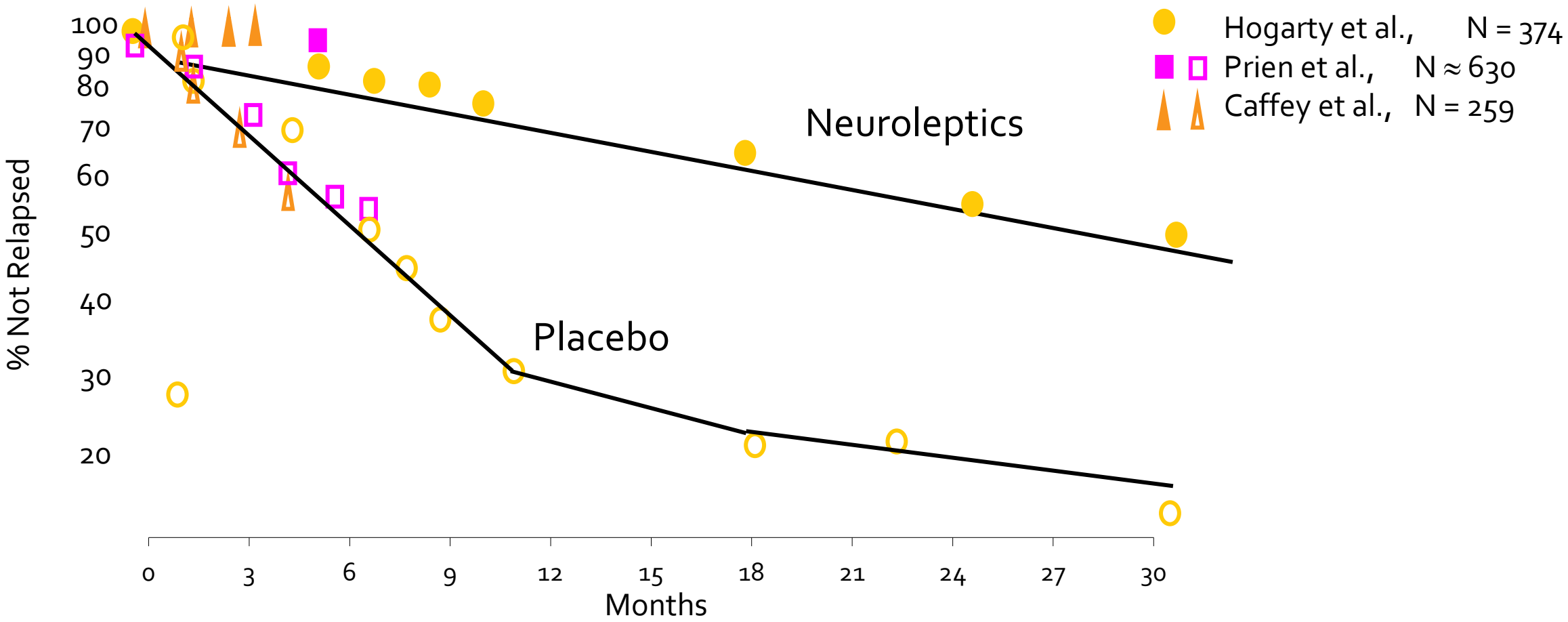
Olfson et al (2000)



