



**nami**

National Alliance on Mental Illness

**Marin County**

# 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 20<sup>th</sup>, 2023

February 17<sup>th</sup>, 2023

March 17<sup>th</sup>, 2023

April 21<sup>st</sup>, 2023

May 19<sup>th</sup>, 2023

**NEW DATE:**

**July 7<sup>th</sup>, 2023**



# Talking about medicines

Doug Turkington, Psychiatrist, UK  
Friday 19th May 2023

# Talking about medicines

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Basic principles relevant to medication concordance in severe mental disorders

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Example of family support for concordance: a role play

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Catching “automatic thoughts” about medicines

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Working with health beliefs, family rules and cultural aspects of medicine use

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Video example of collaborative prescribing

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CBT techniques for families and prescribers

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Question and answer

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## Basic principles of medication concordance



Discuss cultural treatments, lifestyle, vitamins and other non-medication approaches first...



The client is the expert on their own experience with any prescribed medication..



Prescribers and families have a major influence on concordance outcome....

# Traditional Definition of Concordance

Defined as when the patient/client does not take the medication [treatment] as prescribed by the doctor.....

# Tacit Assumptions in Definition



The medication is effective



The Patient/client is informed, understands and accepts the recommendation



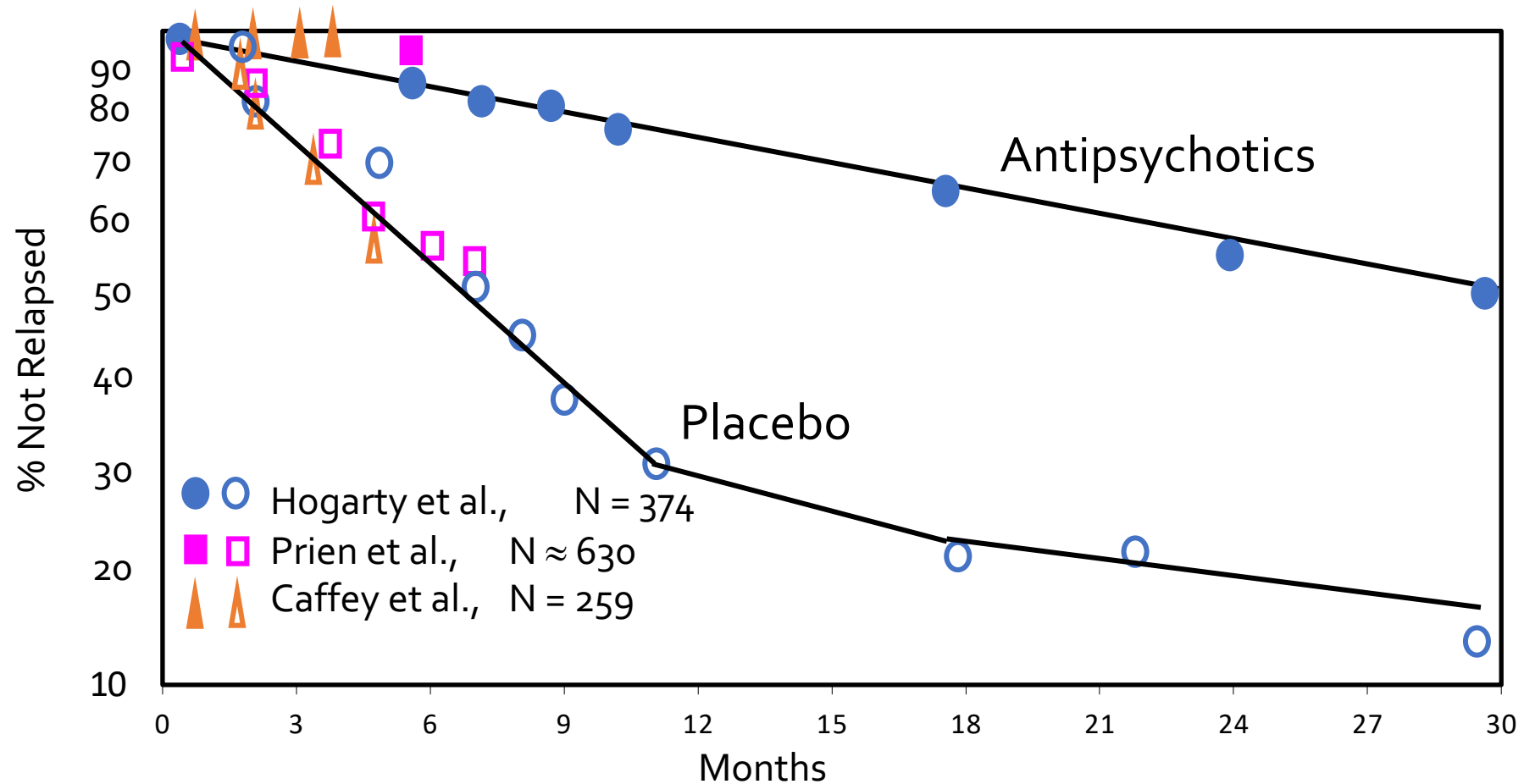
The medication is accessible



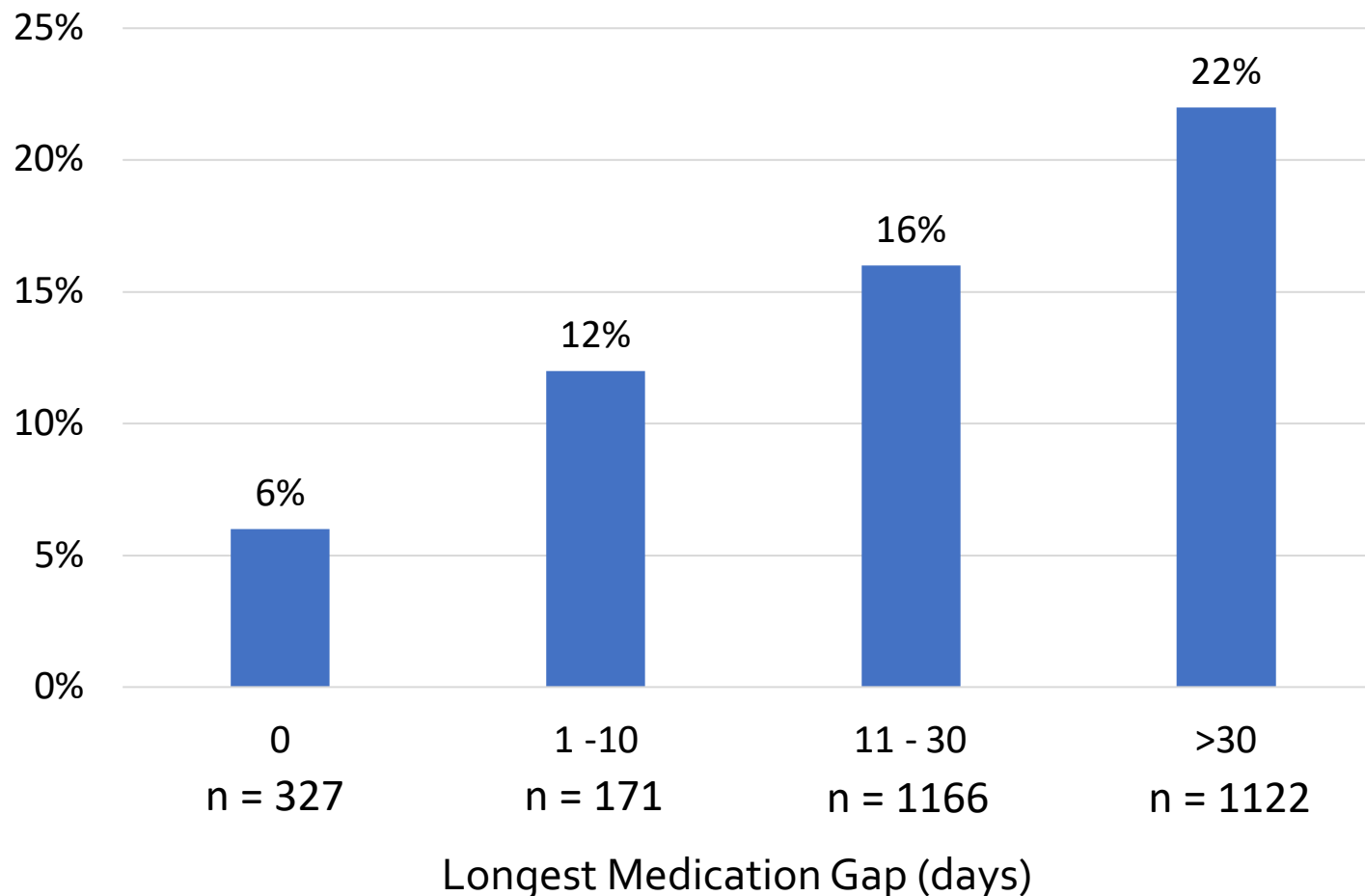
The medication is acceptable to the patient's family and within their culture

