EVIDENCE-BASED PSYCHOTHERAPIES FOR COMPETENCY RESTORATION TREATMENT

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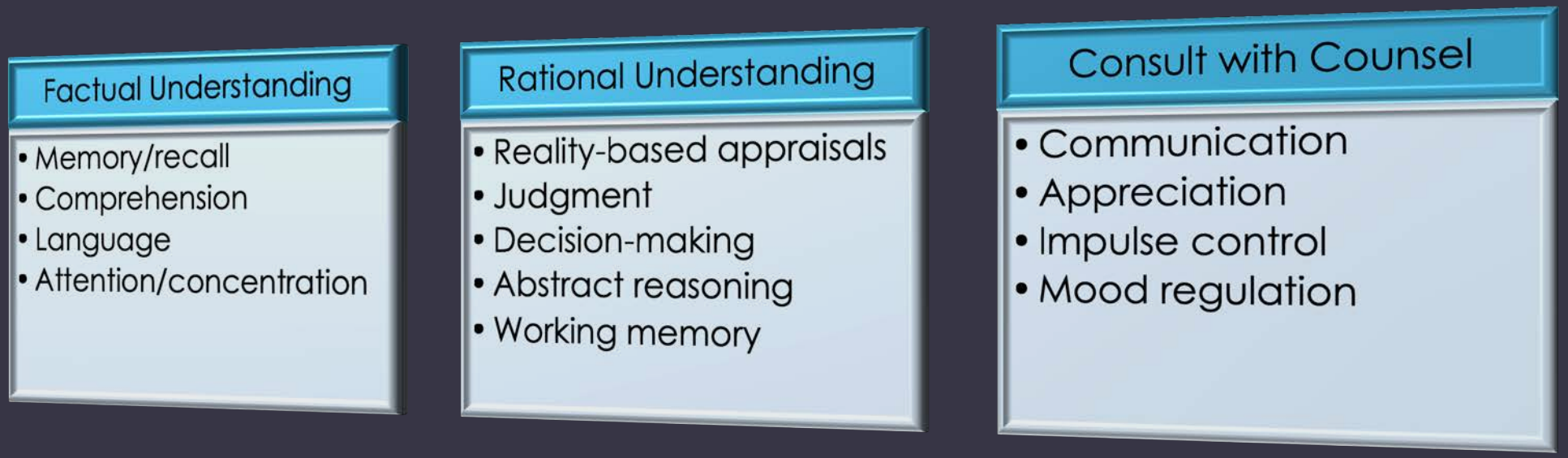
Competency Domains -Discrete Model

- Factual Understanding
- Rational Understanding
- Rationally Consult with Counsel

Underlying Skills



Identifying the Interfering Symptom and the Skill Deficit

Interfering Symptoms/Deficits

Competency Ability	Underlying Skills	Interfering Symptoms/Deficits
Factual Understanding	Memory/retrieval	Attention/Concentration
	Comprehension	Disorganized Thought Processes
	Expressive language	Severe Anxiety
	Receptive language	Disorientation
		Learning Deficits
Rational Understanding	Reality-based Appraisals	Delusional Beliefs
	Judgment	Impaired Reality-Testing
	Decision-making	Impulsivity
	Abstract Reasoning	Disordered Thought Processes
	Reasoning	Agitation
Consult with Counsel	Communication	Mania
	Appreciation	Withdrawal
	Impulse Control	Apathy

“Treating” Incompetence

Alleviation of Symptoms

- Delusions
- Disorganized thoughts
- Disorganized behavior
- Agitation
- Hallucinations
- Mania
- Hopelessness

Skill Improvement

- Expand knowledge base
- Manage anxieties
- Manage misperceptions
- Behavior strategies

Consulting with Counsel Deficits:

