THE THERAPY COMPASS

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS (CBTP)

EXPANDED APPLICATIONS IN SCHIZOPHRENIA SPECTRUM DISORDERS

THE THERAPY COMPASS

OVERVIEW OF CBTP

Purpose: Identify and challenge delusions, hallucinations, and dysfunctional thought patterns.
Benefits: Reduces symptom severity, improves insight, and helps manage distress.
Delivery: Individual or group formats using techniques like belief testing, coping strategies, and problem-solving.

MORE INFORMATION

THE THERAPY COMPASS

RELAPSE PREVENTION PLANNING
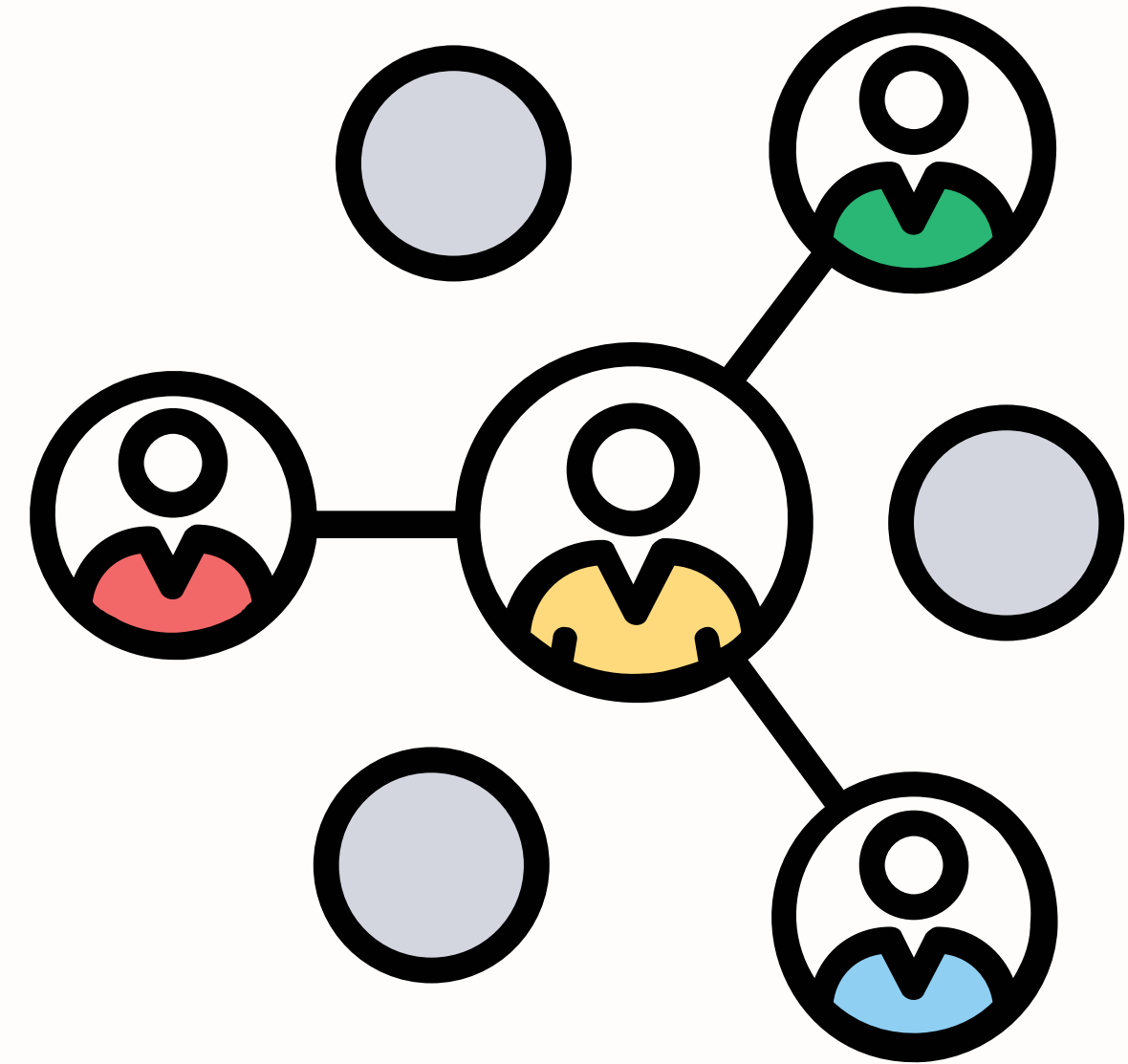
Purpose: Reduce likelihood and severity of episodes
Application: Identify early warning signs and create action plans
Benefit: Empowers proactive symptom management

Cognitive Behavioral Therapy for Psychosis (CBTp)

An evidence-based approach for treating schizophrenia spectrum disorders, helping individuals understand, manage, and reframe their experiences with psychosis. CBTp focuses on challenging delusions, addressing hallucinations, and developing adaptive coping strategies to improve quality of life.