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

Relapse in Schizophrenia

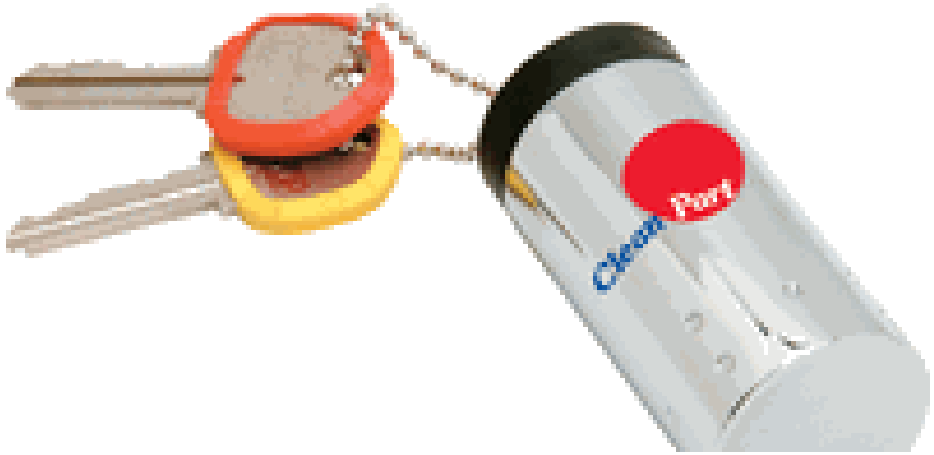
Baldessarini RJ et al: Tardive Dyskinesia: APA Task Force Report 18, 1980

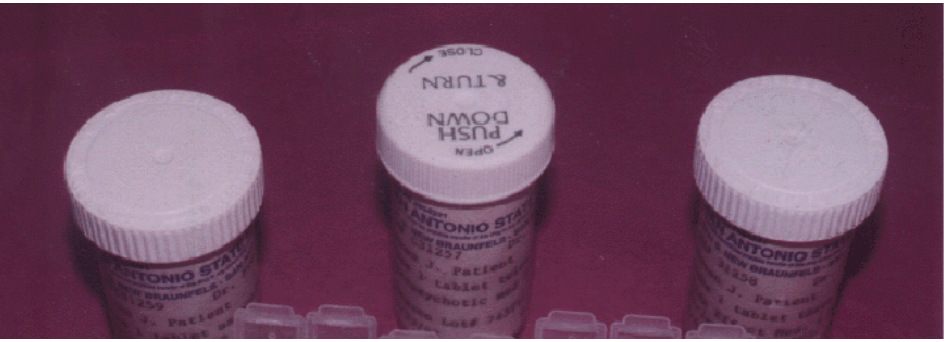


This program is made possible by a generous grant from
the William Gorrill Swigert Fund

