

# Clinical Guidelines for Processing the Psychotic Episode Module

## MODULE OVERVIEW:

For most individuals who have experienced an initial psychotic episode, the period following the reduction of the most severe symptoms can be a very upsetting and even confusing time. This is especially common when the person has spent time in the hospital or emergency room for the treatment of his or her symptoms. Because of the traumatic nature of psychotic symptoms themselves, as well as some aspects of its treatment (e.g., involuntary hospitalization, forced medication), some individuals try to avoid thinking about or talking about the details of what happened. They may even avoid things that remind them of their psychotic episode, and develop posttraumatic stress symptoms related to their memories of the experience. Frequently, family members are also traumatized by the experience and try to “get back to normal” as quickly as possible. As a result, clients may not have the opportunity to process what occurred to them, and how it is currently affecting their lives. Similarly, people may develop distressing beliefs about themselves and their future following an episode of psychosis. These beliefs are often self-defeating and stigmatizing, and it is important to address and challenge them with clients in order to help them move forward in their recovery and personal goals.

This module focuses on helping clients recount and “process” the details of their episode, sorting out aspects of their experience that may have been confusing or particularly upsetting, and challenging inaccurate and self-defeating beliefs about the experience. The module is divided into two topics: Telling Your Story, and Challenging Self-Defeating Thoughts and Beliefs. In the Telling Your Story topic, the clinician begins by exploring upsetting aspects of the client’s psychotic episode, and using two standardized scales to understand how it has affected him or her (the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs Checklist). Next, a rationale is provided for how “telling one’s story” about any very upsetting experience, including a psychotic episode, can help people overcome distress related to their experience. You and the client then review the “story” of a young man who had a psychotic episode. Next, you and the client work together to develop a cohesive narrative of the client’s own personal experience.

The second topic (Challenging Self-Defeating Thoughts and Beliefs) begins with the administration of the Self-Stigmatizing Beliefs Checklist again to identify which beliefs have changed and which have stayed the same. Next, the rationale for cognitive restructuring is established, and a method is taught to help clients challenge lingering upsetting beliefs related to their episode of psychosis. Then, after the client has had the opportunity to practice the cognitive restructuring skill to address self-defeating thoughts and beliefs, the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs

Checklist are given again to gauge the client's improvement in distressing memories and negative beliefs about his or her experience.

The amount of time required to complete this module is 3-5 sessions, and largely depends on: 1) the client's willingness to discuss details of his/her episode and tell his or her story of the experience, 2) the number of self-stigmatizing beliefs that the client initially endorses and how many linger after the initial processing portion of the module, and 3) how quickly the client picks up the brief cognitive restructuring skill. Additional work on distressing self-stigmatizing beliefs can be done in the individualized module, "Dealing with Negative Feelings" where a more detailed approach to Cognitive Restructuring is taught and practiced. Clients with continued distress in this area following completion of this "Processing the Illness" module should be encouraged to participate in "Dealing with Negative Feelings."

## Goals

1. Help the client process the psychotic episode, and "tell the story" of the experience and how it has affected his or her life.
2. Help the client identify positive coping strategies used and resiliency demonstrated during this period.
3. Help client identify and modify self-stigmatizing beliefs about experience of psychosis.

## Handouts

Introduction to Processing the Psychotic Episode

### Topic Handouts:

1. Telling Your Story
2. Challenging Self-Defeating Thoughts and Beliefs

## SESSION STRUCTURE:

- Informal socializing and identification of any major problems.
- Set the agenda.
- Review the previous session.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.

- Follow-up on goals.
- Teach and initiate discussion about new material and practice skills (and/or review materials from the previous session if necessary).
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session.

## SUGGESTED AGENDA FOR MODULE:

Slow-Paced	Medium-Paced
<u>Session 1</u> -Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Part 1	<u>Session 1</u> - Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Parts 1 & 2; Telling Your Story
<u>Session 2</u> - First Person Account of Psychosis Episode – Part 2; Telling Own Story	<u>Session 2</u> - Review, re-telling and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention
<u>Session 3</u> - Reviewing, re-telling, and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention teaching and practice	<u>Session 3</u> - Cognitive Restructuring practice; Gauging Your Improvement
<u>Session 4</u> - Cognitive restructuring practice to address self-stigmatizing beliefs	
<u>Session 5</u> - Cognitive restructuring practice; Gauging Your Improvement	

## GENERAL TEACHING STRATEGIES:

- It is important to balance taking a gentle approach toward eliciting the client’s “story” of the psychotic episode as well as encouraging systematic exploration of the client’s experience with psychosis, as some clients may be very reluctant to re-examine this potentially frightening, traumatic experience.
- For clients who are apprehensive about working within this module, you should elicit their specific concerns and address them in session. During the introduction to the module, you should normalize the fact that that many of the reactions people experience after a psychotic episode are similar to other reactions people have after upsetting, traumatic events, such as intrusive memories, avoiding things that remind them of the

event(s), and self-defeating thoughts and beliefs. For example, people who have been in a traffic accident are often troubled by intrusive memories of the details of the accident, and avoid driving in a car and/or driving in the neighborhood where the accident occurred. They may even think of themselves differently after the accident, such as believing that something about them caused the accident or believing that their friends no longer want to spend time with them because of the accident or that they are not “fit” to ever drive a car again. You should provide validation of and empathy about the clients’ concerns, but also send a clear message about the specific benefits of processing the episode of psychosis, including learning how to “tell your story,” and challenging stigmatizing, self-defeating beliefs. Clients can be informed that these same treatment strategies also work for people who have experienced other upsetting events.

- In eliciting the details of the experience, helping clients tap into personal characteristics of resiliency and specific examples of resilient behaviors during and after the episode is crucial. Not only can this increase the client’s motivation to work on this module, but it may increase the client’s confidence and self-efficacy, and reduce self-stigmatizing beliefs.
- With your guidance, clients should develop a written narrative or “story” of their psychotic episode. This may involve the client developing a few versions, with each one more detailed and comprehensive than the previous one. Ideally, the narrative will be written. However, the development of an oral narrative instead is also fine, should the client prefer.
- After the client writes (or tells) his or her story, it should be reviewed, discussed, and “re-processed” in order to improve the details and chronology, address self-stigmatizing beliefs, and reduce the client’s anxiety with each “exposure.”
- For self-stigmatizing beliefs that persist following the processing of the episode, you should introduce, teach, and practice in session with the client the cognitive restructuring skill to help him or her evaluate and challenge these types of beliefs and reduce distress.
- At the end of the module, some clients may continue to endorse several self-stigmatizing beliefs. Clinicians should normalize the clients’ distress, and encourage them to keep practicing their cognitive restructuring. Clients who continue to experience significant distress may benefit from additional work on cognitive restructuring in the Dealing with Negative Feelings Individualized module.

## **GENERAL INSTRUCTIONS FOR THE MODULE:**

- Home practice should be reviewed at the start of every session. By reviewing home practice at the beginning of each session, the client understands the importance of practicing the skills and working outside the session to maximize improvements.
- The two handouts for the topic areas in this module should be used actively to initiate discussion and help clients develop their personal narratives and challenge self-stigmatizing beliefs with the Cognitive Restructuring Worksheet. These handouts should be the focus of in-session work and can also be used for home practice (specifically the Cognitive Restructuring Worksheet).

