

# How to treat psychotic patients with psychotherapy?



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# What is psychosis?

Psychosis is a break of  
connection with reality



# Terminology

**Psychosis  $\neq$  Schizophrenia!**

**Psychosis** is a mental **condition**.

**Schizophrenia** is a mental **disorder** (illness).

Psychosis is a break of connection with reality.

And then what is schizophrenia?

How to diagnose schizophrenia?

# DIAGNOSING SCHIZOPHRENIA FROM THE DSM-5

- **Criterion A (Active- phase symptoms):** Two or more of the following, each present for a significant portion of time during a 1-month period. One of these **MUST** be (1), (2), or (3).
  - 1. Delusions
  - 2. Hallucinations
  - 3. Disorganized speech (e.g., frequent derailment or incoherence)
  - 4. Grossly disorganized or catatonic behavior
  - 5. Negative symptoms (i.e., diminished emotional expression or avolition)



# **DSM 5 categories of psychotic disorders**

- Schizophrenia
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Shared Psychotic Disorder
- Psychotic Disorder due to a General Medical Condition
- Substance-induced Psychotic Disorder  
Psychotic Disorder Not Otherwise Specified

## Pozitive symtamps

- Some excessive or bizarr variant over/or of a normal function (thinking, emotions, behaviour)
- Easy detection
- Good treatment – effect with antipsychotics



## Positive Symptoms in schizophrenia

An **excess or distortion of normal** functions:

Easy detection

Good treatment – effect with antipsychotics

- Hallucinations (perception without stimulus)
- Delusions (false beliefs)
- Desorganised speech and behaviour
- Hostility

# Negative symptoms in schizophrenia

## Diminution or loss of normal functions

Persistent symptoms

Poor answer for antipsychotic treatment

- Emotional withdrawal
- Blunted affect
- Poor rapport
- Lack of spontaneity
- Social withdrawal



# Catatonic symptoms

## Psychomotor system abnormalities, such as:

- Bizarre posture/ movements
- Waxy flexibility, cristallisation
- Psychomotor agitation/retardation
- Stupor = complete immobility
- Mutism



# Cognitive symptoms

- Lack of concentration
- Memory (working memory) problems
- Executive function deficit
- Loss of abstract thinking