# Relapse in Schizophrenia spectrum disorders

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

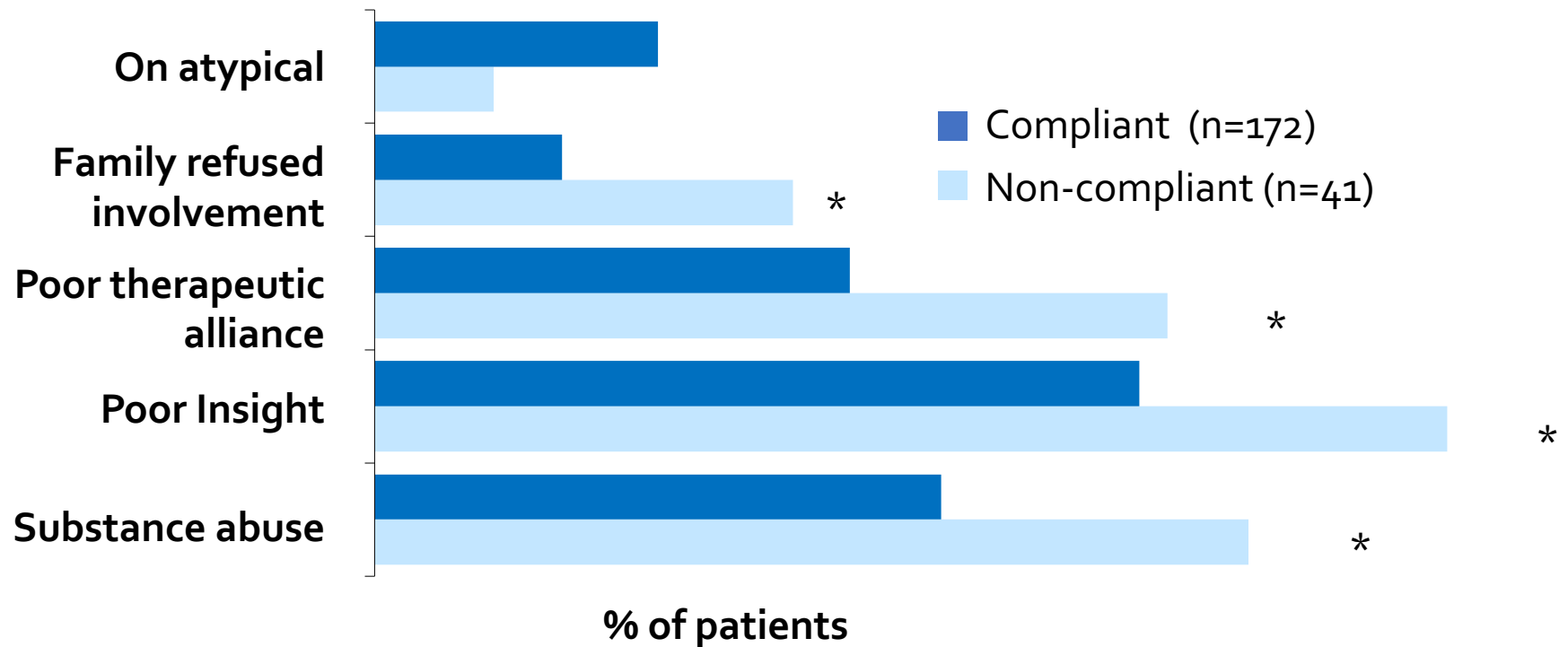


# Partial Compliance and Hospitalization



Weiden PJ, Kozma C, Grogg A, Locklear J: Compliance and rehospitalization risk among patients with schizophrenia...Psychiatric Services (2007)

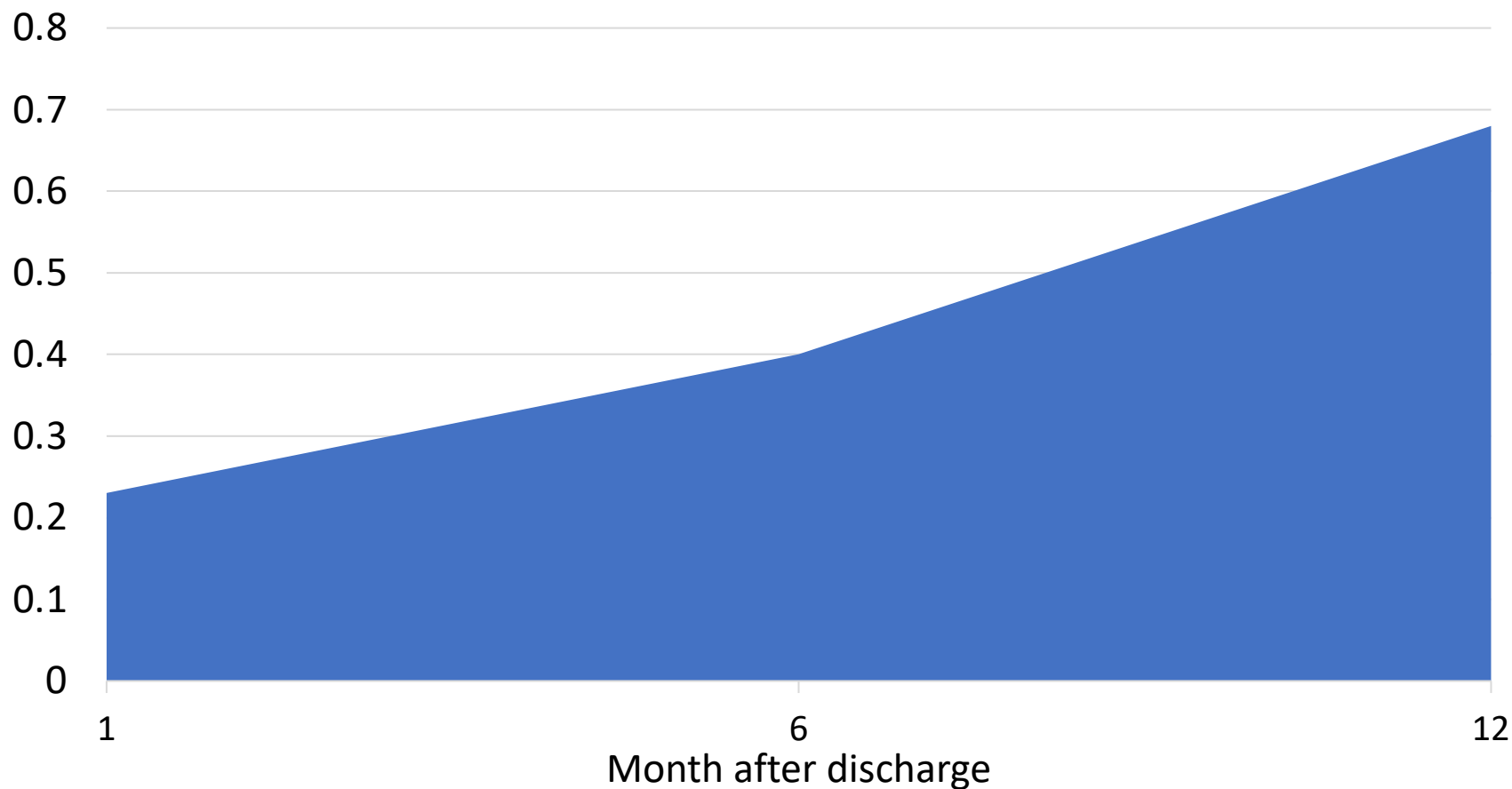
# Inpatient Predictors of Post-Discharge Nonadherence



\* $p < 0.05$

Olfson et al (2000)