TPL

NAMI Marin



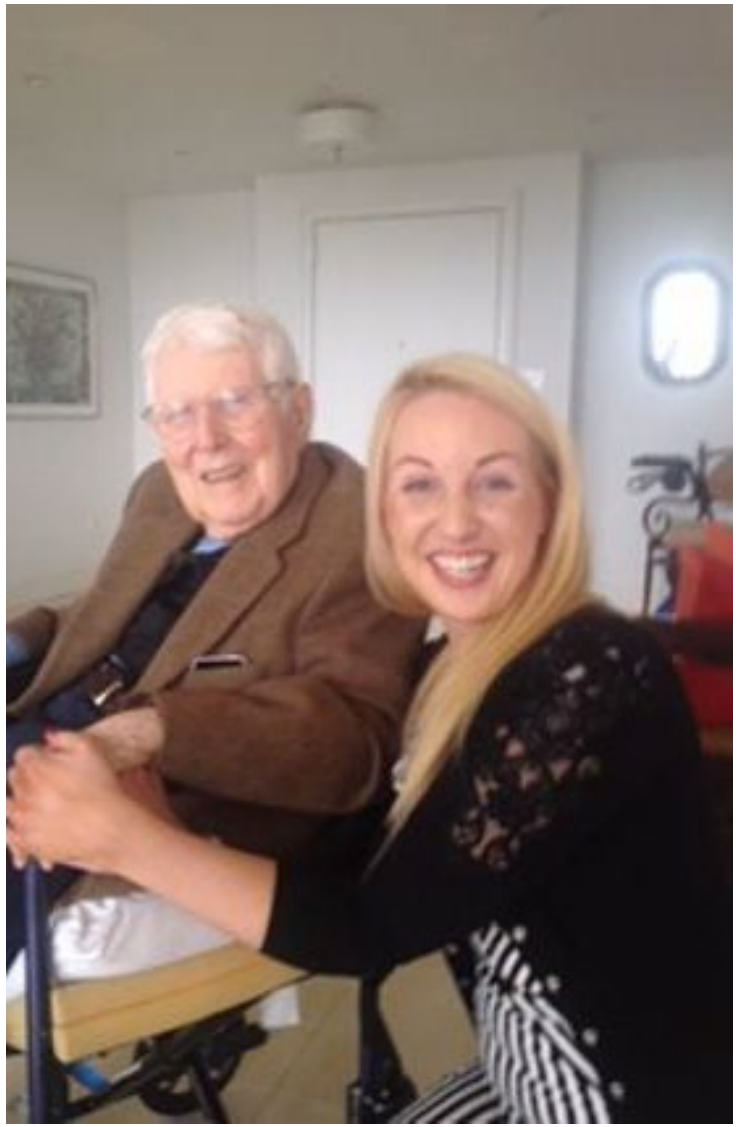


Practical supports around medication

- Include supports for adherence
- Use physical reminders (e.g., signs)
- Keep medications with patient
- Use checklists of everyday behaviors
- Make appointments to take medications
- Questions?

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

CBT and other psychological approaches



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

6 Sessions for the Client and 3 for the family member co-therapist

Engaging and normalising

A-B-C or mini-formulation of voices/ delusions.

Improving coping strategies.

Reality testing voices and delusions.

Improving concordance

Self-esteem work

Relapse prevention

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

10 days intensive training for psychiatric nurses

Theory

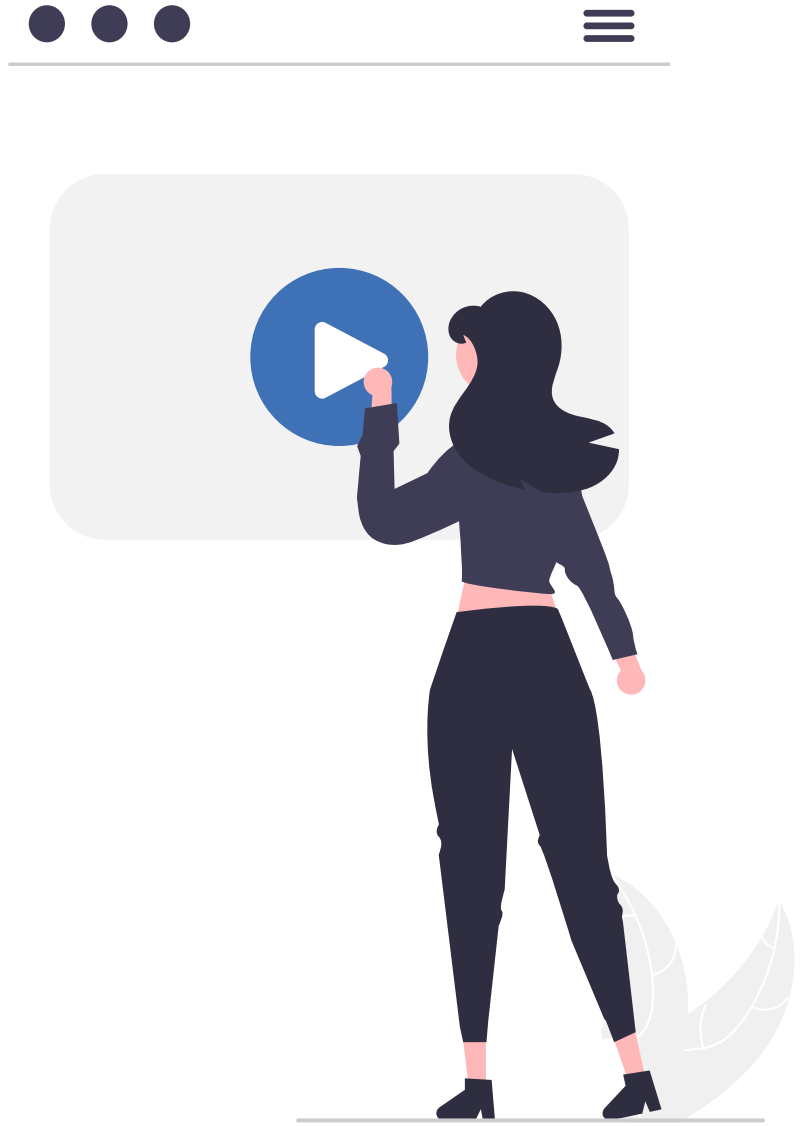
Manualised

All techniques demonstrated in live role play/ DVD.

