Cognitive Behavioral Treatment of Delusions and Paranoia

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Brief Background

- Many persons consider that the only effective treatments for schizophrenia are antipsychotic medications
- Pessimism over traditional talk therapy approaches to schizophrenia
- American Psychiatric Assn. (1999) guidelines state that psychological therapies can be useful.
- Most beneficial once the person becomes stable; less benefit in the acute phase of illness

Empirically Supported Treatments

- Behavioral and Supportive Family Therapy
- Social Skills Training
- Cognitive-Behavioral Therapy
- Supported Employment
- Assertive Case Management
- Behavior Therapy/Token Economy programs

Chambless & Ollendick, 2001; Roth & Fonagy, 1996; Nathan & Gorman, 1998)

Cognitive Therapy for Delusions

Cognitive Therapy

- Cognitive therapy for psychosis arose from treatment methods for anxiety and depression
- CT is based on the idea that psychotic symptoms are associated with information processing biases
  - Attention, appraisal, attributional, belief formation and maintenance

Cognitive Therapy, cont.

- CT is most effective in the treatment of persistent, residual psychotic symptoms
  - 25-60% of individuals with psychosis have symptoms following medication treatment
- Each episode of psychosis leads to more functional and social impairment
- Co-morbid mood symptoms are also quite common in psychosis (40%)

Cognitive Therapy, cont.

- Well-established treatment in England- offered to all persons
- Can treat specific symptoms
  - Delusions
  - Hallucinations
  - Negative Symptoms
- Part of a comprehensive treatment package
- Combined with other treatments such as social skills training, coping skills

Cognitive Therapy for Delusions

- Delusions can be modified and are not as rigidly held as previously believed
- Conviction levels vary over time (naturally) and in response to cognitive therapy
- Watts et al. (1973) argued that psychological reactance is present when direct confrontation is used
  - – Avoid a direct challenge to beliefs

Cognitive Therapy for Delusions, continued

- 1) Challenging the evidence
- 2) Challenging the delusion itself
- 3) Empirical or behavioral testing
  - – Behavioral testing is less effective when delivered alone, but more effective when it follows verbal challenge
  - – Verbal challenge weakens the belief for the behavioral intervention to be effective

Challenging the Evidence

- The first few sessions are devoted to understanding how the delusion was formed or important events in the client's life
- Rank order the evidence from least important to most important
- Challenge the least important evidence first
- Therapist provides an alternative explanation
- Client explanation is weaker method

Sample Hierarchy

- Delusion: “Neighbors are trying to kill me.”
- 1) Neighbors were up late at night
- 2) Put curtains up in their house
- 3) Husband went inside when I got home
- 4) Looked outside and they were pointing at my house
- 5) Came over to talk and then I got sick the next day

Supplementary Interventions

- 1) Accommodation
  - Have the client seek out or look for things in the environment that are contrary to their belief
  - Homework exercise
  - Gradual increase in perception of these events over the course of treatment

Challenging the Delusion Itself

- 1) Focus on the inconsistency and irrationality of the belief
  - "Would it make sense for things to be this way?"
  - Point out inconsistencies or problems in reasoning
  - Bizarre delusions are especially vulnerable
- 2) Belief is an attempt to explain unusual, puzzling, or ambiguous events
  - Normalizes the belief
  - Anxiety is a common pre-cursor
- 3) Discuss emotional and behavioral costs of the delusions vs. alternative belief

Behavioral Experiments

- Behavioral experiments are ways to test out the clients belief
- Direct disconfirmation, powerful
- Must be collaborative in nature to be effective
- Must be specific (delusion vs. alternative prediction)
- Not to “prove” the belief, but to test it out
- Predictions are done in advance and agreed to by the client

Sample Experiments

- Client believes she can tell the future
  - Test: Pause a videotape and ask client what will occur
- Client believes he is an professional football star
  - Test: Access list of players on website to check
- Works well for grandiose or delusions of reference, but persecutory delusions require more care and planning.

Cognitive Therapy for Paranoia

Overview

- Definitions and development
- Why focus on paranoia?
- Cognitive biases found in paranoia
- Behavioral characteristics
- Treatment issues and methods

Definitions

- Paranoia can be defined as a form of self-referential thinking characterized by suspicion, ill will, wariness, and resentment
- “Self as a target of others”
- At delusional levels, the beliefs of harm and malevolent intentions become specific (Garety & Freeman, 2000)
- Harm is on-going and/or anticipated
- Paranoid ideation can be found in normal persons and persons with psychosis
- Continuum approach of paranoia

Development

- Paranoia can arise from several areas
- Contextual factors
  - Incarceration, public settings, racism, one way mirrors
- Modeling and learning influences (Haynes, 1986)
- Vulnerability-Stress model of psychosis
  - Anxiety producing events, especially ambiguous events
  - Perception of threat or unusual experiences

Why Focus on Paranoia?

- Negative emotions
  - Anxiety, anger, and depression
- Personally distressing
- Low self-esteem
- Social avoidance/Occupational problems
- Poor intimate relationships
- Cognitive rigidity/poor tolerance for ambiguity
- Poor rapport and treatment compliance

- Paranoia is a significant concern for treatment staff and others
- Negative reactions to these persons
- The treatment of paranoia stems from an understanding of the cognitive and behavioral biases associated with the condition

Cognitive Biases in Paranoia

- Selective attention for threat
  - Take longer to read threatening words than neutral or depressed words
- Memory bias for negative events
- Externalizing attributional style
  - Tend to blame others rather than the situation for negative events
  - Very common for ambiguous situations
- Theory of mind deficits
  - Problems inferring the intentions and motivations of others
- Jumping to conclusions bias
  - Using less evidence to make decisions; gather less data

Associated Behaviors

- Safety behaviors to prevent negative outcomes
  - Avoidance and Escape from others who may harm them
  - Prevents disconfirmation of beliefs and person interprets these as “near misses”
- Increased social distance from others
- Poor social skills and expression of hostile statements

Treatment Issues

- Rapport building is key
- Antecedent - Belief- Consequence model for understanding events
- Motivation and engagement to find out more about beliefs and events in life
- Reduce personal distress and negative moods
- Improve trust and relationships

Cognitive Techniques

- Attention and social perception biases
  - Encourage the person to fully attend to and describe each situation
  - Practice in session and then move to real life events
  - Separate out facts vs. interpretations (paranoid beliefs)
  - Emotional expression training

- When an problematic event is reported or expressed in therapy
- Verbal disputation of paranoid beliefs with standard cognitive therapy methods
- Supporting vs. disconfirming evidence for the belief
- Pre-post rating of paranoia following this exercise

- Jumping to conclusions, theory of mind, and externalizing attributions
- Consider situational interpretations as alternatives (cognitively more demanding)
- May not be the default way of processing events for these persons
- When stressed blames others is the automatic attribution
- Emphasize the link between blaming others and emotional/behavioral consequences

- Social avoidance and safety behaviors
- Encourage the person to “check things out”
- Role play social skills beforehand
- May need to use third person information at first (distancing)
- Increase involvement of the client over time in this activity
- Form or behavioral experimentation

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