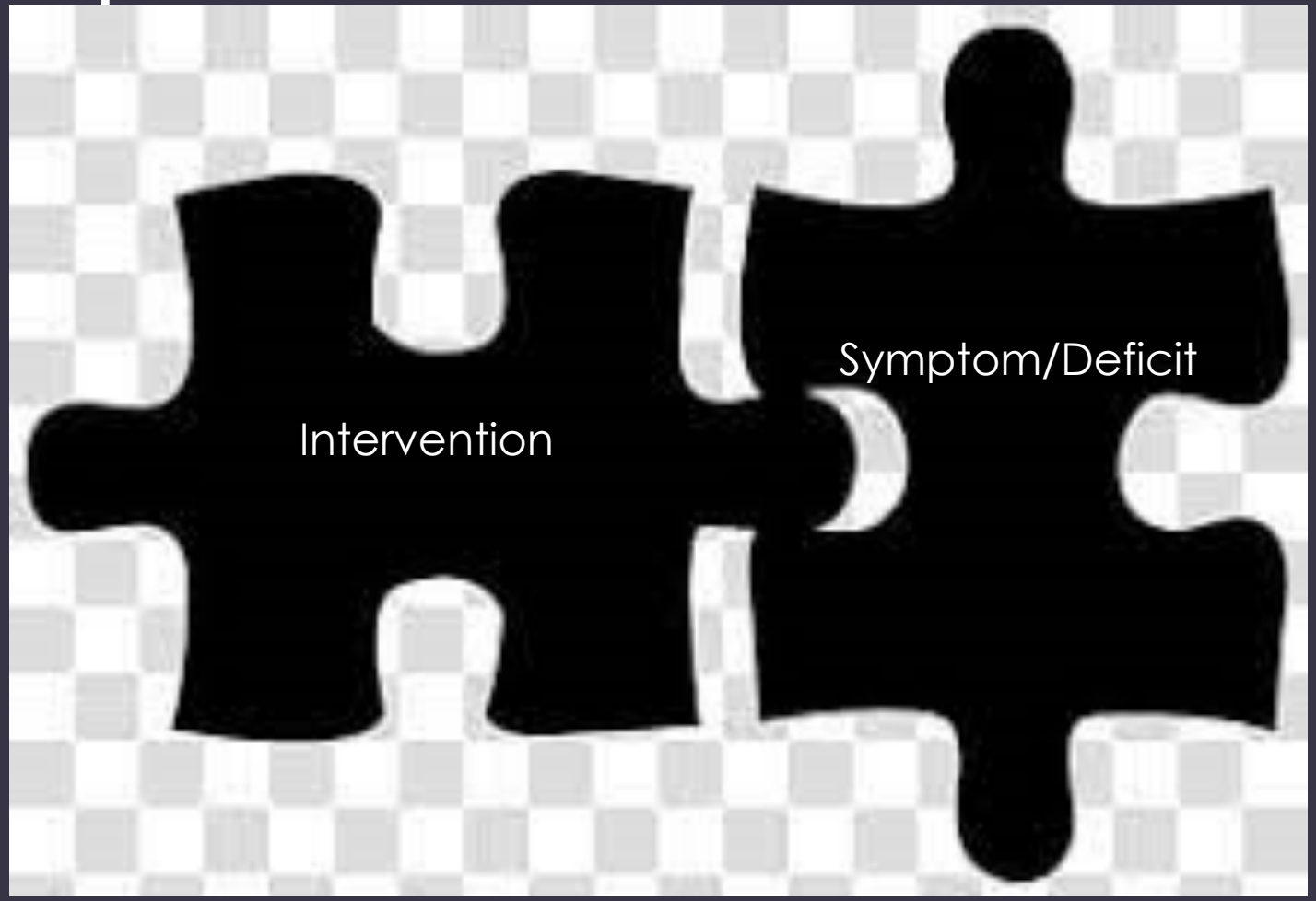
Interpersonal difficulties

Behavioral difficulties

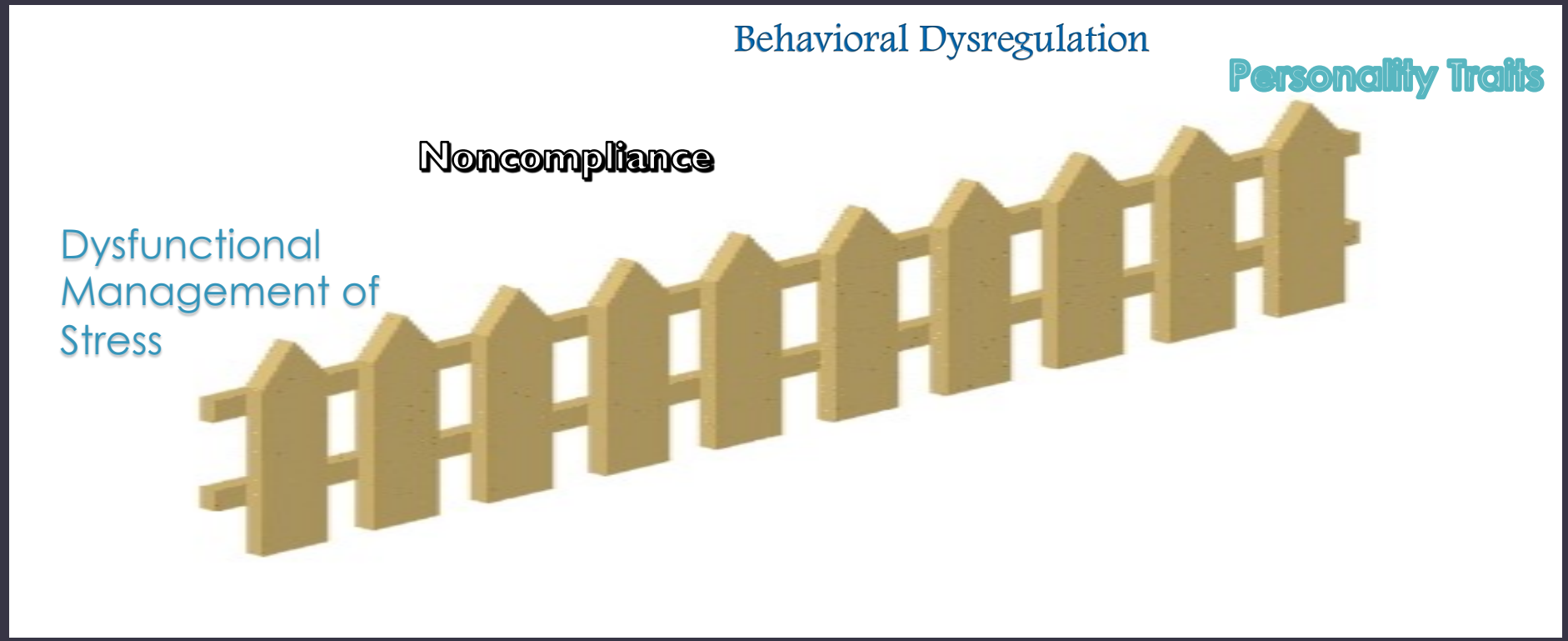
Clinical symptoms

Targeting the Symptom/Deficit

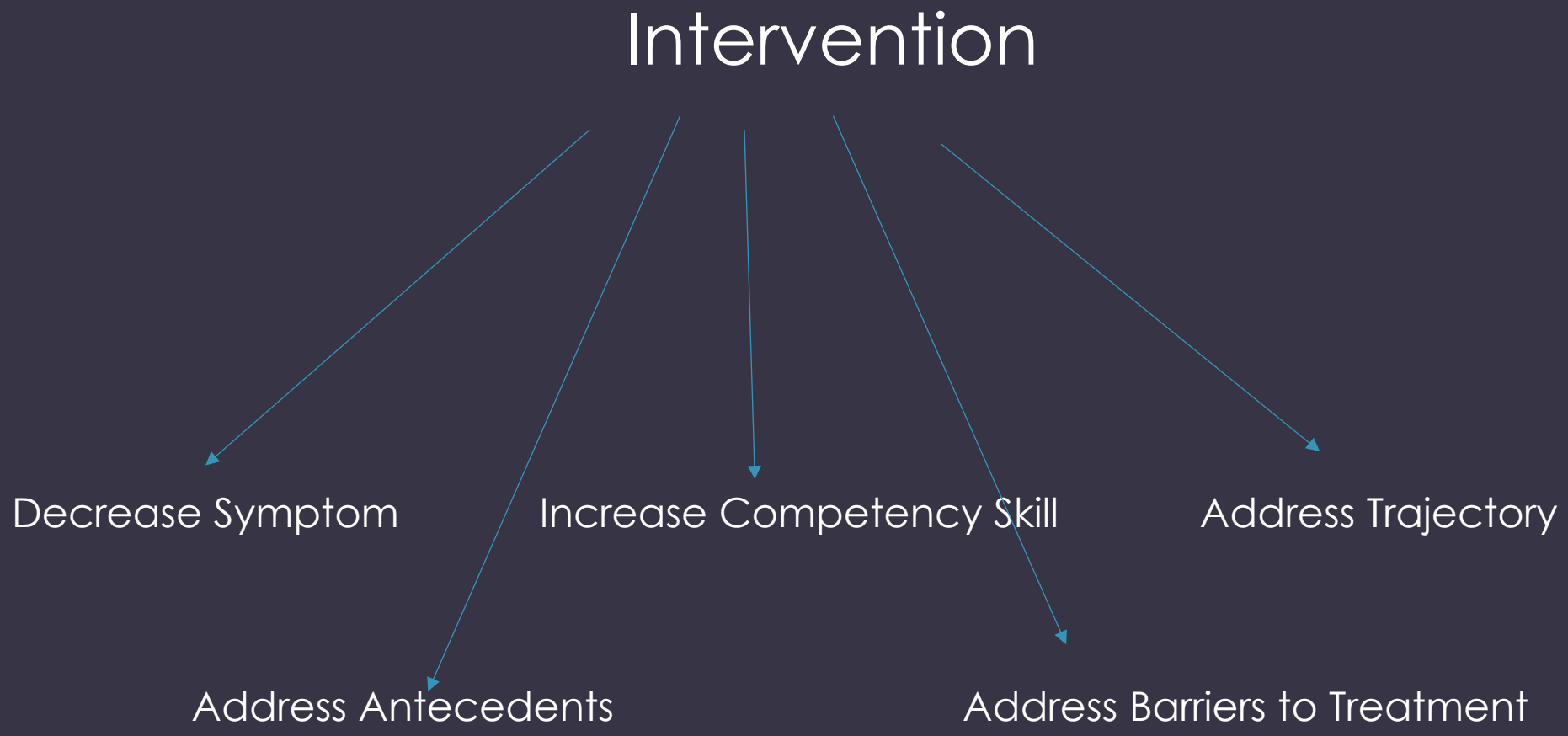
With Specific Interventions



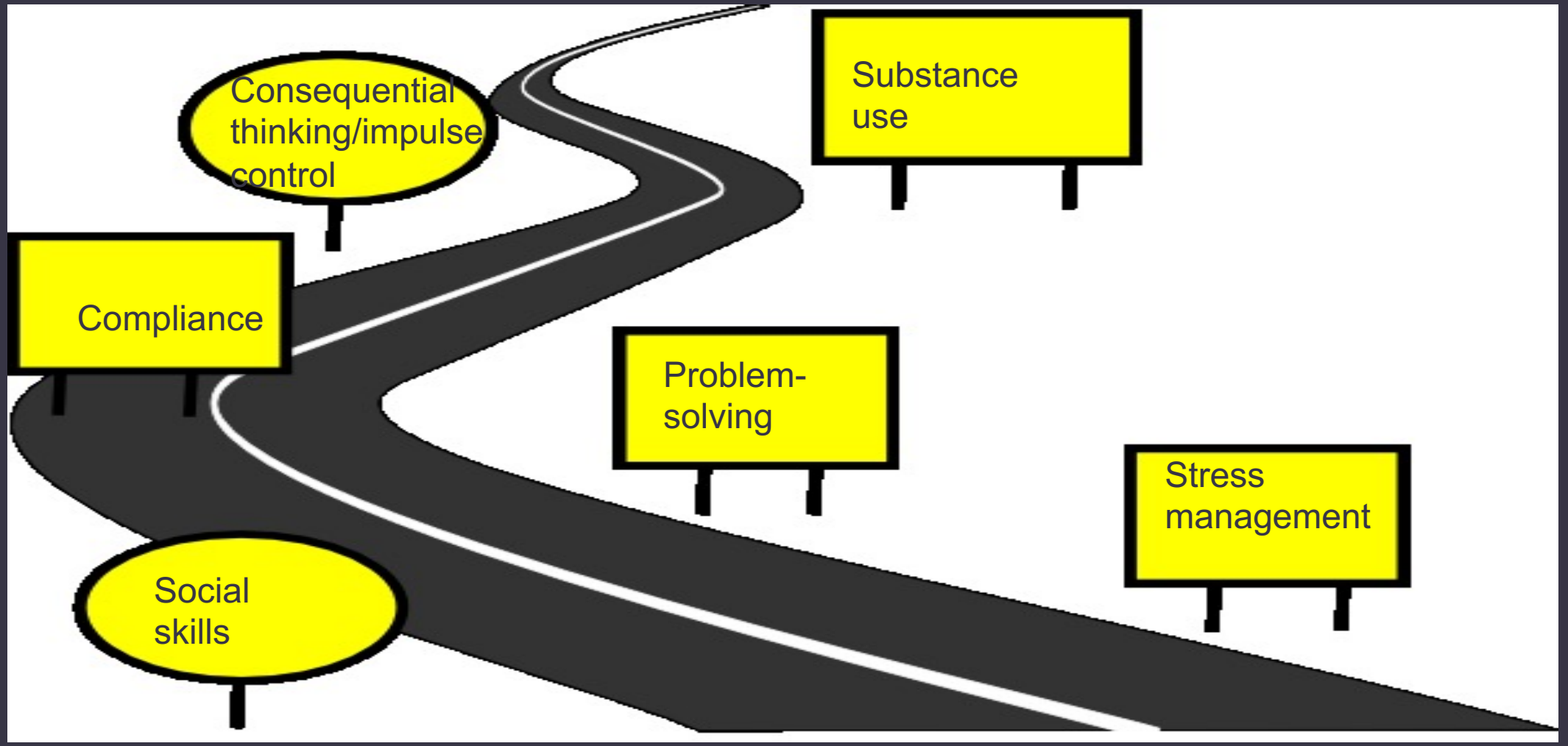
Barriers to Treatment



Psychotherapy



Trajectory


Consequential thinking/impulse control
Substance use
Compliance
Problem-solving
Stress management
Social skills

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Alexis Humenik, M.A., M.S.C.P.