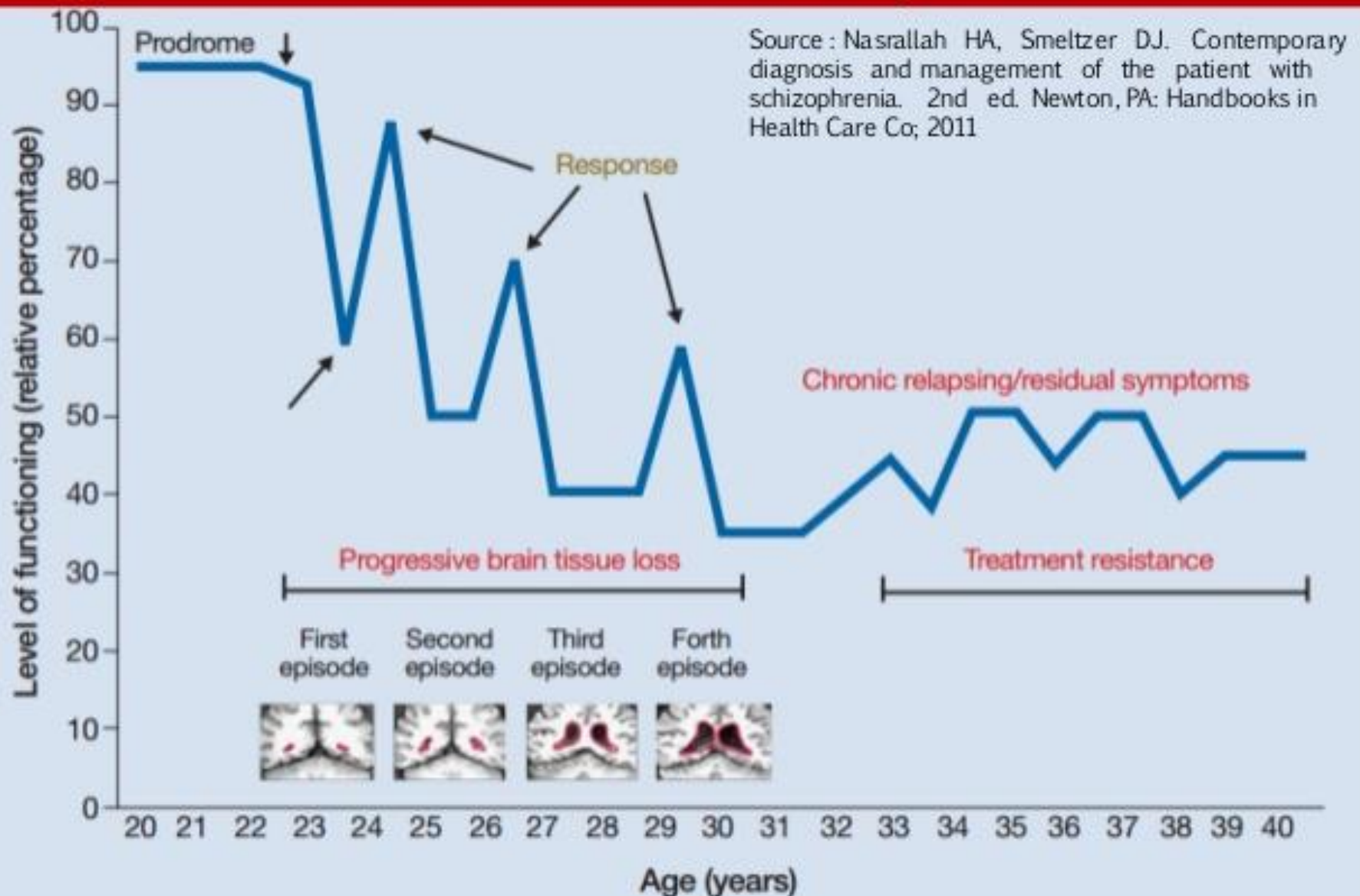
# Therapy goals in schizophrenia

- Decrease symptoms
- Decrease stigmatism
- Increase functioning ( family, work, social life, autonomy...)

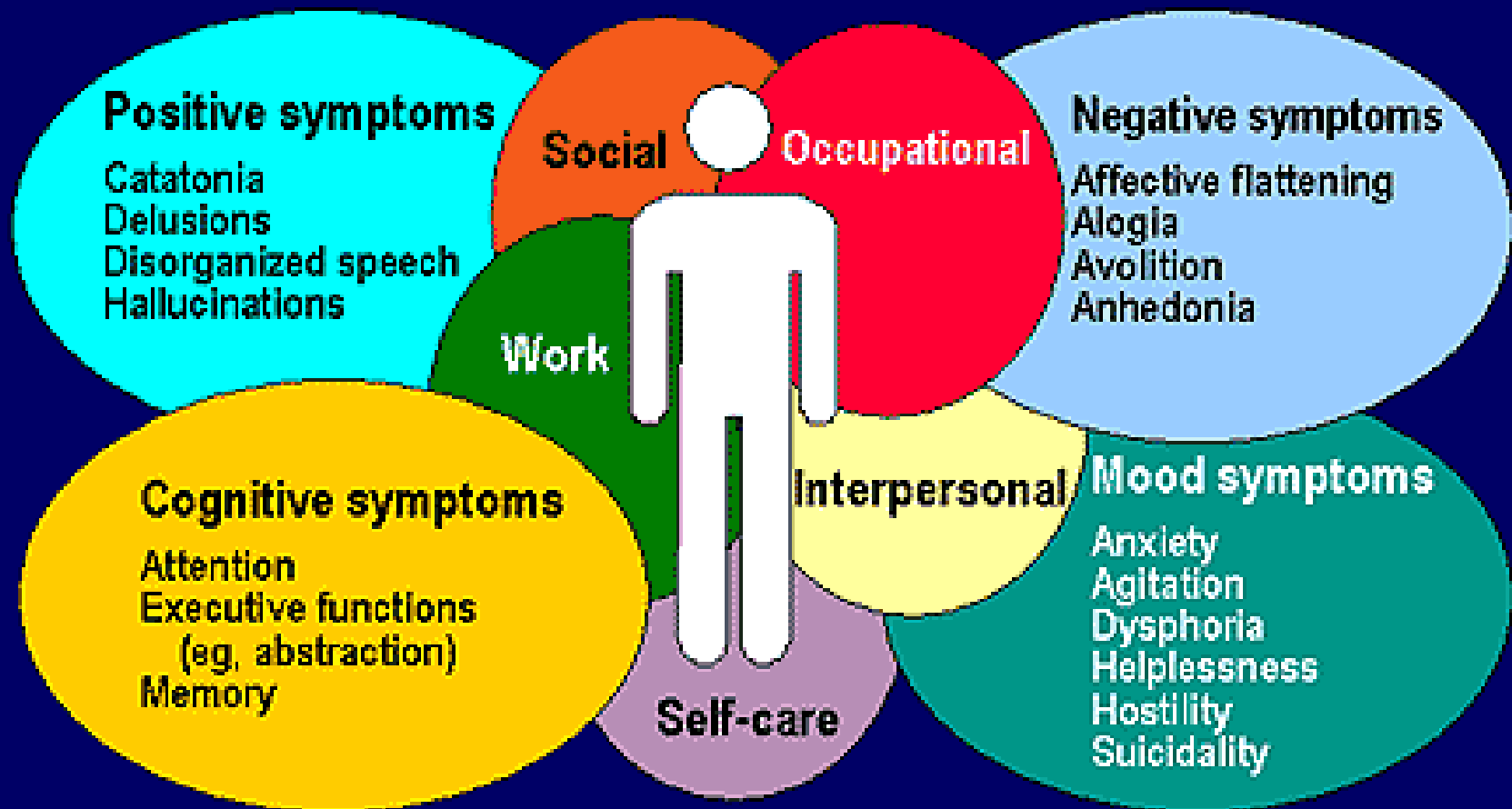
Harvey et al. J Clin Psychiatry 2004;65:361–372 ; Harvey & Bellack. Schizophr Bull 2009;35:300–306; 2. Falkai et al. World J Biol Psychiatry 2006;7:5–40; Falkai et al. World J Biol Psychiatry 2005;6:132–191;  
[http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_-\\_Scientific\\_Discussion/human/000746/WC500034928.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Scientific_Discussion/human/000746/WC500034928.pdf)