- Each of the topic handouts includes checklists for identifying posttraumatic reactions to an episode of psychosis (the Post-Psychotic Episode Checklist) and self-defeating beliefs about an episode of psychosis (the Self-Stigmatizing Beliefs Checklist). These checklists are used to evaluate change over the course of the module. The Post-Psychotic Episode Checklist is given at the beginning of topic #1 (Telling Your Story) and at the end of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs). The Self-Stigmatizing Beliefs Checklist is given out three times: at the beginning of Topic #1 (Telling Your Story), at the beginning of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs), and at the end of Topic #2.
- The “First-Person Account” narrative in Topic #1 should be read together in-session as a way to normalize the client’s psychotic episode and initiate discussion around similarities and differences between Michael’s experience and the client’s experience. This discussion will guide and structure the client’s development of his/her own personal story. Michael’s Story, Parts I and II can also be reviewed for home practice following in-session discussion.
- The Experience of Psychosis Probe Questions in Topic #1 serve as a guide to help clients’ develop their story about their experience with the psychotic episode – this will help both clinician and client “fill in the gaps” about certain domains or details that the client may initially leave out. It is suggested that you each have a copy during the discussion, and you or the client can write down notes as the client describes his or her experience. These notes can then be reviewed with the client orally, or can be transcribed into text by you and the client together, in order to create the narrative.
- In Topic #2, introduce cognitive restructuring with the section on The Relationship between Thoughts and Feelings, provide examples, and elicit examples from the client. Then lead the client in using the Cognitive Restructuring Worksheet, first with a few general examples, then by directly helping clients address self-stigmatizing beliefs that are endorsed on the Checklist as well as those that are mentioned within the clients’ narrative. The Cognitive Restructuring Worksheet should be assigned for home practice.

# #1. Clinical Guidelines for “Telling Your Story” Topic

## OVERVIEW:

This topic begins with an overview in which clients learn that experiencing negative feelings and beliefs about oneself are common experiences for people after a psychotic episode. This is followed by exploring negative reactions to psychotic symptoms the person experienced, and then negative treatment experiences, with the client indicating which event or combination of events is most distressing to look back at now. Checklists are then given to the client to evaluate posttraumatic symptoms and stigmatizing beliefs. After a discussion of the client’s responses, the client is engaged in learning about another person’s experience with psychosis as an example to help in the process of creating his or her own story. The client then works with you to piece together and formulate his or her own personal narrative about his or her experience with psychosis and its effects on daily life, relationships, and goals. As a result of the discussion of these topics, clients can better understand the sequence of events, including what happened during and after the episode, how they felt about it, begin to process their experience in a more healthy way.

## Goals

1. Establish a rationale for how “telling one’s story” about the psychotic episode can help the client process the experience and move forward in his or her life.
2. Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.
3. Review with client the sample first-person account of psychosis and discuss similarities and differences between “Michael’s” experience and the client’s experience.
4. Help the client tell his or her “story” about the experience of psychosis, and normalize this experience.
5. Aid client in understanding his/her strengths, resiliency, and use of healthy coping strategies during the episode and currently.
6. Help client develop a more cohesive written story about his or her experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning, and ongoing challenges.

## Materials Needed

1. Telling Your Story: Handout #1

## TEACHING STRATEGIES:

- Clients may endorse a number of different upsetting psychotic symptoms and treatment experiences in the checklists towards the beginning of the handout (“Upsetting Psychotic Symptoms You May Have Had” and “Upsetting Treatment Experiences You May Have Had”). Then you should ask the client more about their experiences in order to get a basic understanding of what happened, demonstrating empathy if the client appears upset and normalizing the response as common for people recovering from an episode of psychosis. When asking the client which event or combination of events is most distressing to look back on, it is fine to combine several different aspects of the psychotic episode (e.g., fearful voices, involuntarily being hospitalized, being secluded in the hospital) into a single experience for the purposes of evaluating posttraumatic symptoms with the Post-Psychotic Episode Symptom Checklist.
- The items on the Post-Psychotic Symptom Episode Checklist can be added up for a total score of posttraumatic symptoms, with total scores over 45 indicating moderately severe symptoms. This can be discussed briefly with the client, with the explanation that most people feel less distressed after completing the module, and that the Checklist will be given again at the end of the module to evaluate changes he or she has experienced in those symptoms.
- After the Self-Stigmatizing Beliefs Checklist is completed, you should briefly review this with the client, and initiate a brief discussion of self-stigmatizing beliefs: 1) normalize the emergence of these types of beliefs following an episode of psychosis, 2) highlight the connection between the distressing beliefs and how these types of beliefs (thoughts) often result in upsetting feelings, and 3) describe how these beliefs are often inaccurate or exaggerated.
- When reviewing the First-Person Accounts of a psychotic episode (“Michael’s” story), it is important to guide a discussion around the client’s thoughts and feelings about “Michael’s” experience. Depending on the pace of the sessions, you and client may initially review one or both parts of this handout together in session or the client may review the handout for home practice. Regardless of the process, it will be most useful to work with the client on eliciting common features and differences between his or her experience and “Michael’s.”
- Be prepared to initially experience the client’s “story” about his/her episode as somewhat disjointed and/or difficult to understand. Because of the traumatic nature of an initial episode of psychosis (and also because sometimes drugs/alcohol are involved), clients often have difficulty describing their experience succinctly and cohesively. Be patient and empathic, but also gently (but directly) probe for specific details that will help the client successfully process the experience and reduce distress.
- In helping the client to “fill in the gaps” and make greater sense of his or her experience, notes can be made and then you can help the client get the story into a more cohesive written format (if the client is willing). This should take place in the session.
- When helping the client tell his or her story, it is important to integrate into the story those aspects of the psychotic experience that the client found most distressing, as previously indicated in the “Upsetting Psychotic Symptoms You May Have Experienced”

and the “Upsetting Treatment Experiences You May Have Had” checklists. As the different elements of the story fall into place, the entire narrative becomes more cohesive, and the client becomes more familiar with the passage of events, the anxiety and negative emotions associated with the experience often gradually decrease to the point where they no longer evoke strong upset feelings.

- Recognize this as a difficult process for the client, but encourage the client to stick to it. Praise the client for sharing information with you and for his or her strength to engage in this exercise in order to move forward.

## **TIPS FOR COMMON PROBLEMS:**

- Be prepared for some clients to be reluctant to discuss details about their episode of psychosis due to anxiety or doubts about the utility of “dredging up the past.” In these cases you should:
  - Learn what the client’s specific concerns are and address them; normalize the reluctance and agree to take a slower, gradual pace if needed (see guidelines above for “slow-paced” session structure).
  - Provide a clear rationale for the importance of doing some processing (using language understandable to client), including:
    1. It allows an opportunity for the client to understand better what happened to him or her.
    2. Processing and discussing the psychotic episode may enable the client to be better able to prevent subsequent relapses.
    3. It gives you important symptom information to help guide the client’s treatment.
    4. It helps the client fill in gaps in his or her memory of what happened, and clarifies the confusing order of events, so that a coherent chronology of the events can be constructed.
    5. It helps in the formulation of treatment goals.
  - Explain clearly to the client that the more familiar he or she becomes with the memory of the details of the psychotic episode, including talking about it, writing about it, and remembering the experience, the less anxious and distressed he or she will feel. The technical term for this is “exposure,” and it refers to the process by which people gradually learn that anxiety-provoking but safe situations, such as the memory of something upsetting happening, are in fact harmless and can’t hurt them. The more people expose themselves to any upsetting memories of what happened, the less anxious they will feel, and the more at home they will feel with their own story of what happened.
  - If clients feel very anxious when telling their story, you could prompt them to use a stress reduction exercise to reduce the anxiety.