Rationale for ACT for Treatment of Psychosis

Even with medication adherence, positive symptoms of psychosis persist and are predictors of rehospitalization.

Traditional interventions focus on symptom reduction.

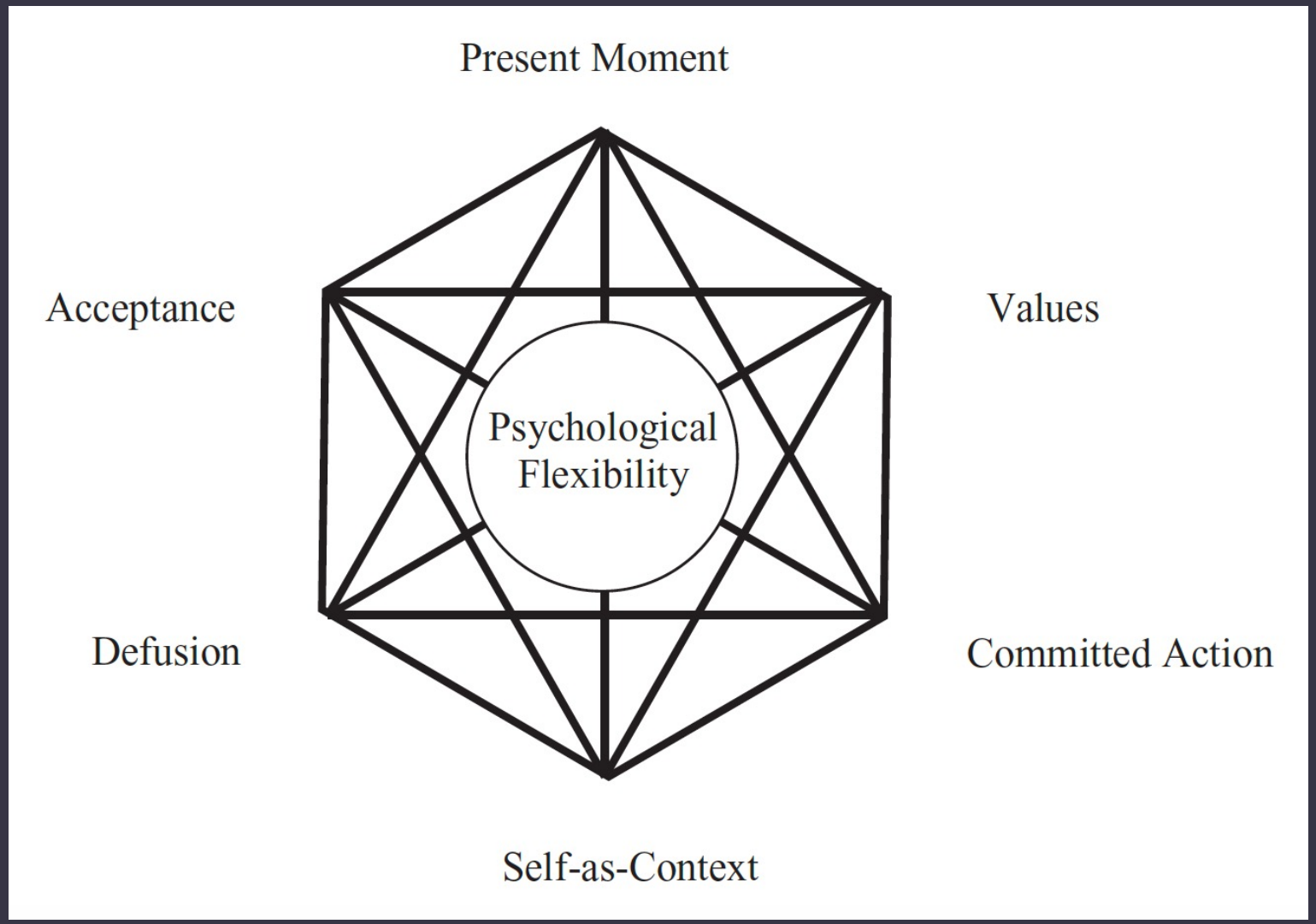
However, attempts at thought suppression can increase symptoms and distress.

Treatments that focus on modification of thoughts can lead to fusion with the content and increased self-focus.

Because a significant proportion of individuals with psychosis experience persisting symptoms, a focus on symptom reduction may be unhelpful.