## COURSE OF ILLNESS IN SCHIZOPHRENIA

After the first episode in schizophrenia, there is progressive deterioration, loss in brain tissue, and treatment resistance with repetitive RELAPSES



# The Impact of Schizophrenia on Overall Functioning



# Treatment options

- **PHARMACOTHERAPY (ANTIPSYCHOTICS)**
- Psychoeducation
- Cognitive and behaviour therapy
- Cognitive remediation
- Social skill training



# Treatment of schizophrenia 1

## Pharmacological

**Antipsychotics**: main act: D2 antagonist

Pill, solution or short time acting im.injection

- 1st generation or typical: i.e haloperidol, tiapride
- 2nd generations or atypical: i.e.: riperidone, olanzapine, quetiapine, clozapine, amisulpirid, aripiprazol (D2 parcial agonist)

Side effects:

- extrapiramidal (dystonia, akathisia, tremor, tardive dyskinesia)
- weight gain, sexual dysfunction, sedation, hypotonia, obstipation, accomodation problem (vision)
- **Depot injections**: acting for 2-4weeks, im. inj. :olanzapine, riperidone, paliperidone, aripiprazol, haloperidol

# Treatment of schizophrenia 2

## Psychoeducation : patient and family!



Schizophrenia group therapy.

# Psychoeducation

- Explain the main symptoms
- Clear up false beliefs, giving correct information
- Estimate compliance
- Pros and cons about antipsychotics
- Risk of non-compliance (stop medication)
- Long-term goals vs short term needs
- Correct information pools from the net (e-book, blogs, forums..)

Xavier Amador: I am not ill, do not need help!

<http://www.drinfo.eum.hu/drinfo/>

[www.skizoteria.blog.hu](http://www.skizoteria.blog.hu)

# Treatment of schizophrenia 3

## Psychotherapy:

- supportive care in the acute phase;
- cognitive-behaviour therapy after the first episode and early stages;
- social skill training
- family intervention
- community psychiatry
- day hospital



# Cognitive therapy for patients with psychosis

- Effective mainly against positive symptoms
- Decrease the number of hospitalisations and time in hosp.
- Better functionality

Zimmermann G et al. The effect of cognitive behavioral treatment on the positive symptoms of schizophrenia spectrum disorders: a meta-analysis. *Schizophr Res* 2005; 77: 1–9. ;

Klingberg S et al. Negative symptoms of schizophrenia as primary target of cognitive behavioral therapy: results of the randomized clinical TONES study. *Schizophr Bull* 2011; 37 (suppl 2): S98–110.