All techniques practiced.

Improvement measured by independent role play score and written exam.

Weekly supervision.



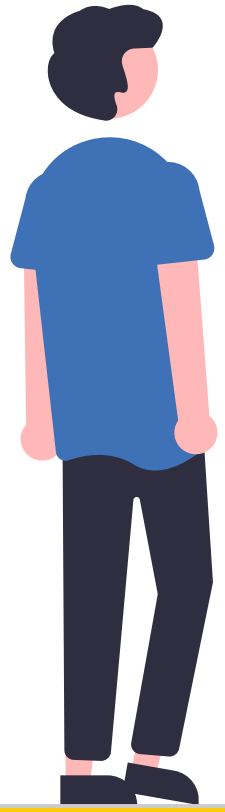
This program is made possible by a generous grant from
the William Gorrill Swigert Fund

772 Patients/carers referred

422 entered & randomized

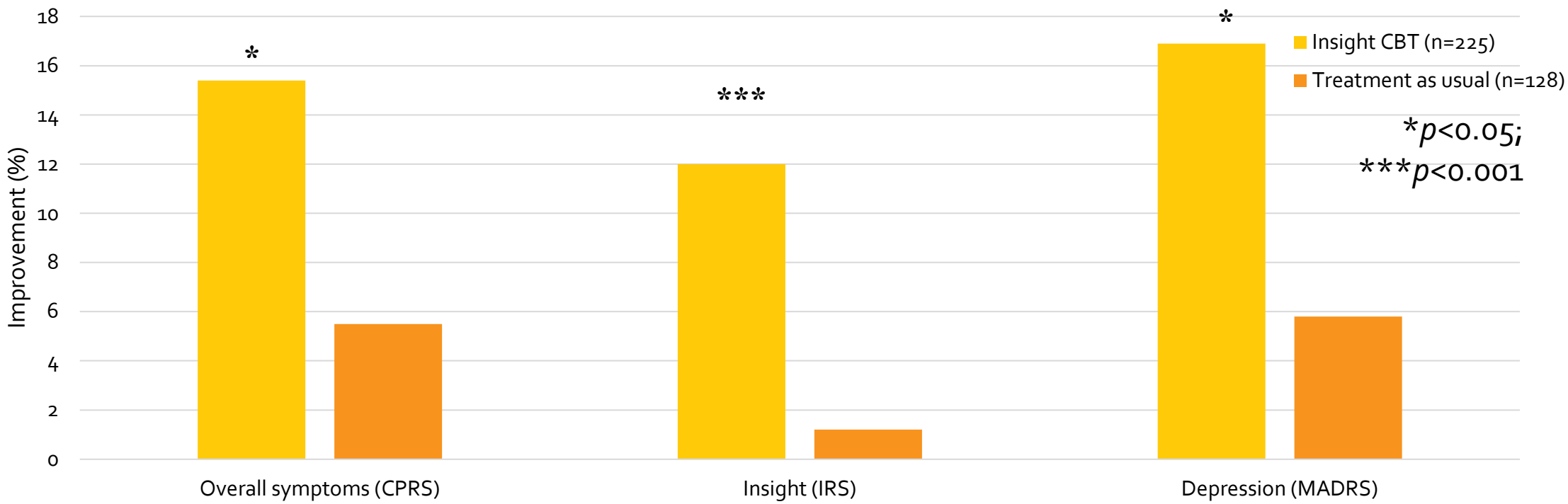
Insight Programme
Total = 257
Completed = 225
Follow up = 213