Check in frequently with client throughout this process to monitor anxiety and/or upset feelings, as well as to provide empathy and positive reinforcement.



## EVALUATING GAINS:

- Following completion of these topics, you should discuss with clients how processing their experience has impacted them. The following probe questions may be helpful:
  1. What was it like to talk about the details of your episode of psychosis?
  2. What was helpful about this? What was difficult?
  3. What kinds of things are you now able to see differently related to your experience?
  4. What are some of the benefits of having gone through this process?
  5. Have any of your beliefs about the episode or about yourself changed as a result of what we discussed in the sessions on the topic of “Telling Your Story”?

## THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR FIRST PERSON ACCOUNT OF PSYCHOSIS AND EXPERIENCE OF PSYCHOSIS TOPICS:

<i>Therapeutic Goal</i>	<i>Techniques &amp; Probes</i>
Establish a rationale for benefits of “telling one’s story” about the psychotic episode.	<ul style="list-style-type: none"> <li>• Explain that the person can make peace with the memories, and even grow from the experience.</li> <li>• Elicit and address any concerns the client may have, and normalize anxiety as appropriate.</li> </ul>
Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.	<ul style="list-style-type: none"> <li>• Guide client to complete the Upsetting Psychotic Symptoms You May Have Experienced Checklist and the Upsetting Treatment Experiences You May Have Had Checklist and briefly discuss, determining which event is most upsetting, then have client complete Post-Psychotic Episode Symptom Checklist</li> <li>• Guide the client to complete the Self-Stigmatizing Beliefs Checklist, and briefly discuss responses.</li> </ul>
Review with client the example of “Michael’s” first-person account of psychosis and discuss similarities and differences with client’s experience	<ul style="list-style-type: none"> <li>• Provide rationale of why learning about another’s experience is helpful for client’s own understanding and processing of his or her experience.</li> <li>• Initiate discussion with client about his or her reactions to “Michael’s story.”</li> </ul>
Help the client tell his or her “story” about the experience of psychosis, and normalize this experience.	<ul style="list-style-type: none"> <li>• Normalize any anxiety client reports when telling his or her story and assure him or her it will decrease with time and practice.</li> <li>• Correct any misinformation that appears (i.e., “<i>I got psychosis because I smoked pot once</i>”).</li> </ul>
Help client develop a more cohesive written story about his or her experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning, and current challenges.	<ul style="list-style-type: none"> <li>• Ask questions and probe gently to fill in the gaps and gather important details <i>“Help me understand more about what happened right before you went to the ER...”</i></li> <li>• Help client to revise, re-tell, and then review the narrative, preferably creating a written document (e.g., on computer) for client to keep.</li> <li>• Include client’s strengths and the healthy coping strategies used to “get through” the episode: <i>“You have some amazing inner resources to have gotten through such a difficult time; what might some of those be?”</i></li> </ul>

# #2. Clinical Guidelines for “Challenging Self-Defeating Thoughts and Beliefs” Topic

## OVERVIEW:

This topic area focuses on teaching an approach to cognitive restructuring aimed at altering stigmatizing beliefs clients may have about their psychotic episode and what it means about their future. After a brief introduction about the purpose and contents of the topic area, the Self-Stigmatizing Beliefs Checklist is administered again, in order to evaluate whether the client has changed any self-stigmatizing beliefs about his or her episode since completing the “Telling Your Story” topic area. After briefly discussing which of the client’s beliefs have changed and which have not, you provide a brief introduction to cognitive restructuring by establishing the relationship between thoughts and feelings, and noting that not all thoughts or beliefs are accurate. The skill of cognitive restructuring is then taught using a 6-step process, including a discussion of what is strong vs. weak evidence when evaluating the accuracy of a thought or belief. Next, cognitive restructuring is practiced using the worksheet, with you first taking the lead to demonstrate the steps and the client then taking the lead (with your help) to address self-stigmatizing beliefs that he or she has endorsed. Cognitive restructuring is used to modify self-stigmatizing beliefs, with a combination of in-session practice and practice on home assignments. At the end of the topic area, the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Symptom Checklist are administered again, with scores compared with the first time they were given at the beginning of the Telling Your Story topic area. Improvements are noted, and areas needing further work are identified.

## Goals

1. Evaluate whether the client has changed any self-stigmatizing beliefs he or she has about the psychotic episode since completing the Telling Your Story topic area.
2. Teach client about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.
3. Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.
4. Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.

## Materials Needed

1. Challenging Self-Defeating Thinking: Handout #2

## TEACHING STRATEGIES:

- At the outset of this overall module, the client completed the Self-Stigmatizing Beliefs Checklist. It should be administered again at the beginning of this topic. It is hoped that some beliefs may have diminished as a result of the client telling his or her story,

although it is possible that some will persist and continue to cause distress. Briefly talk over with the client which beliefs changed and which did not, and explore possible reasons for change.

- Explain the relationship between thoughts and feelings to the client, and how inaccurate thoughts or beliefs can lead to strong negative feelings. Use generic examples from the handout to first make these points, and then elicit from the client more personal examples. Then, explain that examining thoughts or beliefs resulting in negative feelings, and evaluating the evidence for and against them, can change them and make them more accurate. Having more accurate thoughts and beliefs decreases negative feelings. Explain to the client that the process of examining thoughts or beliefs, evaluating evidence, and developing more accurate thoughts or beliefs is called cognitive restructuring. This includes examining distressing thoughts and beliefs related to the experience of a psychotic episode, and changing them accordingly.
- Teach the 6-step version of cognitive restructuring using the handout and example in the handout as a guide. In session, go over several examples of cognitive restructuring with the client to address negative feelings that he or she has recently experienced, guiding the client through the worksheet and writing responses in the appropriate columns.
- Once the client understands the basics of cognitive restructuring, identify beliefs from the Self-Stigmatizing Beliefs Checklist administered at the beginning of this topic area, and use the Cognitive Restructuring Worksheet to address them, one at a time.
- Copies of the Cognitive Restructuring Worksheet should be given to the client for home practice so that he or she can continue to address self-stigmatizing beliefs as they occur during the week.
- At the end of the topic area, re-administer the Self-Stigmatizing Beliefs Checklist and Post-Psychotic Symptoms Checklist to evaluate reductions in self-defeating, stigmatizing beliefs, and reductions of posttraumatic stress responses following an episode of psychosis. Before the client completes the Post-Psychotic Symptoms Checklist, you should fill in the blank line at the top of the questionnaire with the most upsetting event or events related to the episode that the client identified at the beginning of the module (at the beginning of Telling Your Story). Re-administering the checklists allows you and the client to compare his or her responses at the beginning and end of the module. The Post-Psychotic Symptoms Checklist can be summed, with the total compared to the first time the client completed it. Improvements in both measures should be discussed. Clients should be encouraged to continue using the cognitive restructuring skill, and to tell their story to people they feel close to, in order to further reduce any stigmatizing beliefs or post-psychotic symptoms related to the episode.

## **TIPS FOR COMMON PROBLEMS:**

- The client may have difficulty distinguishing thoughts or beliefs from feelings. This is common, in part because people often use thoughts to describe feelings (e.g., “I feel worthless,” “I feel like I have no future”). One helpful strategy is to generate a list of “feeling” words with the client (e.g., sad, depressed, anxious, worried, guilty, ashamed, angry, etc.), and to then use this list to help the client identify what feeling is associated with a particular thought or belief.