Purpose and Therapeutic Approach

Increase Awareness

Help clients recognize and understand patterns in their thoughts, beliefs, and reactions to psychotic experiences.

Explore Meaning

Work collaboratively to uncover the personal significance behind distressing symptoms and experiences.

Challenge Thinking

Apply cognitive restructuring techniques to address unhelpful or distressing thought patterns and beliefs.

Build Adaptive Strategies

Develop practical coping tools and insights to manage symptoms and improve day-to-day functioning.

Rather than focusing solely on symptom elimination, CBTp helps clients develop a new relationship with their experiences. The goal is to empower individuals to live meaningful lives despite ongoing symptoms by reducing distress and enhancing personal agency.

Key Clinical Targets in CBTp

Target	CBTp Focus
Delusions	Identify, examine, and reframe fixed false beliefs using **Socratic questioning**, **reality testing**, and **graded evidence gathering**
Hallucinations	Reduce distress and increase coping through **normalization**, **belief modification**, and **behavioral experiments**
Negative symptoms	Address cognitive distortions like **hopelessness** and **self-stigma**, and promote **behavioral activation**
Disorganized thinking	Use **structured problem-solving**, cognitive scaffolding, and **simplified formulations**

Each symptom domain requires specific therapeutic approaches tailored to the unique challenges they present. Clinicians should prioritize targets based on client distress levels, functional impact, and treatment readiness.

Core Techniques in CBTp

Formulation-Based Approach

Develop personalized 5-part CBT models mapping relationships between triggers, thoughts, feelings, behaviors, and physical sensations. Normalize experiences within cultural and neurological contexts.

Belief Testing & Reality Checking

Conduct behavioral experiments to test beliefs safely. Explore the **possibility**, not the **certainty**, of alternative explanations for experiences.

Cognitive Restructuring

Identify and reframe distorted cognitions, such as "People are watching me," into more balanced alternatives based on evidence.

Coping Strategy Enhancement

Teach practical tools including distraction techniques, mindfulness practices, sensory grounding exercises, and thought-challenging strategies.

These evidence-based techniques help clients develop new perspectives on their experiences, reduce distress, and build resilience. Implementation should be collaborative, gradual, and sensitive to the client's cognitive capacity and insight level.

Benefits of CBTp

40%

Symptom Reduction

Average decrease in delusion conviction and hallucination distress among treatment completers

35%

Rehospitalization

Reduction in hospital readmissions compared to treatment as usual

45%

Medication Adherence

Improvement in medication compliance when CBTp is combined with pharmacotherapy

60%

Quality of Life

Percentage of clients reporting meaningful improvements in daily functioning

Research consistently demonstrates that CBTp produces significant clinical benefits beyond medication alone. These improvements typically persist at follow-up assessments, suggesting that clients develop lasting skills for managing their symptoms and enhancing their wellbeing.

Delivery Formats

Individual Therapy

16–24+ sessions tailored to delusion content, insight level, and cognitive capacity

- Most extensively researched format
- Allows for personalized pacing
- Ideal for complex presentations

Group CBTp

Effective for addressing common themes (e.g., paranoia, stigma) and promoting peer validation

- Normalizes experiences
- Builds social connections
- Cost-effective delivery

Brief CBTp

Adapted for early intervention or clients with cognitive limitations

- Focuses on 1-2 key targets
- Uses simplified materials
- Typically 6-8 sessions

Family-Involved CBTp

Enhances outcomes through education, collaborative safety planning, and shared problem-solving

- Improves family understanding
- Reduces expressed emotion
- Strengthens support systems

Adaptations for Diverse Needs

Schizoaffective Disorder

Address mood symptoms alongside psychosis; integrate CBT modules for depression or bipolar disorder when mood episodes are present. Develop mood tracking alongside psychosis monitoring.

Cognitive Impairments

Simplify language, incorporate visual supports, provide frequent repetition, and extend session duration. Use memory aids and written summaries to reinforce key concepts between sessions.

Trauma Co-occurrence

Integrate trauma-informed principles and assess for dissociation or paranoia-based defenses. Ensure safety and stabilization before challenging beliefs. Consider sequencing or integrating trauma therapy.

Cultural Considerations

Normalize beliefs within cultural context; avoid pathologizing spiritual or cultural experiences. Collaborate with cultural consultants when needed and adapt metaphors to be culturally relevant.

Clinical Resources and Implementation

Assessment Tools

Psychosis belief scales, symptom inventories, and functional measures

Client Worksheets

Thought records, belief-testing forms, and coping strategy inventories

Session Plans

Structured protocols for individual and group implementations

Effective implementation requires therapist training in both CBT fundamentals and psychosis-specific adaptations. Client materials should include interactive worksheets for identifying "sticky thoughts" versus "flexible thoughts," mapping beliefs with evidence for and against them, documenting coping strategies, and tracking hallucination triggers with alternative interpretations.