Treatment as usual
Total = 165
Completed = 128
Follow up = 126



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

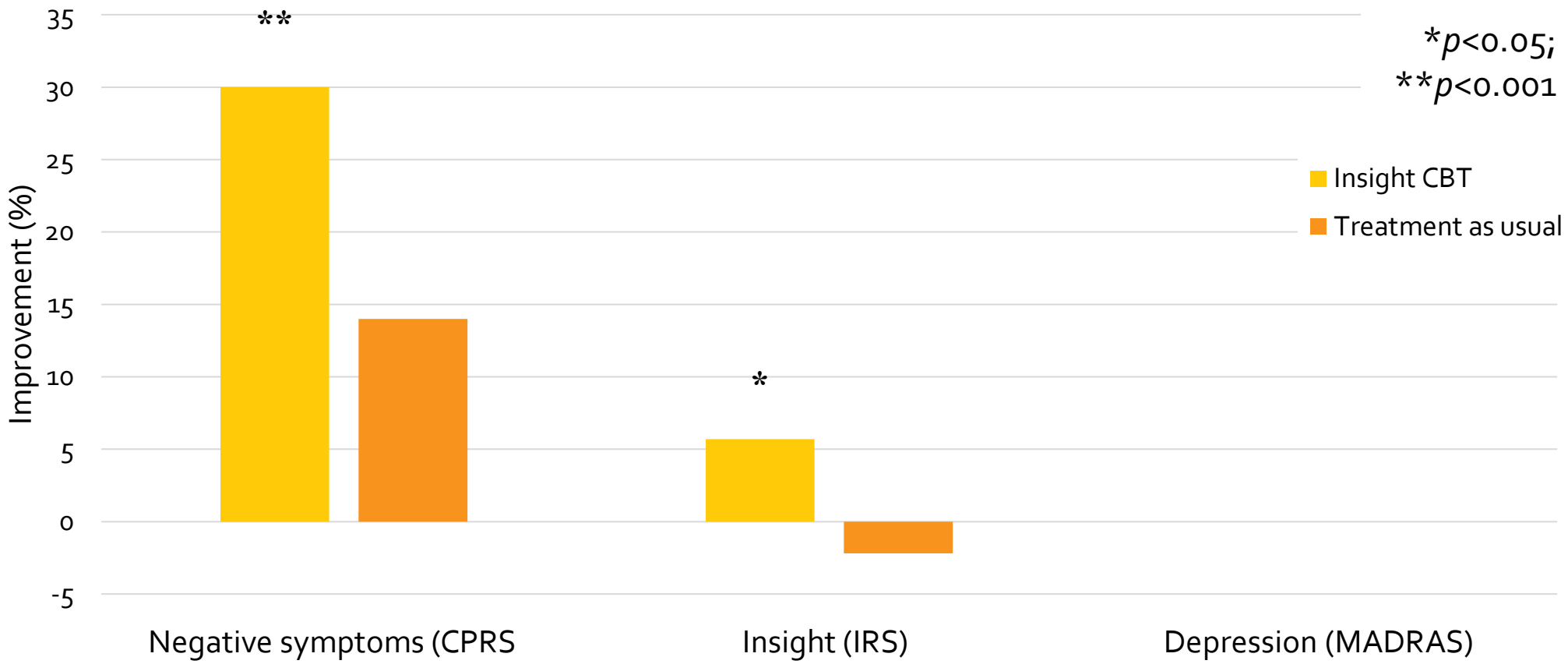
Symptom improvement end of therapy



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

Symptom change at 12-month follow-up

Turkington et al (2006)



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

Results at 2 year follow up

- 64/205 (31.2%%) relapsed in the CBT group vs. 57/125(45.6%) in the TAU group (P< 0.05).
- Patients rehospitalised from CBT group spent a total of 6710 days in hospital (mean = 32.73 days), while those from TAU group were inpatients for 6114 days (mean = 48.91 days) (P< 0.05).
- Mean time to relapse was 356.8 days (SD 241.85) for the CBT group and 296.1 (SD 215.7) for the TAU group (OR 1.592, CI 1.038-2.441) (Malik et al, 2009)

TPL

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

NAMI Marin
National Alliance on Mental Illness

Second interview with 'John the Baptist'

- Questions?