(Bach & Hayes, 2002; Bloy et al., 2011; Wegner et al., 2009)

Acceptance and Commitment Therapy (ACT)



Delusions as Experiential Avoidance

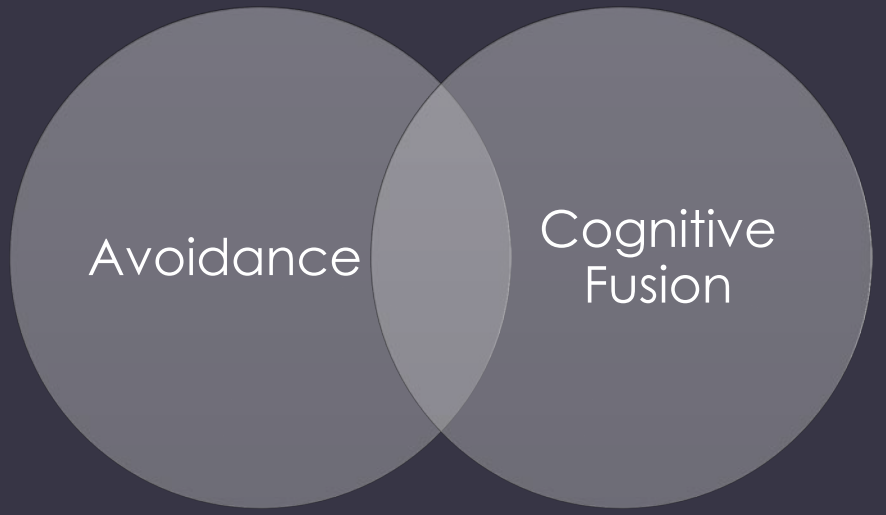
ACT is based on the idea that many maladaptive behaviors are a result of attempts to avoid or suppress thoughts, feelings, or bodily sensations.

Passive Avoidance

- Person seeks to avoid experiences/triggering situations (e.g., anxiety, shame, humiliation) and attempt to reduce the experiences

These processes maintain symptoms through fusion with the content of delusions

Active Avoidance

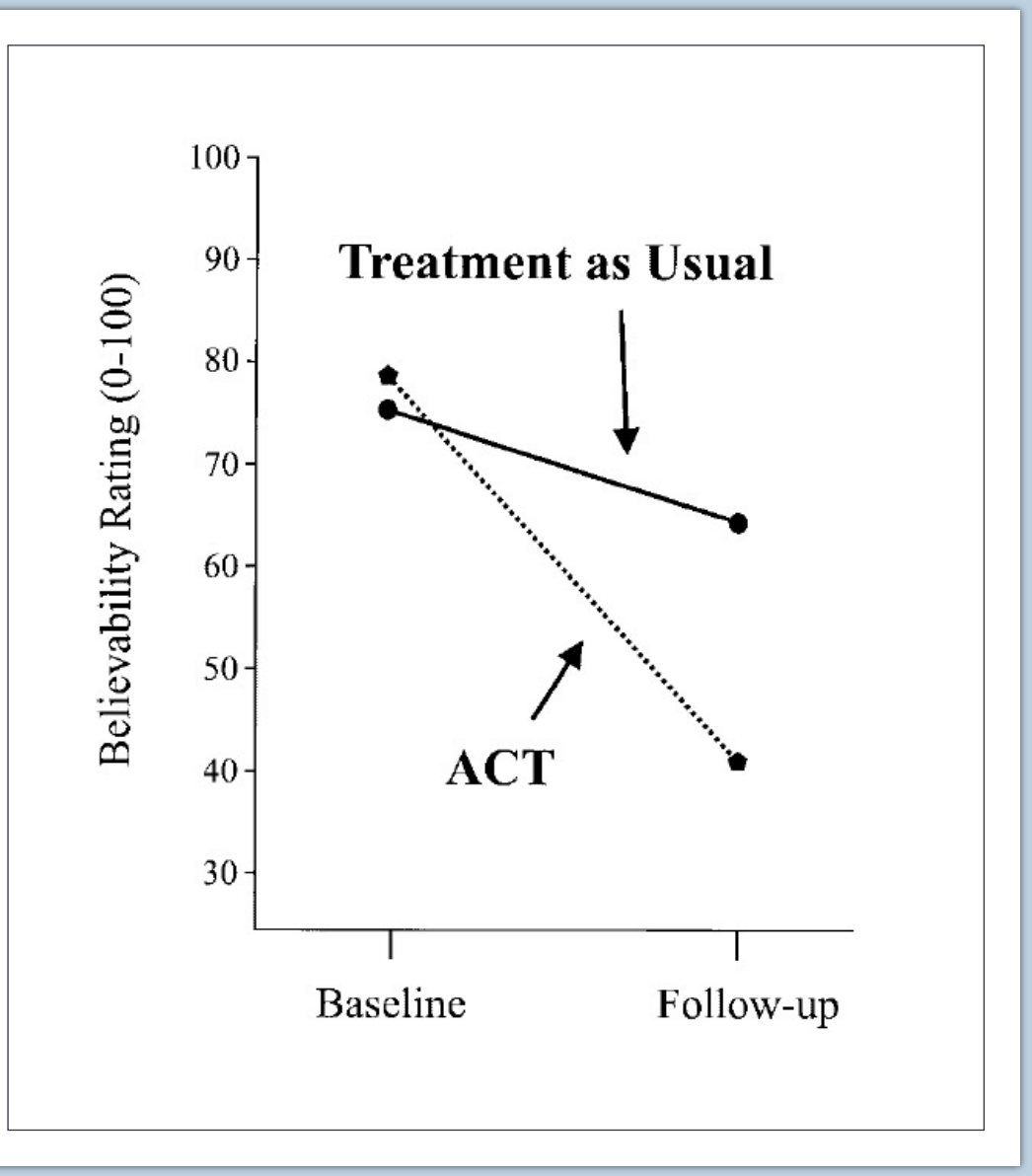


(O'Donoghue et al., 2018)

Research Support for ACTp

- Greater use of mindfulness strategies associated with changes in distress associated with delusions.
- Six RCTs exist that evaluate the efficacy of ACT for people diagnosed with psychosis.
  - 4 studies looked specifically at the effect of ACT on symptoms of psychosis, whereas others focus on ACT in relation to well-being.
- Findings suggest that ACT can reduce impact of psychotic symptoms and disruption in functioning.
  - Two studies evaluated self-reported believability of hallucinations/delusions.
  - Lower re-hospitalization rates also yielded for ACTp
- Positive effects of ACTp have been attributed to targeting processes involved in psychological flexibility
- Evidence base for both individual and group modalities.

(Bach & Hayes, 2002; Bacon et al., 2014; Gaudiano & Herbert, 2006; Oliver et al., 2012; Shawyer et al., 2012; Shawyer et al., 2017; Tyrberg et al., 2016; Wakefield et al., 2018)



Effectiveness of ACTp

- 80 inpatients experiencing AH or delusions upon admission
- Random assignment to ACT or TAU
  - ACT: 4 sessions + TAU
- RESULTS
  - Rehospitalization rates:
    - 20% ACT, 40% TAU within 4mo
  - Frequency of AH/delusions:
    - ACT: More symptoms reported
  - Believability:
    - ACT: statistically significant difference in believability scores. Larger difference than TAU [$F(1, 29)$ 4.36, $p < .05$].

(Bach & Hayes, 2002)

Who is ACT-p appropriate for?

