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Research Brief: The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis

Alison Brabban, Rory Byrne, Eleanor Longden & Anthony P. Morrison (2016)[1]

Statement of the Problem

Cognitive Behavioral Therapy for psychosis (CBTp) is an accepted evidence-based treatment aimed at reducing the distress and impairment associated with psychotic symptoms. CBTp has been incorporated in national Canadian and United States schizophrenia treatment guidelines. It is also a mode of treatment that can sometimes be perceived by providers as lacking emphasis on human relationships, though the basis of CBT is built upon relational factors including: validation, optimism, recovery-orientated practice and collaboration. As a result of this perception, CBTp may not be as attractive to some practitioners, resulting in fewer trained clinicians, in turn, impacting client access to this evidence based treatment.

The Goal

To determine if CBTp is able to meet the stated needs of individuals seeking mental health services.

What the Researchers Did

Researches reviewed both qualitative and quantitative studies to determine what it is that consumers want from mental health services and if CBTp is likely to meet these expressed needs.

Key Findings:

What do clients want from mental health services?

- Clients want their experiences validated; given hope

- Most highly valued treatment preferences: desire for more information, choice, and collaboration in treatment decision-making

- Clients reported valuing social & functional improvements more than symptom reduction

- Recovery = "feeling better about yourself"

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[1] Brabban, A., Byrne, R., Longden, E., & Morrison, A. P. (2016). The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis. *Psychosis, 9(*2), 157-166.

What the Researchers Found

The aspects of service delivery most valued by service users map closely onto the "CHIME" factors[2]:

- o **C**onnectedness
- o **H**ope
- o **I**dentity
- o **M**eaning, and
- o **E**mpowerment

Although these factors are often perceived as absent from behavioral health services, service users reflected that CBTp engendered these factors, and that these were beneficial aspects of the treatment and therapeutic relationship.

However, the authors also found anecdotal evidence that some service users experienced CBTp as overly simplistic and technical, rather than collaborative and empowering.

Given that these criticisms are incompatible with high-fidelity CBTp (that is, CBTp, by its very nature, is intended to be collaborative, empowering, person-centered, nonjudgmental, and to help individuals make sense of their experiences), the authors conclude that fidelity assessment of CBTp trainees and practitioners are critical to ensuring competent delivery of CBTp.

Why the Research Matters

It is only through quality improvement and quality assurance mechanisms that community-based providers can hope to replicate the beneficial outcomes observed in clinical trials. The authors provide concrete tips to providers on the competent and ethical delivery of CBTp-these can be found in Table 1 on page 3.

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[2] Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *The British Journal of Psychiatry, 199*, 445–452.

Top 10 tips to ensure ethical and competent delivery of CBTp
(Brabban et al., 2016)

1 Be collaborative:
Establish a shared goal and a sense of working in partnership towards achieving this.

2 Use everyday language:
Technical terminology which is inaccessible, professionally-led, or otherwise alienating to service users should be avoided (e.g. negative automatic thought, schema, formulation). Unless it is the client's preference, we also recommend avoiding medical language (e.g. disorder, mental illness, relapse, symptoms) as well as employing normalizing, non-medical terms to discuss the person's experiences (e.g. hearing voices or unusual beliefs, as opposed to hallucinations or delusions).

3 Acknowledge historical context:
CBTp should acknowledge the damaging impact of adverse life experiences, and should not to minimize such painful experiences by focusing exclusively on the present; Boyle (2011, p. 33) states "it is increasingly common to refer to cognitive accounts as theories of problem maintenance so that questions about early adverse experiences may no longer be asked, far less answered."

4 Evaluate appraisals and beliefs (rather than challenge them):
Rather than implying the therapist has a superior knowledge and awareness, it is important to explore what a client's beliefs might mean to them with genuine curiosity and to support them to make sense of their experiences in their own terms.

5 Be cautious with the stress-vulnerability model:
While many clients find this hypothesis to be a helpful way of conceptualizing their experiences, it can also be misapplied. Specifically, therapists should not imply that avoidance of all stress is necessary for wellbeing as this is incompatible with recovery goals like work and relationships. Nor should the model suggest that only the "vulnerable" are affected by stress.

6 Validate the client's experience:
A central element of CBTp delivery is the collaborative development of a formulation that provides a rationale for why individuals are experiencing their current problems. A cognitive formulation provides a vehicle to validate a person's thoughts, emotions and behaviors, demonstrating that these are understandable and neither "madness" nor symptoms of illness.

7 Deliver hope:
CBTp should focus on the individual's personal goals as the intended outcomes; identifying and working to achieve them delivers an intrinsic message that they are achievable, which should convey hope.

8 Offer informed choice:
Make it clear that therapy is optional, and requires hard work and dedicated input from the client. Acknowledge not everyone will want it.

9 Ensure adequate training:
Delivering high quality CBTp is difficult and should not be attempted without extensive and specialist training.

10 Ensure access to quality supervision:
Ongoing support and supervision should be continuously available to practitioners.