- Clients may initially have difficulty coming up with appropriate “evidence” for and against their self-stigmatizing beliefs. Highlight that the evidence should be “just the facts” and not be based largely on “feelings.” Frame evidence as “*cold hard facts that would stand up in a court of law*” or say that “*strong evidence is based on objective facts that would be accepted by a scientist doing research on a question.*” This can help clients understand how to develop good evidence for and against their beliefs.
- Be prepared for clients to feel a bit frustrated initially when trying to modify their self-stigmatizing beliefs – they have been through a very difficult, potentially traumatic experience, and so it may be challenging for them to be able to “see things differently.” You should normalize this process, explain that modifying these beliefs may take time, and praise all efforts that the client makes to practice this skill.

## **EVALUATING GAINS:**

- The Self Stigmatizing Beliefs Checklist is an efficient and effective way to evaluate gains made throughout this overall module and specifically gains made as a result of learning and practicing the brief version of cognitive restructuring. This checklist should be administered at the end of this module to assess any improvements in this area and to evaluate continued distress. If the client continues to endorse stigmatizing beliefs that are very distressing, you should encourage the client to participate in the Dealing with Negative Feelings Individualized Module, where a more detailed version of Cognitive Restructuring is taught and practiced.
- Changes in the Post-Psychotic Symptom Checklist completed at the beginning of topic #1 (Telling Your Story) and the end of topic #2 ( the Challenging Self-Defeating Thoughts and Beliefs) can be used to assess improvements in posttraumatic symptoms related to the episode of psychosis. Scores below a total of 45 indicate that the client probably does not have clinically significant posttraumatic stress symptoms related to the episode. If the client continues to have distressing posttraumatic symptoms, he or she should be encouraged to continue to practice the cognitive restructuring skill, and to share his or her story with people he or she feels close to. Clients who have significant distress related to their episode may benefit from participating in the Dealing with Negative Feelings Individualized Module, where a more refined version of cognitive restructuring is taught and practiced.

## THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “CHALLENGING SELF-DEFEATING THOUGHTS AND BELIEFS”:

<i>Therapeutic Goal</i>	<i>Techniques &amp; Probes</i>
Evaluate whether the client has changed any self-stigmatizing beliefs he or she has about the psychotic episode since completing the Telling Your Story topic area.	<ul style="list-style-type: none"> <li>• Administer the Self-Stigmatizing Beliefs Checklist at the beginning of the topic area and review which beliefs have changed and which have not.</li> <li>• Explore the client’s perceptions as to why certain beliefs changed.</li> <li>• Explain that persistent beliefs will be addressed in this topic area</li> </ul>
Teach client about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.	<ul style="list-style-type: none"> <li>• Use generic examples to help client understand how thinking or beliefs influence feelings.</li> <li>• Link these facts to exploring why the client changed any self-stigmatizing beliefs from the first to the second assessment, and how the new thought made them feel. <ul style="list-style-type: none"> <li>- <i>“The first time you completed this checklist you endorsed the thought, ‘I am to blame for what happened,’ but then the second time you did not. Why did you recognize that thought as inaccurate? How did you feel when you corrected your thought?”</i></li> </ul> </li> </ul>
Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.	<ul style="list-style-type: none"> <li>• Begin with generic examples to help client understand the steps of CR (with worksheets)</li> <li>• Practice skill with self-stigmatizing examples from the Self-Stigmatizing Beliefs Checklist: <ul style="list-style-type: none"> <li>- <i>“Let’s take a closer look at your belief, ‘I have no control over my actions now’ and figure out if it’s totally accurate, looking at the evidence about what’s currently going on in your life.”</i></li> </ul> </li> </ul>
Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.	<ul style="list-style-type: none"> <li>• Re-administer the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Episode Symptom Checklist, and discuss gains made.</li> <li>• Normalize potential slowness of process in being able to change thinking, encouraging client to continue practice of CR.</li> <li>• Explore advancement to Dealing with Negative Feelings Individualized Module if needed.</li> </ul>

# INTRODUCTION TO PROCESSING THE PSYCHOTIC EPISODE

## Introduction and Module Overview

Going through an episode of psychosis can be a very frightening and confusing experience that can affect many different areas of a person's life, including school or work, friendships and family relationships, and self-confidence and self-esteem. It is normal to feel upset and worried after this type of experience. It is also common to have upsetting or scary memories about the experience that pop into your mind, even when you are trying not to think about it, which can get in the way of your day to day living.

The reactions that people have following a psychotic episode, such as intrusive memories and avoiding situations that remind them of what happened, are similar to common reactions people have after other upsetting or dramatic experiences, such as being in an accident or being assaulted. When people have any type of major life event that results in upsetting memories, they can benefit from being able to "talk through" or "process" their experience. People also benefit from learning how to challenge negative thoughts and beliefs they may develop about their experience, and what it means to them.

This module is aimed at helping you process the experience of your psychotic episode, and coming to a better understanding of what happened and how it has affected you. In addition, you will learn a skill called "cognitive restructuring" that will help you challenge and change negative thoughts related to your experience. By processing your experience, and changing inaccurate and self-defeating thinking related to it, you will have the confidence to move forward with your life and to pursue your personal goals.

### In this module we will:

- Evaluate the different types of common negative thoughts and upsetting feelings or memories that you might have related to the episode.

- Learn about the experience of someone ("Michael") who had an episode of psychosis and how that affected areas of his life.
- Explore the different aspects of your episode of psychosis, including what led up to it, what happened, and how it affected you both then and now.
- Work together to help you "tell your story" and to make sense of some possibly confusing parts of your experience.
- Learn a skill to help you cope better with (and challenge) negative, "self-stigmatizing" beliefs you may have related to the experience of psychosis.

#### What I expect from you:

- Willingness to talk about your experience and "tell your story."
- Honesty about any feelings of anxiety or discomfort that you may have as we work together on this.
- Willingness to practice the skill of cognitive restructuring to challenge and change negative thinking related to your experience.

#### What you can expect from me:

- Non-judgmental and understanding exploration with you about things that happened during and after the episode of psychosis.
- Guidelines and tools for helping you "tell your story."
- Confidentiality about your experiences except with the treatment team.
- Willingness to go at a pace that is comfortable to you when talking about difficult aspects of your experience, as well as emotional support throughout this process.



- Help learning and using cognitive restructuring to cope with your upsetting thoughts related to the psychotic episode.

**This module focuses on helping you better understand your episode of psychosis by learning how to “tell your story” about what happened to you, as well as how it has affected your life.**

**We will also work together on practicing a skill to challenge any upsetting thoughts related to psychosis that you may have.**

### **A Message of Hope:**

Although having an episode of psychosis can be extremely upsetting, talking it through or “processing” it can give you an opportunity to better understand what happened. “Telling your story” can enable you to overcome anxious feelings you may have when memories of your experience come back to you, and help you integrate the experience into your life. Many people who have had the opportunity to process their experience of psychosis, and challenge their negative beliefs about it, have found it helpful in moving forward with their personal goals and recovery.

# #1: TELLING YOUR OWN STORY

People often describe having a psychotic episode as a "traumatic" event. When people experience any kind of traumatic event, such as an accident, disaster, being assaulted, or a psychotic episode, it is common for them to be bombarded by upsetting memories of what happened. Although you may feel helpless about your ability to escape your memories, take heart! There is a way to make peace with the memories of your psychotic episode, and even to grow from your experience. The solution is to learn how to tell your own story about your experience with psychosis, so that you will no longer need to live in fear of your own memories.

This topic will first focus on understanding some of the effects of your psychotic experience on your thoughts, feelings, and behaviors. Then you will read the story of someone else who experienced a psychotic episode and how it affected him and his life. Finally, you will tell your own story about your experience with psychosis, and how it has affected your life.