Lincoln TM, Suttner C, Nestoriuc Y. Effects of cognitive interventions for schizophrenia: a meta-analysis *Psychol Rundsch* 2008; 59: 217–32.

National Institute of Health and Clinical Excellence. Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care (Update). NICE, 2009

Wykes T et al. Cognitive behavior therapy for schizophrenia: effect sizes, clinical models, and methodological rigor. *Schizophr Bull* 2008; 34: 523–37.

# Deatiled cognitive techniques

## Normalisation

### For antipsychotic treatment:

- „most of the people have to eat medication at some point in life..”
- „human body is not perfect, various disease may occur...ie..”
- „I also had/have to eat medications, ie.”
- „famous persons might have the same problem ie. John Nash stb.”

### For hallucinations:

- „at certain cicumstances, anybody will hear voices which are not there...extreme circumstances, sensorc deprivation”
- „it is not rare among ceelbrities ie. Antony Hopkins, Brian Wilson, Robert Schumann, stb.

in. <http://www.intervoiceonline.org/about-voices/famous-people>

# Strategies against voices

## Attention-draft:

Music listening, pray, paint, walk in fresh air, call a friend, mantra, exercise, relaxation, bath, call the doctor, watch TV, computer games, new hobby

## Focusing:

Find and correct cognitive distortions; remember, that nobody else hears those voices, control the voices (call them and stop them), list the pros and cons about voices, talk with a friend about voices, diary

## Metacognitive techniques:

Accept the voices, ; remember positive events, act against voices...

In : D.Turkington: Achieving continuous treatment for your patients: what role can cognitive behavioural therapy play? ADHES Meeting, 2012 Nov16-17, Vienna

# Reality testing for hallucinations

- Write down the voices!
- Ask family members if they hear!
- Record them!!
- Localize them!!
- What can be an explanation for voices?
- Notice the relationship with antipsychotics!!
- Write a diary of voices!
- Change your environment and see what happens with the voices!
- Behaviour-test: acting against the voices –what is the result?

# Negative automatic thoughts (NAT)

## clarification, alternatives

Event	What did the voice say?	NAT	Emotion/physical sign	Behaviour	Alternative thoughts/behaviour
Going to shower	„you have to be punished“	I will die if I go to have a shower	Fear, anxiety, sweating	No shower for weeks!	„to be clean is good: this is a reward for me“; „God does not want sg wrong: the voice is not from the God“; Reality-testing; Behaviour-test;

# NAT and cognitive distortions

## NAT diary for medications, i.e.

- „I differ from others”- negative filter
- „People will not talk to me, when they realize I take medications”- mind-reading, future
- „I am a loser”- stigmatism
- „I am not healthy if I have to take medicines”-positive things disqualification
- „nobody wants me when I am ill”- catastrofisation
- Searching for alternative explanation

# Group therapy for patients with schizophrenia

- Young pt after first hospitalization (schizophrenia, schizoaffective)
- 4 weeks
- 5-10 patients
- Psychoeducation, cognitive –behaviour th, remediation, social skill training, family consultation, art-therapy, sport, film-club

# Social skill training

Why is it important?

- Social cognition is impaired in schizophrenia
- It is associated with functionality

Penn, D.L. et al 1997. Social cognition in schizophrenia. *Psychological Bulletin* 121, 114–132.

Couture, S et al, 2006. The functional significance of social cognition in schizophrenia: a review. *Schizophrenia Bulletin Suppl.* 1, S-44–S-63.

# Social skill training

- Emotion recognizing group
- Situation-play
- SCIT „social cognition and interaction training”:  
mentalization, theory of mind

Silver, H et al. 2004. Brief emotion training improves recognition of facial emotions in chronic schizophrenia: a pilot study. *Psychiatry Research* 128, 147–154.

Hogarty, G.E. et al 2004. Cognitive enhancement therapy in schizophrenia. *Archives of General Psychiatry* 61, 866–876.