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

Family approaches: Common difficulties when someone declines help

- They choose not to listen, or acknowledge, feedback.
- Difficulties with perspective shift – particularly in trying to understand the perspective of others.
- They struggle to 'read cues' and tailor what they say to the needs of listeners.
- They place greater emphasis on their own opinions and actions

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

Possible reasons for someone refusing help (1)

- Lack of insight
- Anosognosia
- Stigma
- Sealing over
- Voices telling them not to talk to anyone
- Unusual beliefs (Delusions) about you or the healthcare team
- Negative symptoms - alogia and lack of motivation
- Thought disorder

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

Possible reasons for someone refusing help (2)

- Interpersonal issues
- Emotional issues (eg shame, anger, sadness, anxiety)
- Substance abuse or dependence
- Developmental reasons – e.g. normal phase of adolescence
- Lack of faith in the benefits of medication
- Lack of knowledge of other psychosocial treatment options
- Belief in complimentary and alternative treatments e.g. homeopathy
- Underlying conflict*….interpersonal and intrapersonal…….

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

To find out why someone declines help, a dialogue is crucial and a willingness to understand THEIR perspective

1. what if they won't talk to you at all?

2. what if they have left the orbit of the family and are living in another state or another country?

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

Identifying why someone needs 'help'

- Be specific about what it is (e.g. the explicit behaviors) that indicate there is a difficulty that might require help
- Describe what you observe in a factual way – say what you saw (e.g. he shouted and shook his fist at the neighbors), rather than making a judgement (e.g. 'he behaved inappropriately')
- Be clear about the impact the behaviors are having – do they pose a risk to the person themselves or others (e.g. the neighbors felt threatened and feared for their lives).
- Consider if the person really is denying the impact of their behavior or are they refusing help for some other reason?.....

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

Questions and strategies

- What's it like being here in this room and not knowing what to say?
- Are you trying to figure out something that you might want to say?
- Is there something I am doing that makes it difficult to talk?
- Is there anything that you would feel able to talk about today?
- You said trying to find words is like walking through mud. Do you have an image of that? How deep is the mud? How would you like it to feel?
- What made you say you are 'swimming against the tide'? Does it bother you to be swimming against the tide? How much effort do you need to put in? How far do you intend on swimming? Is there somewhere you want to get to?
- What's that like for you…. "wanting to talk and not wanting to talk" at the same time?
- You said your mind has gone blank. What does the blankness look like? How far does it go on for?
- Questions?

TPL

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

NAMI Marin
National Alliance on Mental Illness

Enhanced insight beyond psychosis

- 'Time is not what you think…'
- 'I saw my past lives but at times I had to stop meditating as I approached the brink of insanity…
- I have put my heart and soul into my work, and I have lost my mind in the process…
- Though I am often in the depths of misery, there is still calmness, pure harmony and music inside me …I see paintings in the poorest cottages, in the dirtiest corners…and my mind is driven towards these things with an irresistible momentum…
- I wouldn't have had good scientific ideas if I had thought more normally…