# Cumulative Proportion of Noncompliance

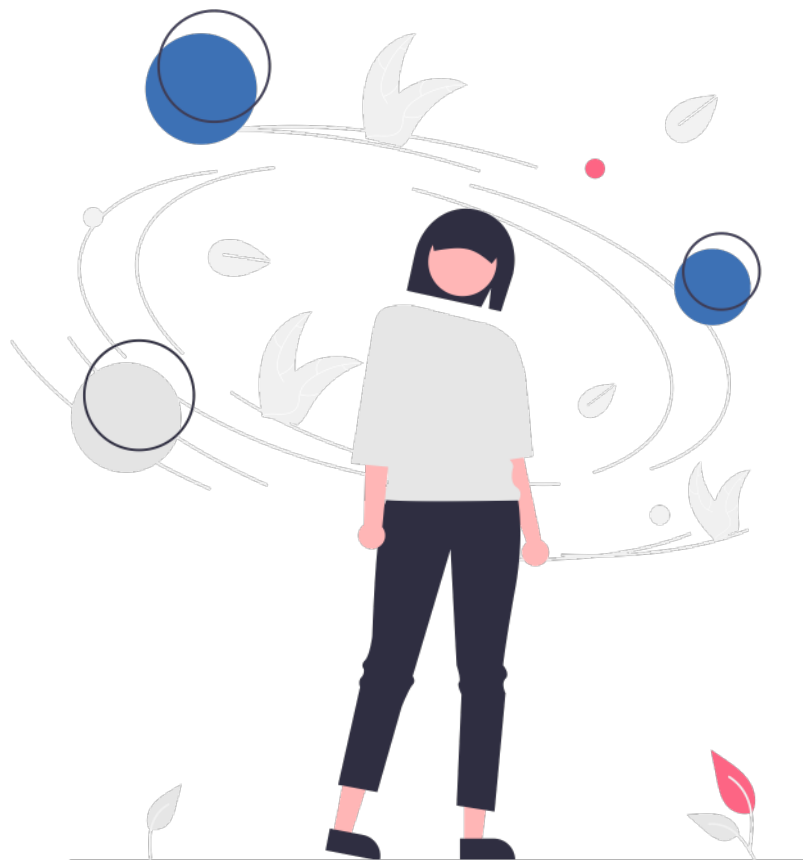


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# Role Play

- Doug returns from his GP with a prescription for a new antidepressant. He asks his father Bob whether he should take it...he tells Bob that....
- The GP said there was a long waiting list for therapy...
- The GP said that there had been some recent controversy about this type of tablet....
- But that Doug should take it each morning and 'see how he gets on'





## Catching 'automatic thoughts/images'

- What we think about things are expressed and formulated opinions.
- Automatic thoughts pass through the mind unprocessed.
- Best to ask about them when the person breaks off from conversation... loses eye contact, smiles, looks thoughtful or perplexed... these are disruptions and are the best time to catch 'hot' automatic thoughts...
- When I mentioned you needing a Lithium blood test you looked away... what just went through your mind?

A person's hands are shown holding a string of prayer beads. In the foreground, a small, weathered Buddha figurine is visible, also holding prayer beads. The background is a blurred image of a person's hands holding a string of prayer beads.

# Working with health beliefs, family rules and culture

# Overview of Health Belief Model



Perception is reality!