**Learning how to tell the story of your psychotic episode will help you make peace with your memories, grow from the experience, and have confidence in moving forward with your life**

## Understanding the Effects of Your Psychotic Episode

Having a psychotic episode can involve a variety of frightening experiences. Some of those experiences may be due to the symptoms of psychosis themselves, such as hearing voices or believing that someone wants to hurt you.

## Upsetting Psychotic Symptoms You May Have Experienced

**Instructions:** Complete the checklist below to indicate which of the following distressing symptoms you experienced during your psychotic episode.

Symptom:	I experienced this symptom	I did <u>not</u> experience this symptom
Believing people were plotting against me		
Afraid of losing my mind or losing touch with reality		
Hearing voices say bad things, yell at me, or tell me what to do		
Doing strange, violent, or embarrassing things		
Believing people or groups want to hurt me		
Putting myself in danger		
Hurting myself		
Frightening hallucinations		
Forces outside of me making me hurt myself		
Other symptom: _____ _____		

### Questions:

- For the symptoms that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?

In addition to upsetting symptoms, having a psychotic episode can also be associated with frightening experiences related to the treatments you received, such as having to go into the hospital or taking medications that caused unexpected side effects.

## Upsetting Treatment Experiences You May Have Had

**Instructions:** Complete the checklist below to indicate which of the following upsetting treatment experiences you had during your psychotic episode.

Treatment experience:	I experienced this	I did <u>not</u> experience this
Forcibly taken to the hospital or emergency room		
Frightening or hurtful treatment		
Physically restrained or secluded in the hospital		
Serious problem or side effect related to medication		
Feeling embarrassed to be seen in an emergency room or hospital		
Forced to take medication		
Being frightened of other patients I saw in the hospital		
Threatened by a treatment provider		
Other treatment experience: _____ _____		

### Questions:

- For the treatment experiences that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?
- When you consider the frightening symptoms you indicated above, and the distressing treatment experiences you just endorsed, which one or ones are the most upsetting to you when you look back on them?

**Having a psychotic episode can involve frightening symptoms and distressing experiences related to your treatment**

## Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences

The stressful experiences you have described sometimes lead to problems that can interfere with everyday functioning. Use the checklist below to record which problems you may have experienced.

### Post-Psychotic Episode Symptom Checklist

**Instructions:** From the two checklists above about your psychotic episode ("Upsetting Psychotic Experiences You May Have Had" and "Upsetting Treatment Experiences You May Have Had"), which experience (or combination of experiences) are the most upsetting when you look back on them now?

My most upsetting experience(s): \_\_\_\_\_

\_\_\_\_\_

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint

How Much has this Bothered You  
Over the Past Month

		Not at all	A little bit	Moderate	Quite a bit	Extreme
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing <i>dreams</i> of the stressful experience?	1	2	3	4	5
3.	Suddenly <i>acting or feeling</i> as if the stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5

4.	Feeling <i>very upset</i> when <i>something reminded you</i> of the stressful experience?	1	2	3	4	5
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of the stressful experience?	1	2	3	4	5
6.	Avoiding <i>thinking about</i> or <i>talking about</i> the stressful experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7.	Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of the stressful experience?	1	2	3	4	5
8.	Trouble <i>remembering important parts</i> of the stressful experience?	1	2	3	4	5
9.	<i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15.	Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16.	Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17.	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be "self-stigmatizing," meaning that they indicate the person thinks he or she is inferior to others or incapable of doing things because of their episode. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode.

### **Self-Stigmatizing Beliefs Checklist**

**Instructions:** Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- I will never get better or recover.
- I am to blame for what happened.
- I am crazy and always will be.
- I can't trust myself because of what happened.
- I cannot be trusted because of what happened.
- I have no control over my actions now.
- I'm unpredictable or dangerous.
- I am unable to get or keep a regular job.
- I will never be able to have meaningful relationships or a family.
- I will lose control at any moment.
- I will be unable to care for myself because of what happened.

\*Adapted from: Bruce Link, Ph.D., unpublished assessments

**A psychotic episode can lead to upsetting memories of what happened to you, and negative beliefs about yourself and your capabilities.**

**With the help of your clinician, by “telling your story” about what happened, and challenging your negative beliefs, you can process your experience and develop a positive attitude about your future.**

### **First-Person Account of a Psychotic Episode, Part I of “Michael’s Story”**

In order to tell your own story of your experience with psychosis, it can first be helpful to learn how other people with similar experiences have coped, how they have gotten their life back on track, and what they have learned about themselves. This can help you understand your own experience better, and get your own life back on track.

Below is a description of a young guy named Michael who experienced a psychotic episode. Review his story with your clinician and/or on your own at home.

**Michael:** *“In my life, things always went pretty well for me overall. I did okay in school, had some friends, played in the marching band at school, got along with my parents pretty well. Things weren’t great all the time, but they were pretty normal for the most part. When I went off to college (I went to a state school that was about 4 hours from my hometown), I was able to get through that freshman year, but then when I went back for my sophomore year, things started feeling really stressful. And not just the regular things like exams and papers and trying to meet girls, but everything. I started to get the feeling that my roommate didn’t want me around, then I really felt like he was trying to poison me. He used to make these powdered protein shakes all the time, and was always asking me if I wanted to try one. Of course I never did because I thought he was dangerous. I started to think about that all the time, and started wondering if the whole school was in on it too. As a result, I stopped going to the cafeteria and was even reluctant to order in take-out because I was scared that on the way up to my room, someone would give the poison to the delivery guy and he would slip it into my meal. I lost about 15 lbs in just a couple of months, didn’t sleep at all, and didn’t attend my classes because I was always working on staying safe and protecting myself. I smoked some pot to help calm me down, but I wasn’t sure if that helped or not. I think it may have made things worse.*”



*In November, the voices came on, telling me that I would be killed and so would my family if I didn't do something to stop the school from persecuting me. I was so terrified and confused and I felt like I had no one to talk to. My roommate stopped hanging out in our dorm and barely looked at me when he came in to get clothes or books. I was really lonely but also too scared to talk to any of my friends from home about what was happening. The voices told me to keep everything to myself anyway. One day, I couldn't take it anymore and went into the common area of my dorm, holding my Swiss army knife, and screamed at all the students hanging out there, telling them that their lives were in danger and they were contributing to the harm and eventual downfall of my family.*

*That evening, things got really confusing and scary. The resident director came in to talk to me and brought a security guard with her. They took me downstairs to the main lobby and there was an ambulance there and a couple of police officers. I tried to explain that we were all in danger and that the school administration was evil, but no one would listen. I was taken to an old, kind of run-down hospital and given lots of drugs. I slept a lot. My parents were there. I don't remember much of what happened.*

*Since then my life has changed a lot. I'm not sure of what to make of what happened, I still don't remember a lot and my family seems to not want to talk about it. I've been living at home for the past year, going to the outpatient mental health center for some groups. I didn't go back to that school, needless to say. I feel really humiliated about what happened there. I feel like no one really knows what to say to me these days. I just feel at a loss, kind of numb, and pretty nervous all the time. It's hard to even get out of bed in the morning. I never thought my life would come to this.*

### Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

### Home Practice Options:

1. Share "Michael's Story" with a trusted family member or friend and discuss their reaction to Michael's experience, and impressions of how your experience may have been similar or different.
2. Reread "Michael's Story" this week at home. Underline parts that resonate with your experience and make notes in the margins of the handout if you'd like. Bring this handout to your session next week and further discuss it with your clinician.