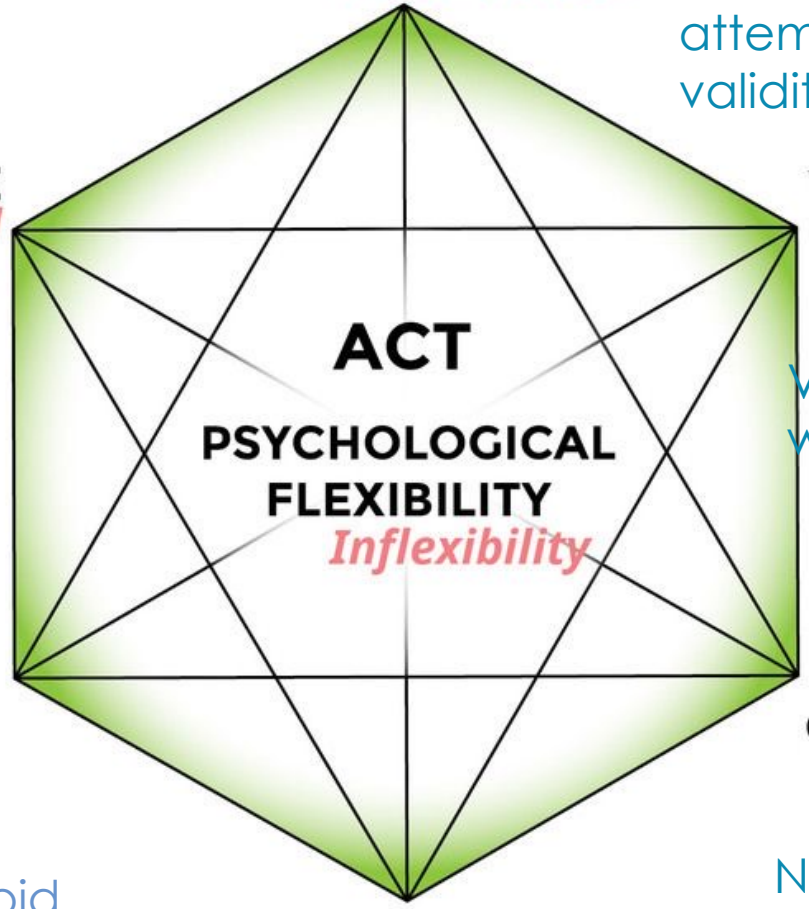
- Individuals with some degree of insight into symptoms of their mental illness
- Individuals with the ability to think abstractly
- Individuals who are stabilized (especially for group settings)

Case Example

- "Brian": 32-year-old White male hospitalized for competency restoration services
- Charges: Felony Assault
- Symptoms: Persecutory delusions, anxiety associated with paranoia
- Impact on competency to stand trial: delusional ideation interferes with appreciation and rational understanding of courtroom procedures.

Adapted from Bloy and colleagues (2011)

ACT HEXAFLEX



Rumination & attempts to test validity of thoughts

Avoidance of activities due to paranoia/anxiety; Substance misuse

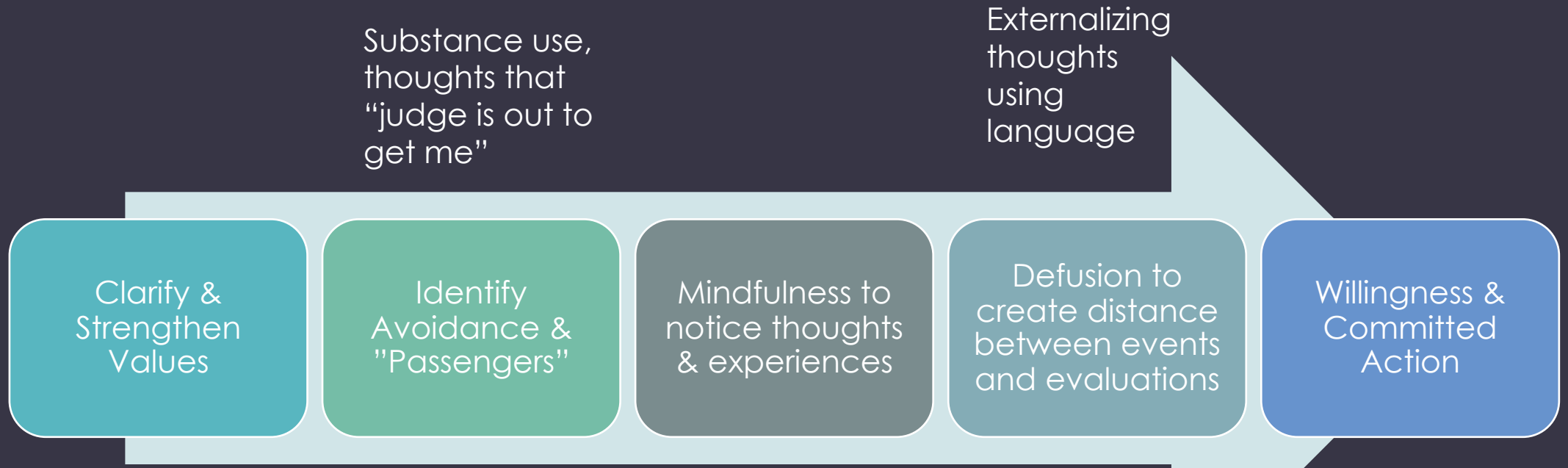
Values: relationship with family, freedom

Fused with paranoid thoughts

Not engaging in treatment

Conceptualization of Brian

Intervention



Freedom; Achievement; Relationship with Family

Substance use, thoughts that "judge is out to get me"

Noticing paranoid thoughts & anxiety

Externalizing thoughts using language

Actions consistent with freedom value (e.g., working with treatment providers)

ACT as a Competency Intervention

- Symptom reduction on its own is not necessary for competency restoration.
- ACTp processes such as mindfulness and cognitive defusion may influence the believability of delusions.
- If patients are able to gain distance from delusional ideations to rationally appraise psycholegal concepts, competency may be restored.

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS (CBT-P)

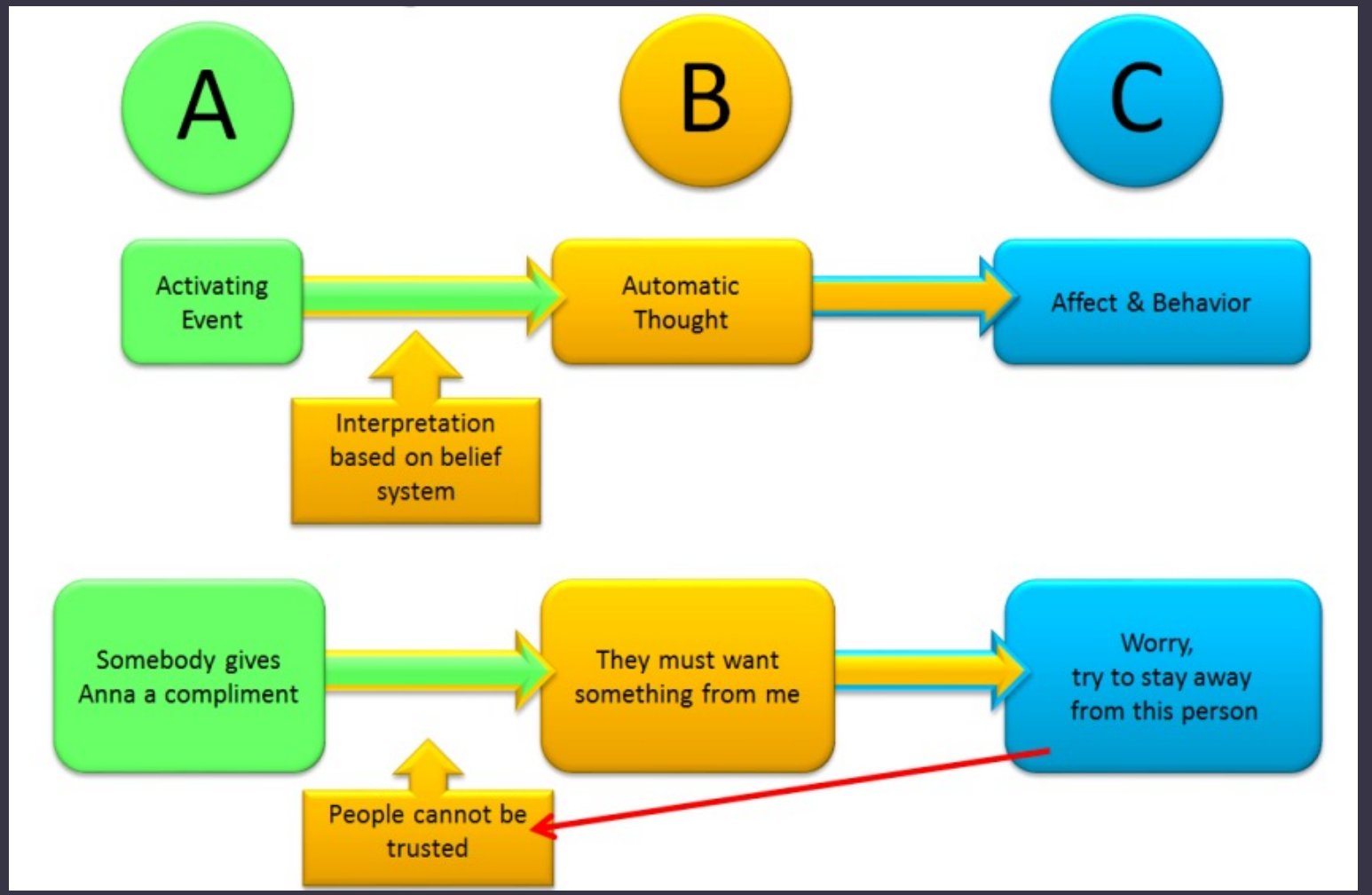
Kristin Neville, M.A.