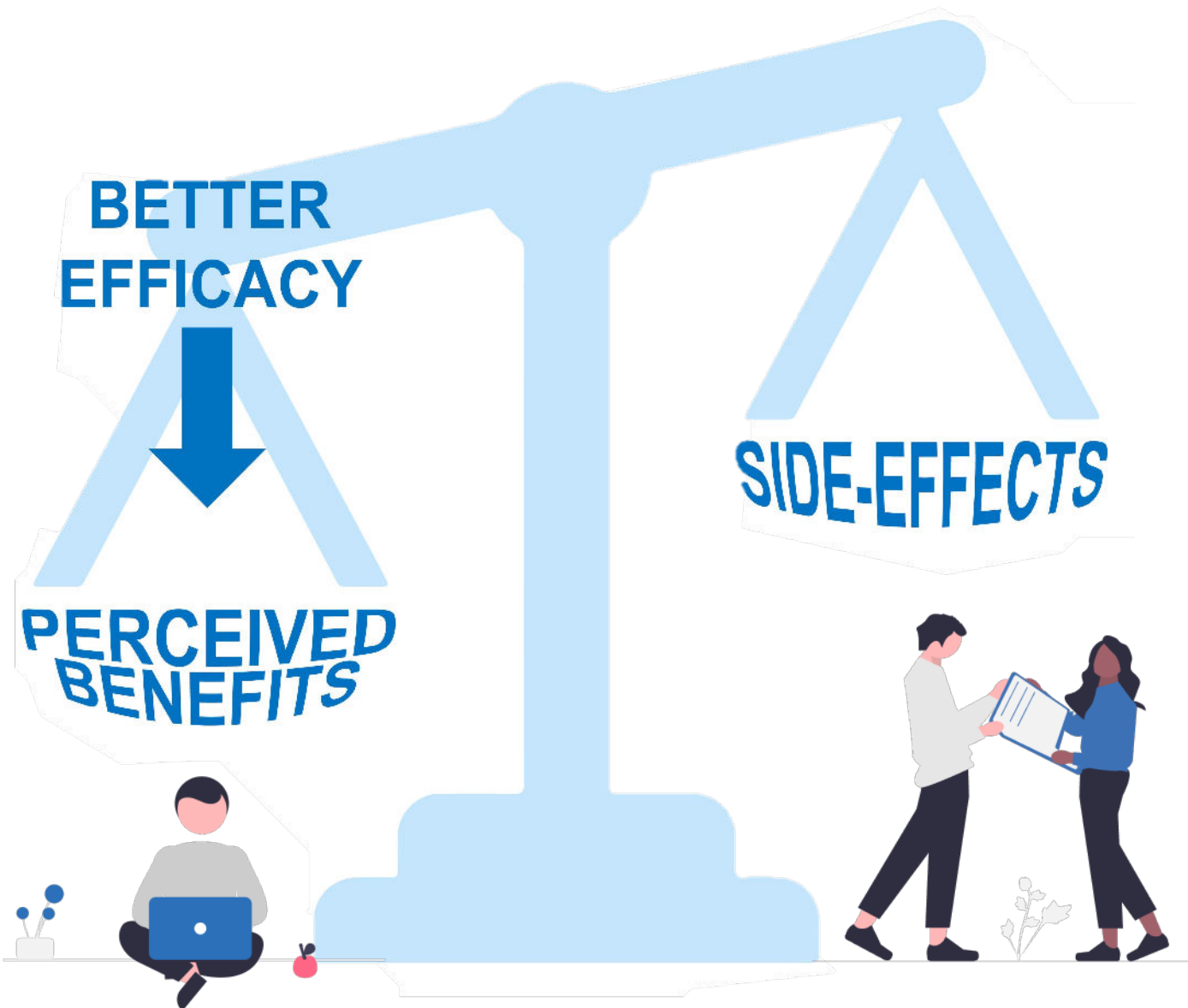


Key factors



Behavior determined by summation of both compliance and noncompliance factors

Greater  
PERCEIVED  
Benefits?



# Health Belief Dialogue

## Direction of Adherence Influence

	Towards Adherence	Towards Nonadherence
<b>Perceived Benefits of Medication</b>		
Symptom relief	<ul style="list-style-type: none"> <li>• Acknowledgement of some relief</li> </ul>	<ul style="list-style-type: none"> <li>• Does not report any day-to-day relief</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Fearful of relapse</li> <li>• Medication prevents future relapse</li> </ul>	<ul style="list-style-type: none"> <li>• Does not fear relapse</li> <li>• Medications unrelated to relapse</li> </ul>
Life goals	<ul style="list-style-type: none"> <li>• Reports that medication would help achieve life goals</li> </ul>	<ul style="list-style-type: none"> <li>• Feels that medication interferes with life goals</li> </ul>
Current functional Status	<ul style="list-style-type: none"> <li>• Acknowledges presence of some kind of problem</li> <li>• Believes that medications are still necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Does not acknowledge any problem needing treatment</li> <li>• Reports that problem no longer active or in need of treatment</li> </ul>

# CBT: key self beliefs which effect concordance



I am unlovable (depressive)



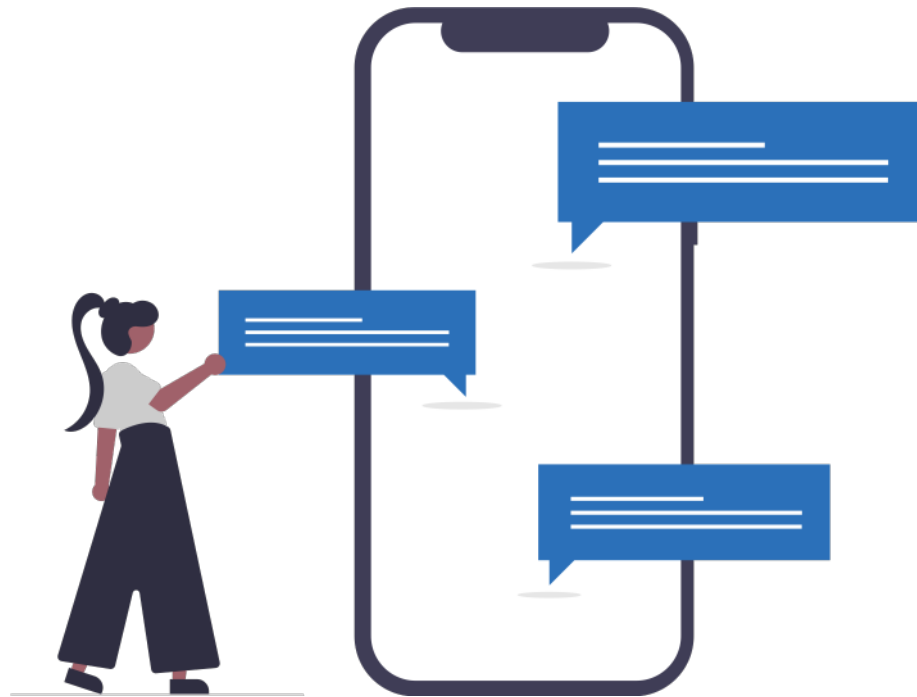
I must be in control (anxiogenic)



I must be approved of (stigmatic- shame)