## First-Person Account of a Psychotic Episode, Part II of "Michael's Story"

This is the second part of Michael's story about his experience with psychosis. In this portion, Michael shares how having had psychosis has affected his life and what is important to him. He also discusses the steps he took to get back on track in his life, and what this journey has been like for him. Again, review this part of the story with your clinician and/or on your own at home.

**Michael:** *If I'm really honest about how psychosis has affected me, I would have to say that it has affected almost every part of my life. I can't help but think where I would be now if I hadn't gotten sick. First of all, I would be finished with my first semester of my junior year. I had always planned to study abroad for part of my junior year--maybe I would be in South America or Guatemala right now. Instead I'm not even finished with my sophomore year, so even if I go back to a different college next semester, I'll be older than everyone else and it's going to be hard to make friends.*

*When I first got to school, I was starting to make some good new friends on the cross country team, but I was so stressed out that I didn't run track in the Spring and I lost touch with them. I was so relieved to come home for the summer after my freshman year, because I thought I'd be back to normal hanging out with my high school friends, but it seemed like they were not around. So I was left feeling like there was no one to hang out with and I was thinking that I would just stay away from everyone until I restarted college. Recently though my clinician came up with the idea that it might make sense for me to try to reconnect with some of my old high school friends, just to find out what they are up to. I did and it turned out that one of my good friends transferred to a local school after his first year because he wasn't happy there, so he kind of gets where I'm coming from. At least I have him to hang out with now. I haven't told him exactly why I left school--I think he thinks that I have depression or obsessive-compulsive disorder or something. I worry all the time though that he's going to hear gossip about how I went crazy at school--you know what a small world it is. Anyway, I've been thinking through with my clinician whether it makes sense to tell him a little bit about what I have been going through. I worry about him judging me.*

*It doesn't help that my parents are so uptight about what I did--I think they are really afraid that people in our town are going to think badly of us because of how I acted at school. I've noticed that they've become a little more standoffish from other people since I got sick. They don't know how to explain to their friends why I'm home from college--the other day I heard my mom saying that the college just wasn't a good fit for me and that I was taking off time to volunteer, which is totally untrue. So aside from being embarrassed about me to their friends and acting like nothing is wrong, they have me under a microscope at home. They are constantly nagging me to take my medication and complaining about my smoking.*

*One of the really stupid things I started doing since I was in the hospital is smoking cigarettes. I used to smoke only occasionally--like when I was hanging out with friends or drinking, but now I'm up to a pack a day, which is really dumb I know, but I've been really nervous and smoking seems to help a little. I really miss running, though, I used to run 5 miles a day, but now I'm getting out of breath when I walk up the stairs of my parents' house.*

*It has been a rough time, but one of the things I'm starting to think is that the worst is over. I've been going to a group at the mental health center with other people who have been in the hospital like me and seeing how they have moved on with their lives has really given me hope. Some of them are back in school and have jobs. Some of them have their own apartments and girlfriends or boyfriends. I now think that being able to get through psychosis is something that you have to be a strong person to do.*

### Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

### Home Practice Options:

1. Share "Michael's Story, Part II" with a trusted family member or friend and discuss their reaction to Michael's experience, and impressions of how your experience may have been similar or different.
2. Reread "Michael's Story, Part II" this week at home. Underline parts that resonate with your experience and make notes in the margins of the handout if you'd like. Bring this handout to your session next week and further discuss it with your clinician.

### Telling Your Own Story

Now that you have learned about "Michael's story" the next step is to work on telling your own story—that is, your experience with psychosis. When working on your story, you may find that there are parts of it that are confusing or hard to

remember. Piecing your story together, and making sense of what happened, can help you better understand your experience, and what you have learned from it. This can help prepare you for moving forward with your life and your personal goals.

Pulling your story together can be challenging but rewarding. Your clinician will work together with you to fill in any missing gaps about what happened during the episode and after. You may also find it helpful to talk to family members or other people who you know and trust about what they remember of your experience. In order to help you write your "story," a set of probe questions is provided below that may help you remember different aspects of the experience that you want to include. Work with your clinician to recount your experience, and he or she will help you use some of the questions below as a guide to help you develop a clear story of what happened that is helpful to you.

<b><u>Before the Episode:</u></b>
Were there stressful situations in your life?
Were there any life changes?
Did you experience any upsetting feelings or symptoms?
Did you notice these problems yourself or not?
Did someone point out these problems? Who? How did you react to his or her feedback?
<b><u>During the Episode:</u></b>
Did you seek treatment on your own?
What drew people's attention to the fact that you needed assistance?
What do you remember about your experience at the ER or the hospital?
Who was involved in getting you to seek treatment?
How did you react to people who were involved? Family, friends, doctors, etc?
Are there things that you feel badly about having said or done around this time?
Did you have any distressing experiences related to your treatment? (Refer back to "Upsetting Treatment Experiences You May Have Had" Checklist)
<b><u>General After-Effects of the Episode:</u></b>
How has your life changed since you experienced psychosis?
Have you changed how you think about yourself since experiencing psychosis?
How have other people responded to you?

What is your biggest fear related to having had psychosis?

Do you experience intrusive memories about the episode? How do you cope with them?

**How the Episode Affected your *Social Life and Relationships*:**

How did psychosis affect how much you wanted to be with friends?

How did psychosis affect the types of activities you do with friends?

How did it affect whether you were the one initiating contact with friends or not?

How did it affect the quality or depth of your friendships and family relationships?

How comfortable do you feel sharing your experience with others?

What is it like to attend family celebrations lately?

How about romantic relationships?

How did this experience affect what you enjoy doing?

Do you still have interest in doing the same activities you did before the episode? Why or why not?

**How the Episode Affected your *School or Work*:**

What were your future school/work goals before your developed psychosis?

How about now? Have things changed, and if so, how and why?

What were some of the extra-curricular activities you were involved in before? How about now?

**How the Episode Affected your *Independence or Autonomy*:**

How did this affect your independence from your family members (e.g., parents)?

How do you feel about your current level of independence?

Are there things you used to do for yourself that you are no longer doing?

How satisfied/unsatisfied are you with your level of independence right now?

Are there things in your life that you don't have control over currently that you wish you did?

**How the Episode Affected your *Self-Care and Wellness*:**

What is your current physical health like?

Are there ways that the experience of psychosis or treatment have affected your health?

Are there activities that you used to do that made you feel healthy that you are not doing now?

How are you feeling about your appearance these days?

Are there things you used to do to pay attention to your appearance that you are not doing









## Summary Points for Telling Your Own Story:

- *It is common for people to have distracting thoughts and feelings related to symptoms they had and upsetting treatment experiences during their psychotic episode.*
- *Intrusive and distressing memories related to those upsetting experiences are common, as well as negative, self-stigmatizing beliefs about yourself.*
- *Learning how to "tell your story" is an effective way of organizing and understanding your memories, processing what happened, overcoming your distress when you look back on the episode, and understanding and learning from the experience.*
- *It often takes going over your story several times and writing it down in order to feel comfortable with it, and ready to move on with your life.*

## #2: CHALLENGING SELF-DEFEATING THOUGHTS AND BELIEFS

As previously discussed in the "Telling Your Own Story" topic area, after someone has experienced a psychotic episode, they may develop thoughts and beliefs about their experience, themselves, and their capabilities. Sometimes these thoughts can be inaccurate, self-defeating, and stigmatizing, such as the belief that the person himself or herself is to blame for what happened. Identifying and correcting these thoughts can help you develop a more positive and realistic understanding of yourself and your experience, and help you prepare to move forward in your life with confidence and self-assurance.