CBT-p

- **Evidenced-Based Treatment**
- **CBT-P can have a positive impact on the experience of positive symptoms, levels of depression and anxiety**
- **Group CBT-P in an inpatient setting can help decrease distress associated with psychotic symptoms, increase insight, reduce negative symptoms, and readmission rates.**
- **Cognitive-behavioral therapy is effective in treating negative as well as positive symptoms in schizophrenia resistant to standard antipsychotic drugs, with its efficacy sustained over nine months of follow-up**
- **50-65% of patients displaying reduced symptomology when treated with CBT-P in conjunction with medication**
- **CBT-P has been recommended as a frontline treatment in treatment guidelines for schizophrenia published by the American Psychiatric Association (APA), Patient Outcomes Research Team (PORT), and the National Institute for Health and Care Excellence (NICE) in the United Kingdom.**

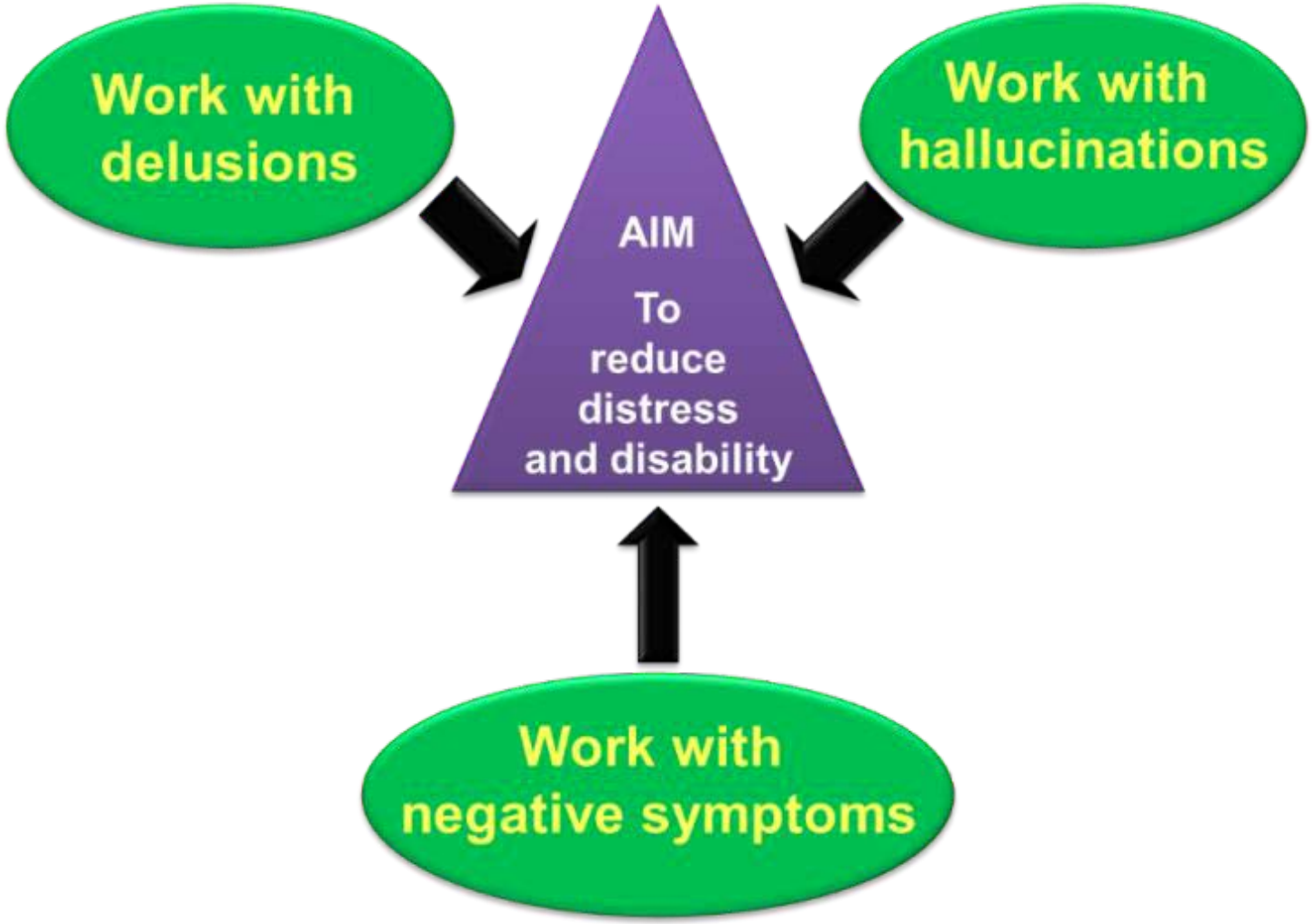
(Lincoln et al., 2019; Landa, 2017; Peters et al., 2015; Owen et al., 2015; Sensky et al., 2000)

Basics of CBT



(Landa 2017)

CBT-P



(Landa 2017)

CBT-P Therapeutic Outline

Engagement: Empathy, normalizing, resolving ambivalence, & Columbo style

Assessment: Understanding the first episode in detail, ABC assessment model, & narrative approach

Formulation: goal is to develop a shared psychological understanding of the patient‘s problem(s)/symptom(s)

Goals: Based on the patient‘s problem list and formulation

Interventions: Set appropriate interventions and evaluate effectiveness (e.g. reality testing/behavioral experiments; focusing on reasoning style, schema, and automatic thoughts)

Relapse Work: Relapse cognitions, assessment, personal pattern of relapse, and relapse prevention interventions

(Landa 2017)

CBT-p and Delusions

- Re-evaluating beliefs through offering alternative explanations
- Reality-testing
- Verbal Challenges of Delusions
- Normalizing Cognitive Processes

Reality-Testing Intervention

Catch It:

- What is the automatic thought?
- What was going through your mind?
- Is this thought helping me reach my goal?