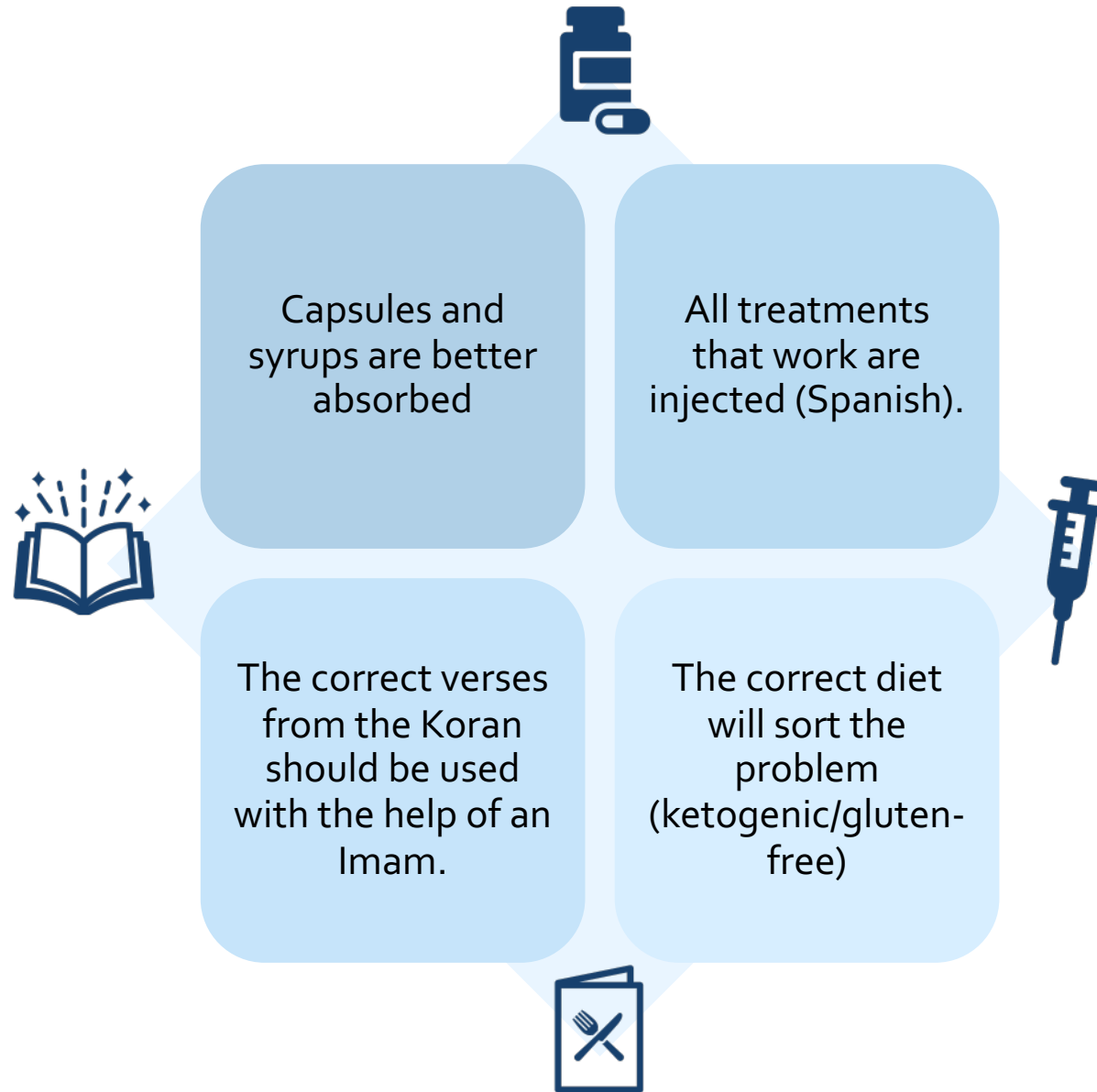
I must achieve my goals (anxiogenic)



# Family beliefs about medicines

- Frowned upon... we use alternative treatments
- Lifesavers!
- You'll get addicted
- John was saved by his insulin and he had a full and healthy life (positive family examples)
- Key family events... the dog (Bobby) died when the vet gave him strong heart medicine