In this topic area we will first identify any self-defeating thoughts you still may have using the same self-assessment form we used at the beginning of the last topic area. You will learn a method to identify and challenge inaccurate and self-defeating thoughts and beliefs, called "cognitive restructuring." You will then have the chance to use this cognitive restructuring skill to challenge some of your negative thinking in order to develop more positive and more accurate thoughts and beliefs about yourself and the effects of your psychotic episode. At the end of this topic you will complete the self-assessment form about your beliefs again, and the checklist of problems and complaints related to a psychotic episode that you also previously completed. This will tell you in which areas you have experienced a reduction in distress about your psychotic episode and in which areas you still need additional work.

### Reviewing Your Self-Defeating Thoughts and Beliefs

For some people, "telling their story" about their psychotic episode, and making sense of their experience, naturally reduces self-defeating or stigmatizing thoughts and beliefs they may have about what happened. For some people, negative thoughts or beliefs may persist, and additional attention needs to focus on identifying and changing them. In order to see which of your negative thoughts and beliefs have changed since the beginning of the Processing the Psychotic Episode module, and which ones are still a problem, complete the Self-Stigmatizing Beliefs Checklist again to indicate which thoughts and beliefs you currently have about your psychotic episode.

## Self-Stigmatizing Beliefs Checklist

**Instructions:** Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought over the past several weeks.

- I will never get better or recover.
- I am to blame for what happened.
- I am crazy and always will be.
- I can't trust myself because of what happened.
- I cannot be trusted because of what happened.
- I have no control over my actions now.
- I'm unpredictable or dangerous.
- I am unable to get or keep a regular job.
- I will never be able to have meaningful relationships or a family.
- I will lose control at any moment.
- I will be unable to care for myself because of what happened.

\*Adapted from: Bruce Link, Ph.D., unpublished assessments

### Questions:

- When you compare your response on this checklist to the ones you previously gave, which stigmatizing beliefs did you used to have that you no longer do? Why do you no longer believe that belief (or those beliefs)?
- When you compare your responses, which stigmatizing beliefs do you continue to endorse? Which of those beliefs is most distressing to you?

## The Relationship Between Thoughts and Feelings

How people feel about themselves, in general and in different situations, is strongly influenced by what they think about themselves and those situations. For example:

- If you did poorly on a test and thought "I'm a failure," how would that make you feel? (Sad? Disappointed? Embarrassed?)
- If someone remembered your birthday by sending you card, and you thought "She cares about me," how would you feel? (Happy? Pleasantly surprised?)

How a person feels about something is often influenced by their thoughts and beliefs about the situation.

### Question:

- What's a real-life example of how a feeling might be caused by a certain thought?

## Thoughts Can Be Inaccurate

Sometimes the thoughts that lead to upsetting feelings are not completely accurate. In fact, some of the beliefs people have about themselves can be downright **wrong**, which can cause unnecessary negative feelings for no valid reason!

Example #1:

<u>SITUATION</u>	<u>INACCURATE THOUGHT</u>	<u>FEELINGS</u>	<u>CONTRARY EVIDENCE</u>	<u>ACCURATE THOUGHT</u>	<u>FEELINGS</u>
You're lying in bed at night sleeping and you hear a scratching at the window.	"Someone is trying to break into my apartment!"	- Anxiety - Fear	- Your cat is scratching to be let into your apartment.	"My cat wants to be let in."	- Surprise - Relief

Example #2:

<u>SITUATION</u>	<u>INACCURATE THOUGHT</u>	<u>FEELINGS</u>	<u>CONTRARY EVIDENCE</u>	<u>ACCURATE THOUGHT</u>	<u>FEELINGS</u>
You are walking down the street and you see a friend across the street. You shout "hello" but they don't wave or shout back.	"My friend is snubbing me, or he doesn't want to be seen with me in public."	- Hurt - Anger	- Your friend has a terrible cold and he didn't hear you shout to him.	"My friend didn't hear me. He wasn't deliberately ignoring me."	- Calm, not hurt or angry

Having lots of inaccurate, self-defeating, or stigmatizing thoughts and beliefs can keep a person feeling upset and stuck, and prevent them from moving on. People can develop some of these types of thoughts after an upsetting experience like having an episode of psychosis.

**Questions:**

- What's a real-life example of how an upsetting feeling might be caused by an inaccurate thought?
- Can you think of a personal example of when an upsetting thought that made turned out to be inaccurate? What did you do about it?
- Which of the beliefs from the Self-Stigmatizing Beliefs Checklist did you first check off and then later changed? Which beliefs did you first check off, and still continue to believe? Review these with your clinician.

Not all thoughts or beliefs that lead to upsetting feelings are accurate. Some thought or beliefs about having a psychotic episode may be totally incorrect.

## What Can Be Done About Inaccurate Thoughts and Upsetting Feelings?

When someone feels upset by something, it can be helpful to more closely examine the thoughts or beliefs that underlie those feelings. This can enable the person to evaluate whether they are accurate or not. If the thought is not totally accurate, it is best to come up with a more accurate thought, or a different way of looking at the situation. Examining one's thoughts in this way can help reduce upsetting feelings due to inaccurate and self-defeating thinking, and replace them with more accurate and more self-empowering thoughts.

### Cognitive Restructuring

"Cognitive restructuring" (or "CR") is a skill for closely examining and challenging thoughts and beliefs that lead to upsetting feelings, including thoughts related to having a psychotic episode. A brief explanation of this skill is provided below.

In *Cognitive Restructuring (CR)*, if you have a negative feeling related to a thought or belief, you take the following steps:

1. Identify the thought or belief that is making you upset.
2. Figure out the feeling or feelings are related to your thought.
3. Consider all the evidence that supports the *accuracy* of your thought, focusing on the most objective evidence possible.
4. Consider all the evidence that *does not* support the accuracy of your thought, focusing on the most objective evidence possible.
5. Come up with a new thought that is more accurate than your old thought or belief.
6. Note whether or not you still *feel*/the same way as you did before you tried CR, or whether you feel less upset.

As noted in Steps #3 and #4 above, CR requires you to evaluate the evidence *supporting* your upsetting thought or belief, and the evidence *against* the thought or belief, *focusing on the most objective evidence possible*. When judging whether the evidence is objective or not, it can be helpful to think about whether the evidence would be accepted by someone who is independent or impartial to your situation. For example, is the evidence the type of evidence that might be accepted in a court of law, or by some scientists who are trying to evaluate a research question?

For example: John is walking down the street in the middle of the day and he begins to feel anxious when he notices that a man is walking 15 feet behind him. Read the types

of evidence below, and consider which ones are objective evidence and which ones are not. For each of your answers, why do you think the evidence is objective or not?

- John feels anxious, therefore he knows he must be in danger.
- John notices that the person has a gun bulging out of his pocket.
- The man rushes up to John and tells him "Give me your money or else!"
- John was mugged once a few years ago.

**CR** can be used to work on any upsetting thought or belief. Here we will focus on helping you use this skill to challenge upsetting thoughts or beliefs you have that are related to your experience of having had an episode of psychosis. When you complete this module, if you continue to experience distress related to these or other thoughts, you can further improve your CR skills in the Individualized Module called "Dealing with Negative Feelings."