Check It:

- How did it make you feel/do?
- What is the evidence for/against it?
- What would you say to a friend with that thought?
- Is this a mistake in thinking (e.g., jumping to conclusions; all or none)?

Change It:

- What is an alternative? Another possibility?
- Could you think anything else about it?
- Does the new thought help you reach your goal?

Effectiveness of CBT-P

Turner et al., (2020)

Meta-analysis reviewing randomized controlled trials (RCTs) resulting in inclusion of 35 RCTs comparing CBTp with treatment-as usual (TAU) or active controls (AC).

Results:

- CBTp demonstrated a positive effect for hallucinations ($g = 0.34$, $P < .01$) and delusions ($g = 0.37$, $P < .01$) when compared with any control.
- Compared with TAU, CBTp demonstrated a positive effect for hallucinations ($g = 0.34$, $P < .01$) and delusions ($g = 0.37$, $P < .01$).
- CBTp also demonstrated a positive effect on hallucinations ($g = 0.34$, $P < .01$) but not for delusions although this comparison was underpowered for active control.

Conclusion: CBT-p was an efficacious intervention for hallucinations and delusions; however, delusions may be less amenable to change via CBTp than hallucinations.

Identifying Patients

The following considerations should be made when selecting patients for CBTp groups:

- **Target specific domains for treatment & recruit patients with need in target area (e.g. paranoia)**
- **Maximize patients‘ level of shared experience (e.g. same phase of illness)**
- **Patients who are stable enough to participate in treatment**
- **Minimize heterogeneity in cognitive ability**
- **Counterbalance motivated and unmotivated individuals**

Case Example

- "John" 30-year-old Male
- Felony assault against a special victim
- Interfering Symptoms: Persecutory and Grandiose Delusions and Auditory Hallucinations
- Impact on CST: Delusional ideations impact his ability to rationally understand and appreciate his current legal proceedings

Interventions

Re-evaluating beliefs through offering alternative explanations for presence of law enforcement

Reality-testing: Additional information needed and how he could obtain the additional information.

Verbal Challenges of Delusions: Weigh evidence of delusional & alternative beliefs. Offer alternative explanations to challenge delusional beliefs.

Normalizing Cognitive Processes: delusions as reasonable attempt to find meaning when frightened or anxious. Highlight function of reducing confusion and fear.

CBT-p for Competency Restoration

Reduce symptom distress

Normalize Cognitive Processes

Increase insight into psychosis to separate delusions from legal situation

DIALECTICAL BEHAVIOR THERAPY (DBT)

Aishah Augusta-Parham, M.S.

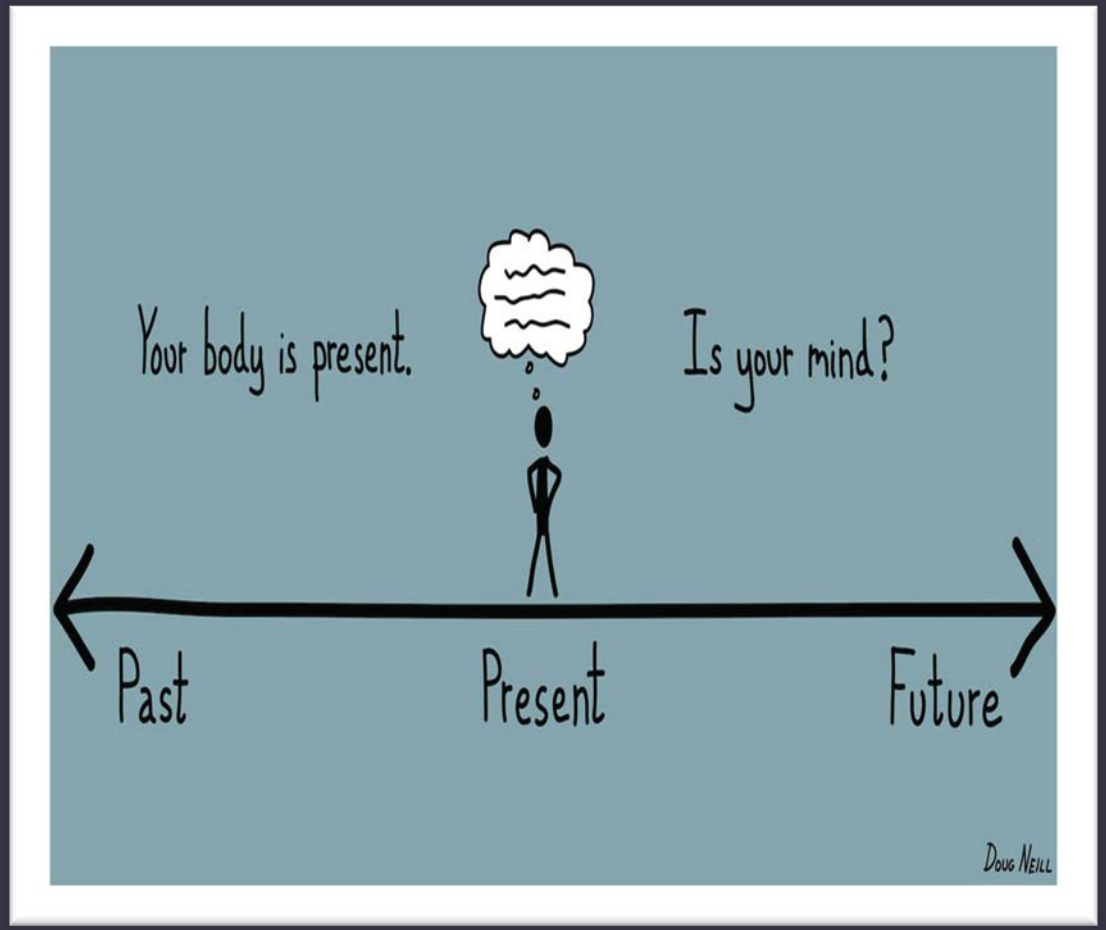
Dialectical Behavioral Therapy (DBT)

- Mindfulness
- Interpersonal effectiveness
- Emotional regulation
- Distress tolerance

DBT Continued…

Mindfulness

- Being Present
- Focusing on breath
- Allowing thoughts to come and go- refocusing on breath
- Making observations in a non-judgmental stance
  - Observations with judgement*

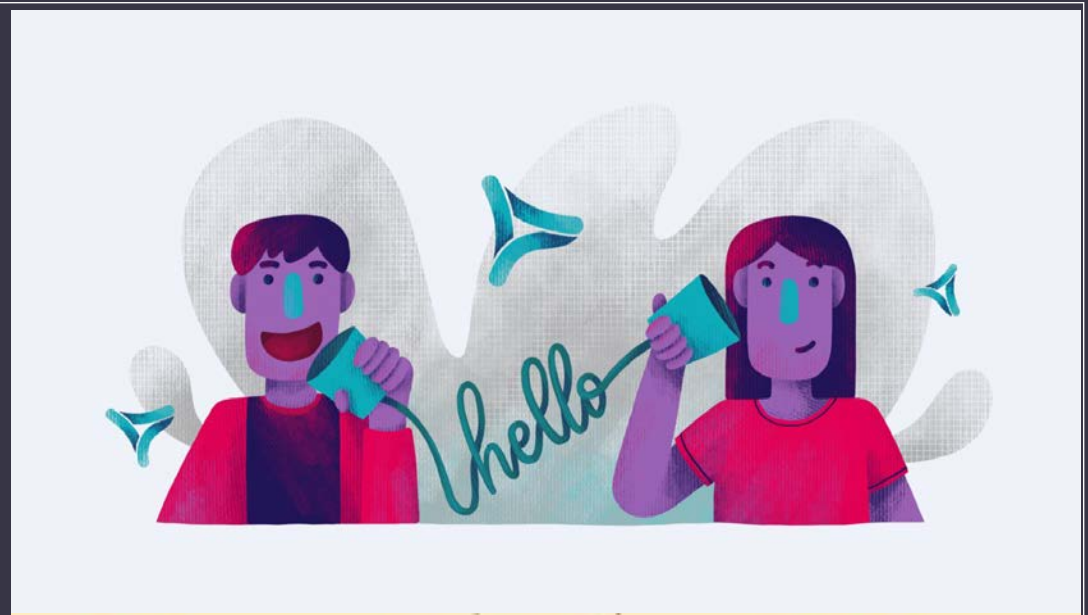


(Seaver, 2020)