# Cultural beliefs about medicines



Video clip of  
a helpful  
prescriber  
style

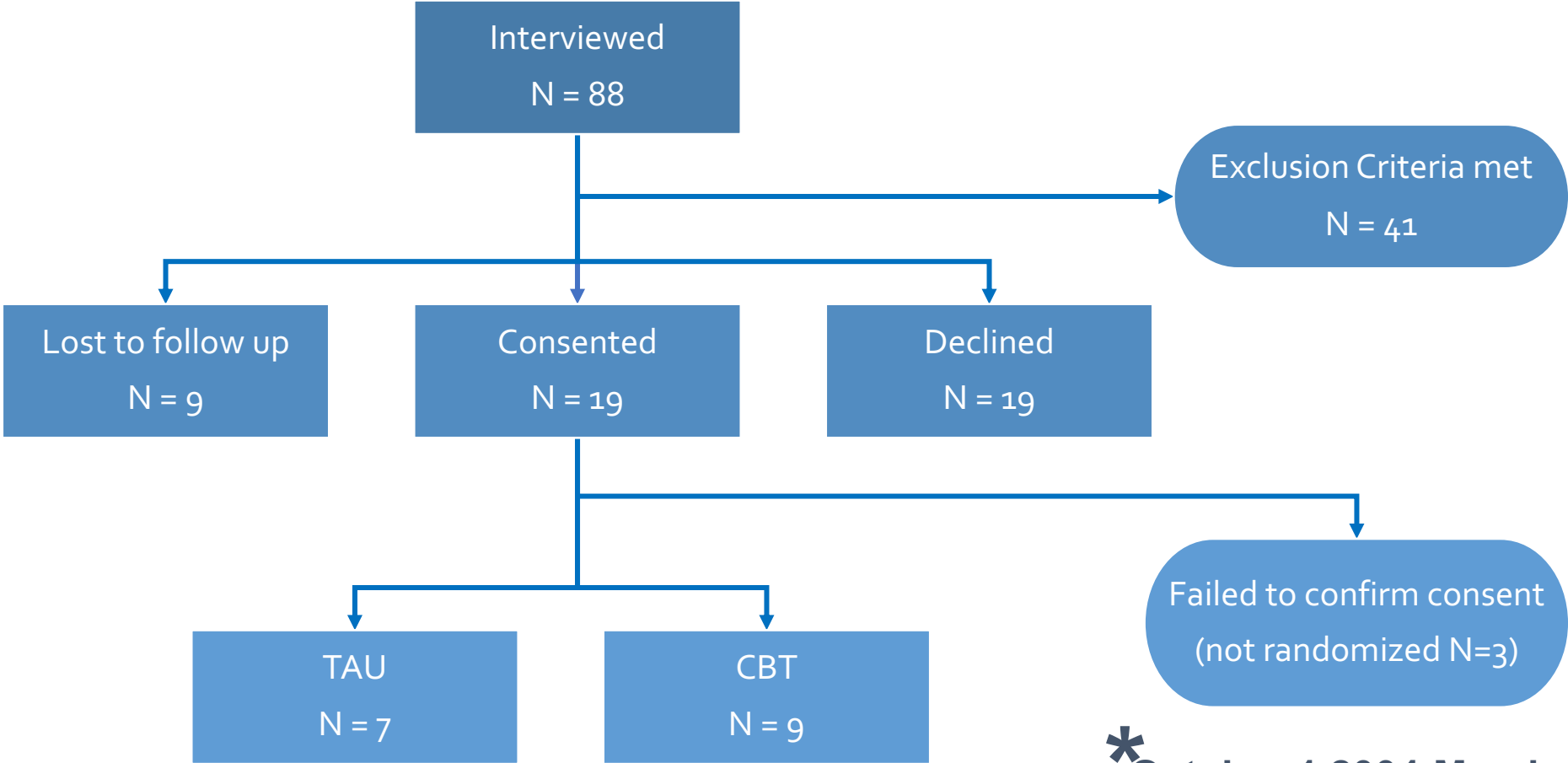
# Families and prescribers

- Should exchange information
- Choose a prescriber with a high-quality interpersonal style
- Develop concordance plans together
- Families can check out family and cultural rules
- Come up with key family survival stories... our dog Rocco had severe ulcerative colitis but with a daily low dose steroid he had a great life and no side effects...



# CBT-AI Pilot Study

## *Patient flow\**

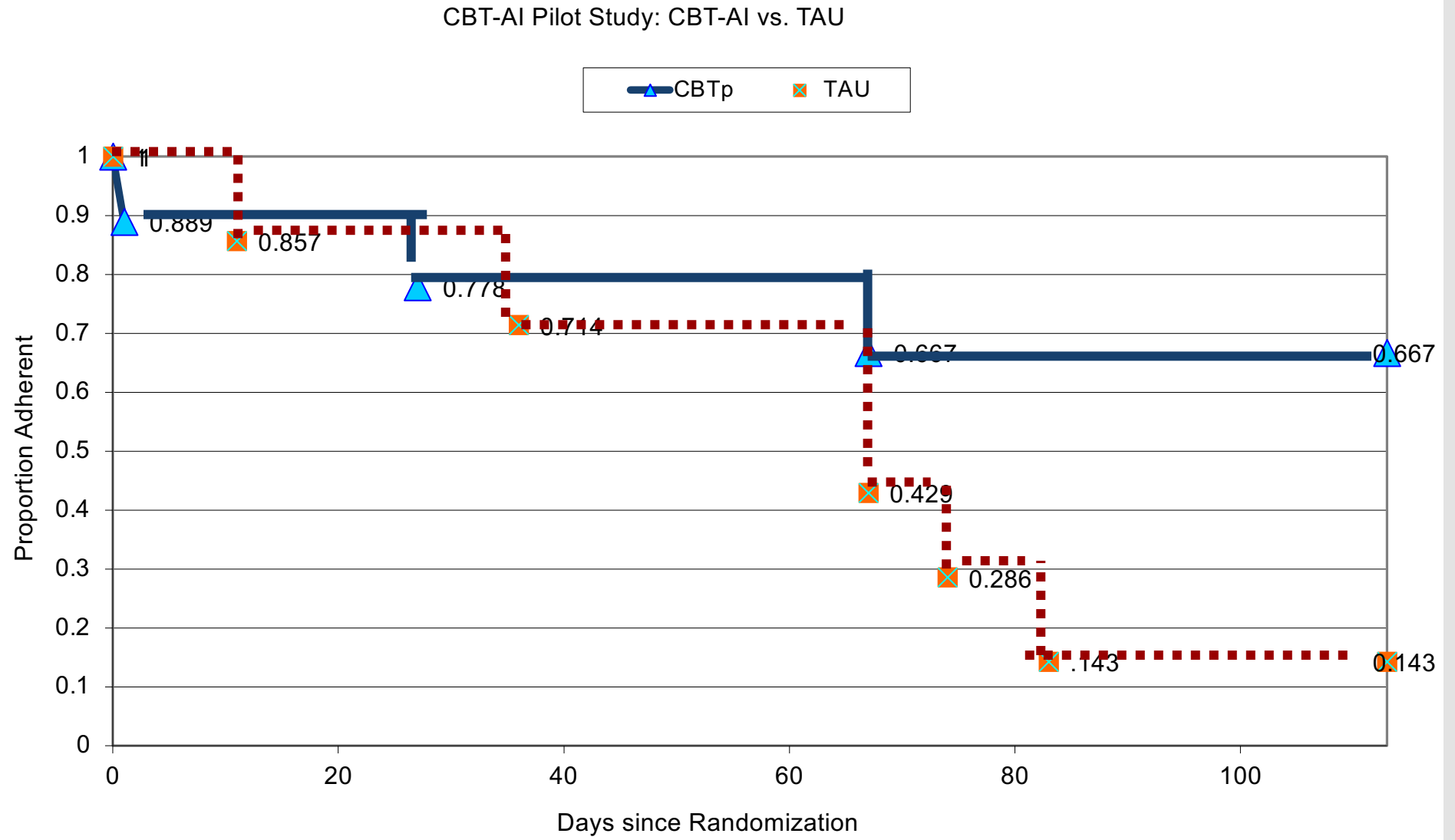


\* October 1 2004-March 1 2005

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

Personal communication Prof Turkington

# CBT-AI Pilot Study Results *Adherence Behavior*



# ROMI Reasons for Compliance

## *One-Month PCA Analysis*

	<i>Benefit</i>	<i>Relationship</i>	<i>Fear</i>
Perceived benefit	<b>-.73</b>	.22	-.13
Relapse prevention	<b>.88</b>	.08	-.03
Relationship with clinician	.11	<b>.85</b>	-.07
Relationship with family	.16	<b>.78</b>	.17
Pressure or force	-.29	.07	<b>.86</b>
Fear of rehospitalization	.29	.05	<b>.68</b>