David L. Roberts et al. Social cognition and interaction training (SCIT) for outpatients with schizophrenia. *Psychiatry Research* 166 (2009) 141–147



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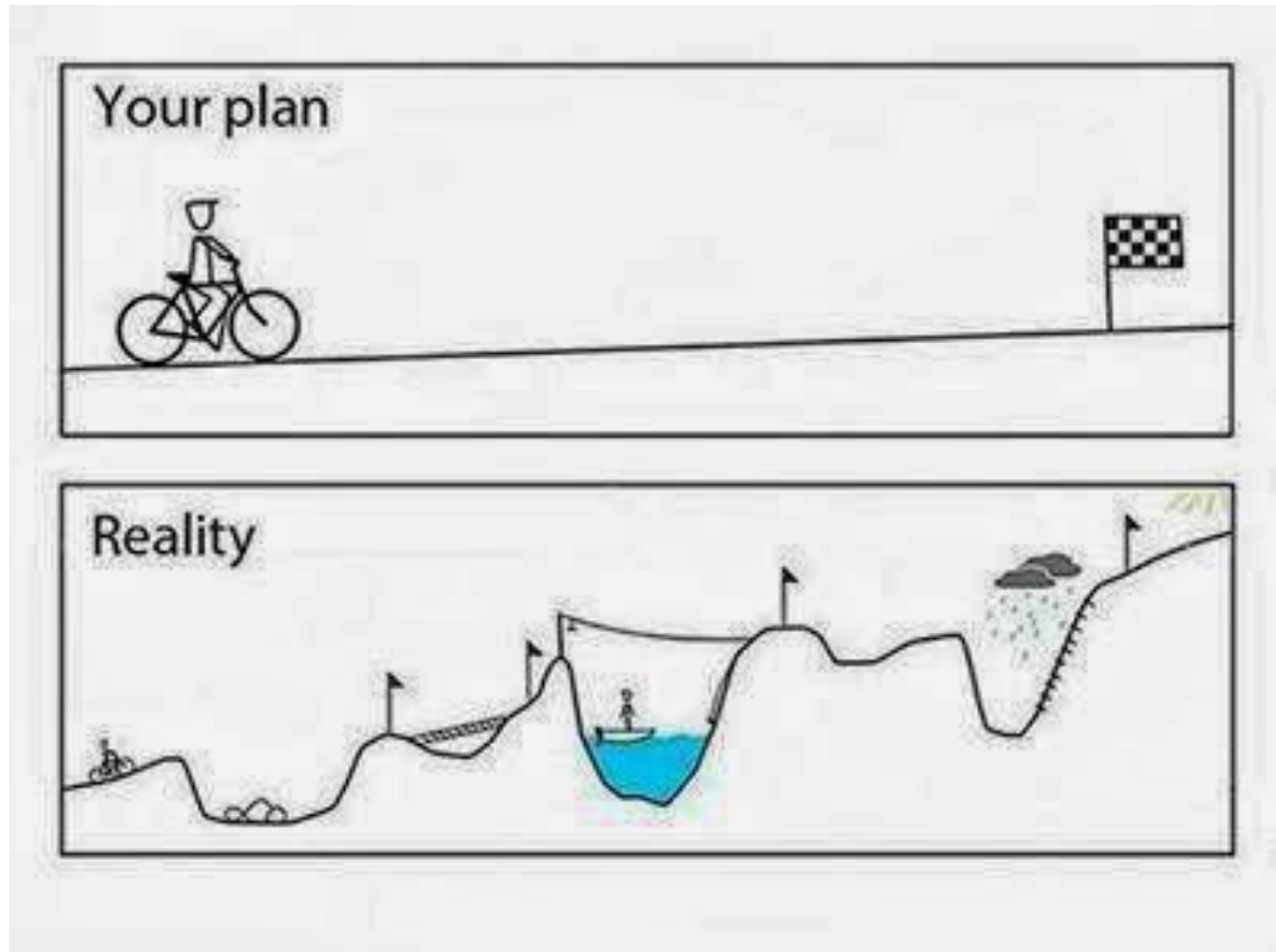
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# Other therapies

- **Peer-peer interaction:** young pt in remission talks about illness, compliance, drug-abuse, ecc. 45-60minutes, interaktív talk
- **Art-therapy:** Moravcsik Foundation Art Brut Galery weekly painting, sewing, ecc.

# Thank you for your attention!

## Reality testing is sometimes difficult...



<http://semmelweis.hu/pszichiatria/oktatas/gradualis-kepzes/english-education/lectures-in-downloadable-format-pdf>