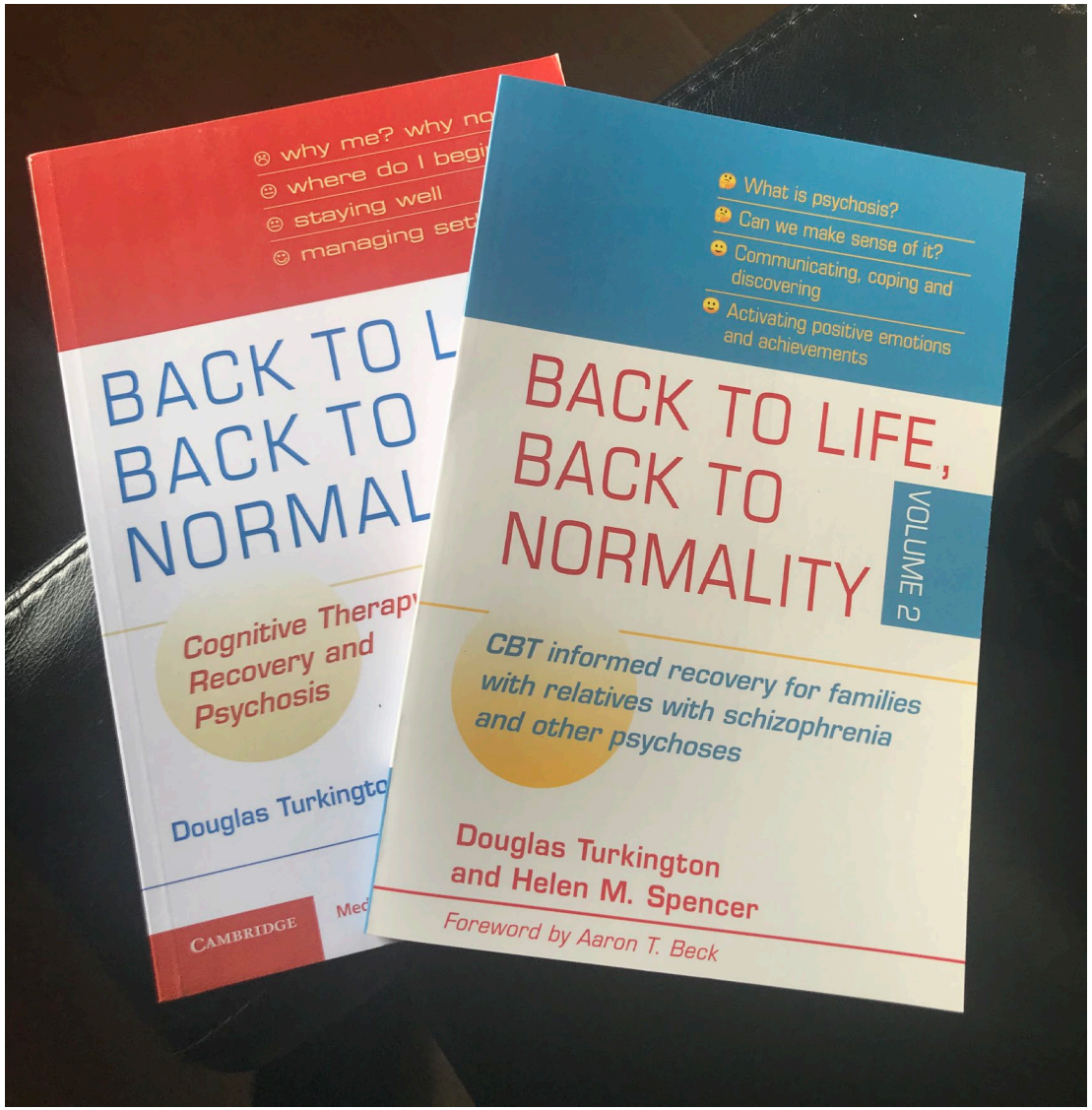
This program is made possible by a generous grant from
the William Gorrill Swigert Fund

Conclusions

- Find out why they don't want help or won't talk.
- Work out if there is any risk.
- Depending on the reason use the appropriate style of discussion
- Work on any safe goal that your loved one might have
- Realise that insight and symptoms are variable so keep trying
- Use normalizing explanations to reduce stigma
- Use curious questions that are sensitive and compassionate and demonstrate your goal to understand from their perspective
- Explain about the full range of treatments available and about recovery as the expected outcome rather than chronicity.

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

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



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

Feedback and Supporting NAMI Marin

If you enjoyed this presentation, please consider donating to NAMI Marin by clicking on this link:

https://www.namimarin.org/donate

Your feedback is very important to us, please take our brief 2-minute survey right now by clicking on this link

https://www.surveymonkey.com/r/SV85GQF

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