## Conclusions

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Poor compliance with antipsychotics, mood stabilisers and antidepressants is a major problem.

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CBT techniques can be targeted to improve concordance.

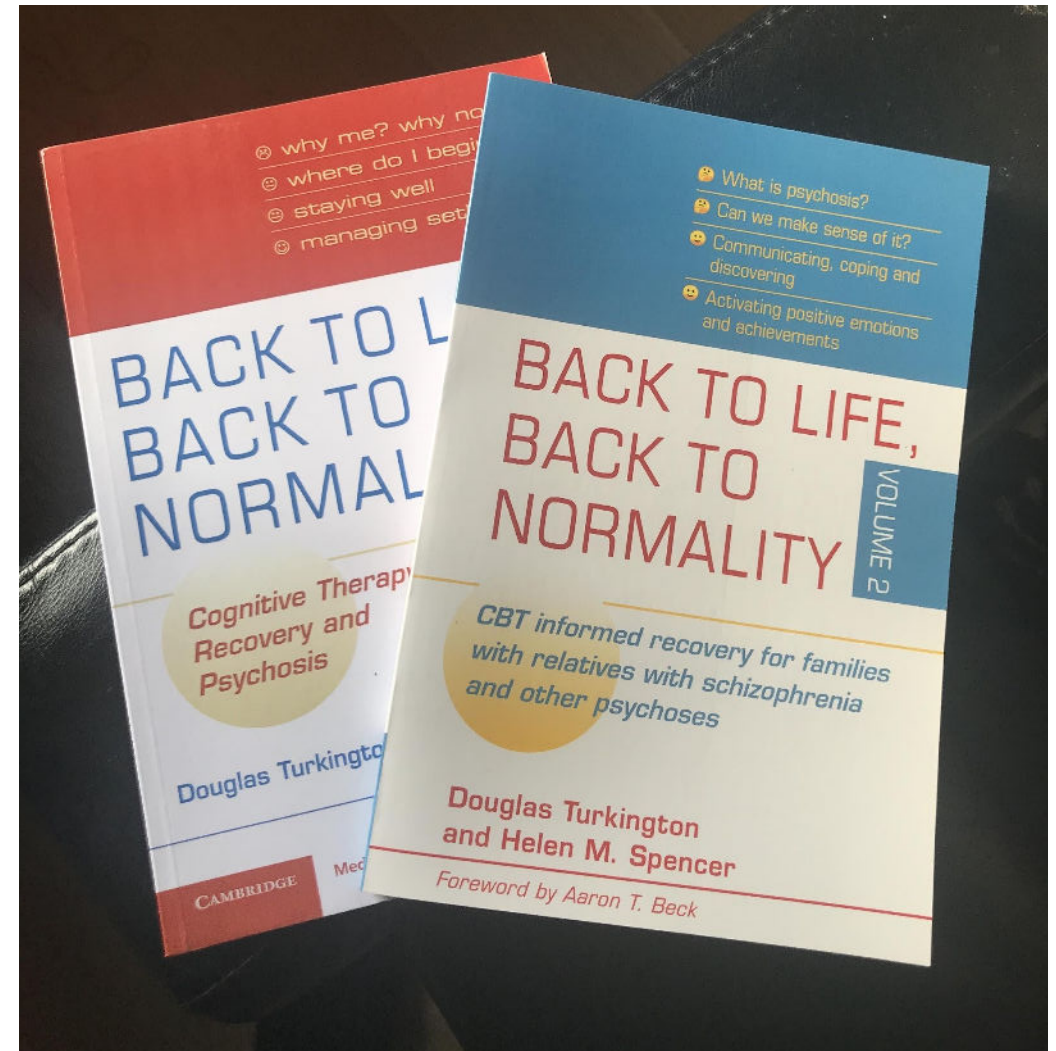
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CBT works on health beliefs and negative attitudes.

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Such CBT techniques can be used in day-to-day clinical practice and by families.

Two recovery guides  
(2009 & 2019) for families  
with a loved one with  
psychosis....volume 2 has  
an excellent chapter on  
making sense of  
psychosis



# Reading List



Weiden P & Turkington D Assessment and management of medication non-adherence in schizophrenia. In Comprehensive care of schizophrenia. Eds Lieberman JA and Murray RM Oxford University Press: New York.



Weiden P, Burkholder P, Schooler N, Weedon J, Uzenoff S & Turkington D. Improving antipsychotic adherence in schizophrenia: a randomized pilot study of a brief CBT intervention. ACNP, 2006. Boca Raton, Florida: Neuropsychopharmacology.



Kemp R, Kirov G, Everitt B, Hayward P and David A. Randomised controlled. Trial of compliance therapy: 18 month follow up. British Journal of Psychiatry, 172, 413-419.



Gray R. Tablets and injections in Back to Life, Back to Normality (2009) pp93-126. Editor D Turkington. Cambridge University Press: Cambridge.

# Ideas & questions

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