

A Therapist's Conceptual Journey from Anxiety to Psychosis

James M. Claiborn Ph.D. ABPP ACT

Early experiences with psychotic patients

- Behavioral approaches such as token economies.
- Reinforcement contingencies can reduce expression of delusional behaviors but this doesn't generalize.
- Behavioral approaches don't address suffering and are thus not satisfying and don't really provide “therapy”

Verbal Psychotherapy

- Cognitive models from Beck and Ellis were generally understood to be inappropriate for psychotic disorders
 - Psychoanalytic approaches were generally discredited in dealing with psychotic disorders.
 - The biological model is so dominant in the US that other approaches and models are not even seen as worth consideration.
-
-

My Understanding

- I came to understand that as a cognitive therapist I had little to offer psychotic patients.
 - Evidence supported CBT for other disorders and problems.
 - Early trials based on inadequate conceptualization led to failure.
-
-

Cognitive Behavioral Treatment of Anxiety

- CBT of OCD was primarily behavioral, with exposure and ritual prevention
 - Capsule models of other anxiety disorders
 - Panic
 - Global conceptualization of the individual is much more involved
 - The problem is not the stimulus event but interpretation of it.
-
-

Meta Cognitive Models

- Credit the models developed by Adrian Wells
- The behavioral model of OCD was lacking but the methods work
- Rachman develops a meta cognitive model of OCD

Meta Cognitive Model of OCD

- It is not the intrusive thoughts that are the problem but the interpretation of them.
 - 90% of non clinical population report intrusive thoughts.
 - Content of intrusive thoughts in OCD patients is not different from those in non clinical population
 - Confusion of possibility with probability
 - Responsibility for adverse outcomes predicted
 - Importance of thought, thought suppression
-
-

Advantages of New Model

- Improved explanation of OCD and why CBT works
- Idea generation and changes in symptoms
- Development of cognitive methods
- Empirical support for cognitive treatments



New Directions in treatment of Psychosis

- Return to work with psychotic patients
 - The standard culture in the US treatment of psychotic patients.
 - Prevailing ideas about psychotherapy and psychosis
 - The outcomes of psychotropic treatment of psychosis
-
-

Modern Treatments of Psychosis in the US

- Treatment is primarily with psychopharmacology
 - 60% of patients will continue to have positive symptoms when fully compliant with medication
 - The model holds that psychotic symptoms represent qualitatively different function
 - Hallucinations are seen as pathognomonic
-
-

Cognitive Conceptualization of Psychosis

- Overlap with models of OCD
 - Categorical diagnosis doesn't fit the data
 - Hallucinations and ideas of reference as a product of intrusive thoughts
 - Attribution of experiences
 - Occurrence of hallucinations in other populations
 - Hallucinations as events which are interpreted
-
-

Hallucinations and Delusions

- The relationship between hallucinations and delusions.
 - Delusions are the result of the universal human effort to understand experience
 - Cultural validation as part of the definition of delusions
 - Conceptualization of psychosis as an idiosyncratic interpretation of normal experiences.
-
-