DBT continued…

Interpersonal Effectiveness

- Assertiveness
  - Expressing needs
- Boundaries
- Maintaining relationships
  - Compassion for others
    - Hospital staff
    - Family members
  - Compassion for self



DBT continued…

Emotional Regulation

- Identify and name emotions
  - Core and secondary
- Reducing the need to react
- Being aware of them
  - Non-judgmental stance

DBT continued…

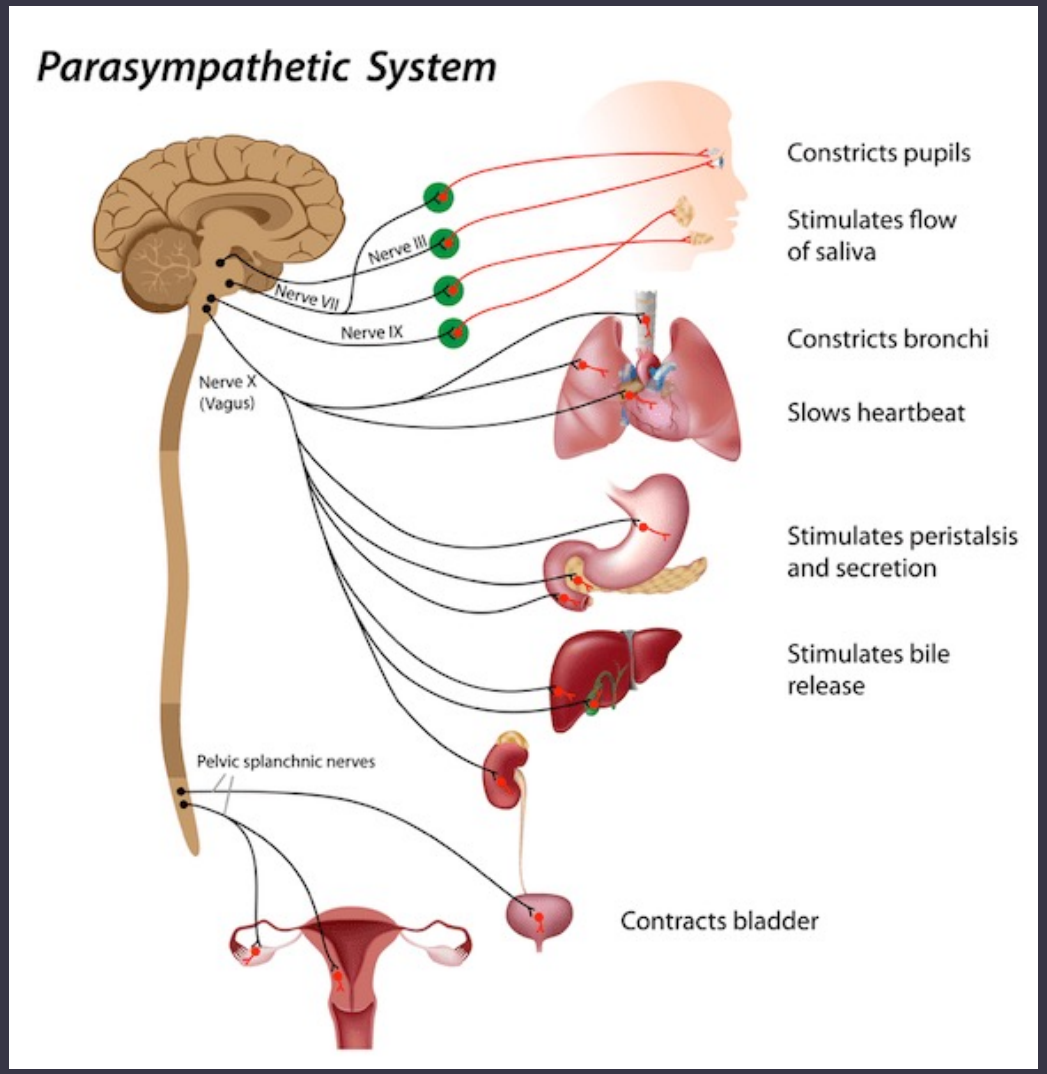
Distress Tolerance

- Managing internal and external crises
  - Without making the situation worse
- Acceptance
  - It is what it is
- Endure stress

CASE EXAMPLE

Practiced Skills

- Grounding Techniques
  - 5, 4, 3, 2, 1
- Radical Acceptance
  - As a tenant of distress tolerance
- T.I.P.P
  - Temperature
  - Intense exercise
  - Paced breathing
  - Progressive muscle relaxation

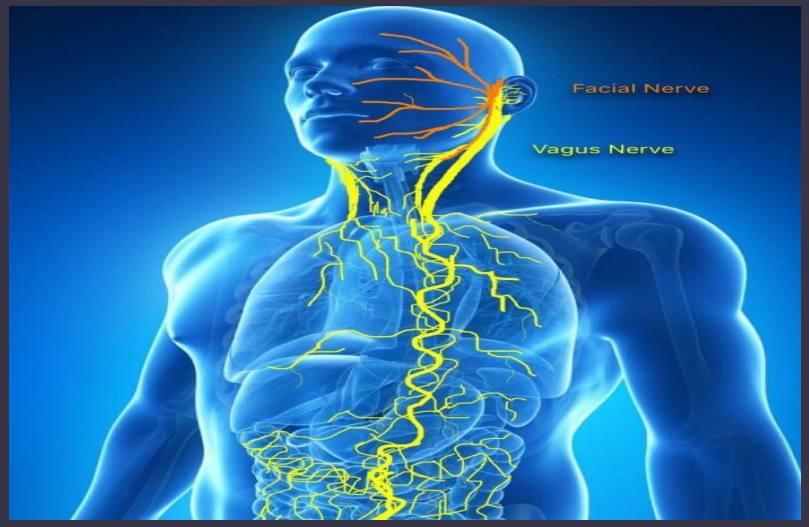


Practiced Skills continued…

Activating the Vagus nerve

Several Ways to Activate

- Holding ice cubes for several minutes
- Slow, rhythmic, diaphragmatic breathing
- Meditating
- Doing yoga



Practiced Skills continued…

- Role-played (lack of trust with staff)
  - Being assertive in a respective way
  - Communicating needs to doctors on the unit
  - Competency evaluation
    - To determine if patient could regulate his emotions when discussing his case

Struggles

- Patient often became uneasy with certain terms and concepts
  - Desensitizing feelings v. regulating emotions
  - Rejection of Acceptance
    - ***"I want to accept that I can prevent the pain from happening in the future"***
      - This term, ***"doesn't sit well with my faith"***
  - His faith and reading the bible
    - ***"The only coping skill that's effective"***

Therapeutic Pivots

- Indirect approach
  - Being mindful of staff distrust
- Using his language and biblical archetypes to drive home radical acceptance and other DBT domains
- Provided validation for experiences, his hesitance with psychology, and distrust
- Practice, practice, practice

Successes

- Self-regulate emotions without prompt
  - Used grounding technique on this on so session could progress
- Recognized when he became circumstantial
  - Redirected self
- Open to education

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