Cognitive Restructuring (CR) is a skill to help you identify and challenge inaccurate and self-defeating thoughts and beliefs that lead to upsetting feelings

## Examples of Cognitive Restructuring

In order to learn how to use CR, it can be helpful to see some examples of how other people have challenged and changed self-defeating thoughts related to experiencing a psychosis. Review the examples below with your clinician and discuss how the first person (Sally) worked through her self-defeating thought, "Since I had psychosis, I can't achieve anything in my life," and how the second person (John) worked through his self-defeating thought of "I am to blame for what happened."

Example #1: Sally

<u>SELF-DEFEATING THOUGHT</u>	<u>FEELINGS</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>
"Since I had psychosis, I can't achieve anything in my	- Hopeless - Angry	- My life feels empty -I'm not in college	- Things are better than when I was in the hospital	"If I work hard and try, I can probably get much of what I

life"		anymore - Other people have told me I won't be able to work	- I'm in the supported education and employment program and working on re-enrolling in school - I am in treatment and I'm working hard on it - I've learned that lots of people with a psychotic episode have returned to work or school	want in life"
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Example #2: John

<u>SELF-DEFEATING THOUGHT</u>	<u>FEELINGS</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>
"I am to blame for what happened"	- Guilt	- I was smoking pot before my episode occurred - I wasn't getting the sleep I needed when I began to have psychotic symptoms	- Pot does not cause psychotic episodes - I'm working with my treatment team to get better - I've stopped smoking pot	"My psychotic episode was not my fault and I'm doing what I can to recover from it"



### Questions:

- Are either of these examples similar to some thoughts or beliefs you have had recently, based on your own experience? Which ones? When you consider the evidence for and against the thoughts in the examples, what does it make you think about your own self-defeating thoughts?

### Practicing Cognitive Restructuring

Now that you have had a chance to see some examples of how CR worked for two other people, you can practice using the skill to address some of your own thoughts and beliefs related to your psychotic episode. Return to the most recent copy of the Self-Stigmatizing Beliefs Checklist that you completed (at the beginning of this handout). With your clinician's help, select a belief that you still endorse, and use the steps of CR to identify the feelings associated with the belief, examine the evidence supporting it and not supporting it, and come up with a new, more accurate and helpful way of looking at your experience. If you did not endorse any of the beliefs on the checklist, identify some other upsetting thoughts and feelings that you can use CR to examine and challenge. Use the *Cognitive Restructuring Worksheet* to keep track of the steps of CR.

CR is a skill that you get better and better at the more you try. Not only can CR help correct self-defeating and inaccurate beliefs you may have about your experience of having a psychotic episode, but it can also help you deal more effectively with other negative feelings you may have in your life. As with all other skills in life, the key is to "Practice, practice, practice!" Below is a blank *Cognitive Restructuring Worksheet* that you can use for practicing the skill.

<u>SELF- DEFEATING THOUGHT</u>	<u>FEELING</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>

## Home Practice Options

1. Using the worksheet below, practice this CR skill one day each week with any upsetting thoughts you notice yourself having.
2. Take one or two of the self-stigmatizing thoughts from the Self-Stigmatizing Beliefs Checklist (at the beginning of this handout) that you checked off and use this skill to challenge these beliefs. If you get stuck, your clinician will help you.
3. Share this skill with a trusted family member or friend and ask them to help you work on your upsetting thoughts using CR.

## Cognitive Restructuring Worksheet

Practice the CR Skill with your own upsetting thoughts. You can use some of the thoughts you checked off in the Self-Stigmatizing Beliefs Checklist (beginning of this handout) or any other upsetting thought.

Remember how to practice this skill:

- 1). Ask yourself "What am I thinking right now that is causing me to be upset?"
- 2). Identify a particular emotion that you are experiencing.
- 3) Jot down "hard" evidence that supports your self-defeating thought.
- 4) Jot down evidence that does NOT support your self-defeating thought.
- 5) Based on the Evidence Against, come up with a more helpful or realistic thought.
- 6) Once you have developed a new thought, check yourself to see how that new thought makes you feel.

<u>SELF- DEFEATING THOUGHT</u>	<u>FEELING</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>

## Gauging your Improvement

In this module you have been working hard on processing your experience of having a psychotic episode, and how it has affected your life. You have told your story of your experience, and learned how to use CR to challenge and change some of your self-defeating, stigmatizing beliefs. It can be helpful to see how some of your thoughts and feelings related to your episode have changed over the last several weeks of processing your experience.

In order to see what has changed since you began work on processing your experience, complete the same two questionnaires that you initially completed at the beginning of this module, including the Post-Psychotic Episode Symptom Checklist and the Self-Stigmatizing Beliefs Checklist. To see which areas you improved in, with your clinician's help compare your current scores on the checklists with your initial scores.

You might continue to have some stigmatizing beliefs related to your experience. You may also still have some upsetting memories related to it. You may find two strategies helpful for dealing with these thoughts and memories:

- Continue to practice CR in order to challenge and change your upsetting thoughts and beliefs—sometimes it just takes more time and practice
- Share your personal story of what happened to you with other people whom you feel close to, and make any modifications in your story to include any missing parts—the more familiar your story is to you, and the easier it is for you to tell it, the more successful you will be in integrating your psychotic episode into your life

### Post-Psychotic Episode Symptom Checklist

**Instructions:** From the last time you completed this Checklist (at the beginning of the "Telling Your Story" topic handout), write down the most upsetting psychotic or treatment experience (or combination of experiences) you had below.

My most upsetting experience(s): \_\_\_\_\_

\_\_\_\_\_



11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15.	Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16.	Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17.	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be "self-stigmatizing," meaning that the person thinks he or she is inferior to others or incapable of doing things because of the episode of psychosis. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode. To see which areas you improved in, with your clinician's help compare your current scores on the checklist with your initial score.

## Self-Stigmatizing Beliefs Checklist

**Instructions:** Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- I will never get better or recover.
- I am to blame for what happened.
- I am crazy and always will be.
- I can't trust myself because of what happened.
- I cannot be trusted because of what happened.
- I have no control over my actions now.
- I'm unpredictable or dangerous.
- I am unable to get or keep a regular job.
- I will never be able to have meaningful relationships or a family.
- I will lose control at any moment.
- I will be unable to care for myself because of what happened.

\*Adapted from: Bruce Link, Ph.D., unpublished assessments



## Growing from Your Experience

Your experience with a psychotic episode was a challenging one that may have produced a great deal of worry and confusion to you, and others who care about you. In telling your story about your experience, you have taken important steps toward developing a better understanding of what happened before, during, and after your episode, and being able to integrate the experience into your overall life. You have also challenged and changed some of your own self-defeating and self-stigmatizing beliefs you had about your experience, and have learned a new skill (cognitive restructuring) to help you deal with other upsetting thoughts and beliefs. Everyone experiences different challenges and setbacks in their lives. Your willingness to learn from your own experience, and to closely examine and challenge your own thinking when it makes you feel bad, can help you grow as an individual with a more complete sense of yourself and your capabilities. This type of personal growth, which you can expect to continue after you move on from this module, can both enrich your appreciation of your own resiliency in the face of life challenges, and facilitate your ability to achieve your personal goals.

## Summary Points for Challenging Self-Defeating Thoughts and Beliefs:

- *Thoughts and beliefs related to a psychotic episode can be self-defeating and distressing.*
- *Thoughts and beliefs can be inaccurate.*
- *Cognitive restructuring is the skill of recognizing the thoughts underlying negative feelings, evaluating their accuracy, and changing them when they are not accurate.*
- *More accurate thoughts and beliefs are usually associated with a reduction in distress.*
- *Cognitive restructuring can be used to challenge and change self-defeating and stigmatizing beliefs that people sometimes develop often with a psychotic episode.*