Psychosis REACH:

A Novel CBT-informed Care Approach to Working with Families & Natural Supports in ACT

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Supporting Psychosis Innovation through Research, Implementation & Training

National ACT Meeting
February 3, 2025

With tremendous gratitude to our **Psychosis REACH** colleagues and families…

And our many amazing
Psychosis REACH Family Ambassadors!
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Learning Objectives

1. Describe why evidence-based family interventions for psychosis are important
2. Identify the 3 interventions within the Psychosis Recovery by Enabling Adult Carers at Home (Psychosis REACH) program
3. Apply at least one of the skills in Psychosis REACH in your work with ACT participants
4. Demonstrate what you learn today by helping ACT families and natural supports – and yourselves - gain access to the full Psychosis REACH curriculum

Strategic Objective of the UW SPIRIT Center:

All individuals that are navigating psychosis receive high-quality psychoeducation and CBT for psychosis.

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ACT teams are in a unique position to provide both!

…to individuals AND families/natural supports

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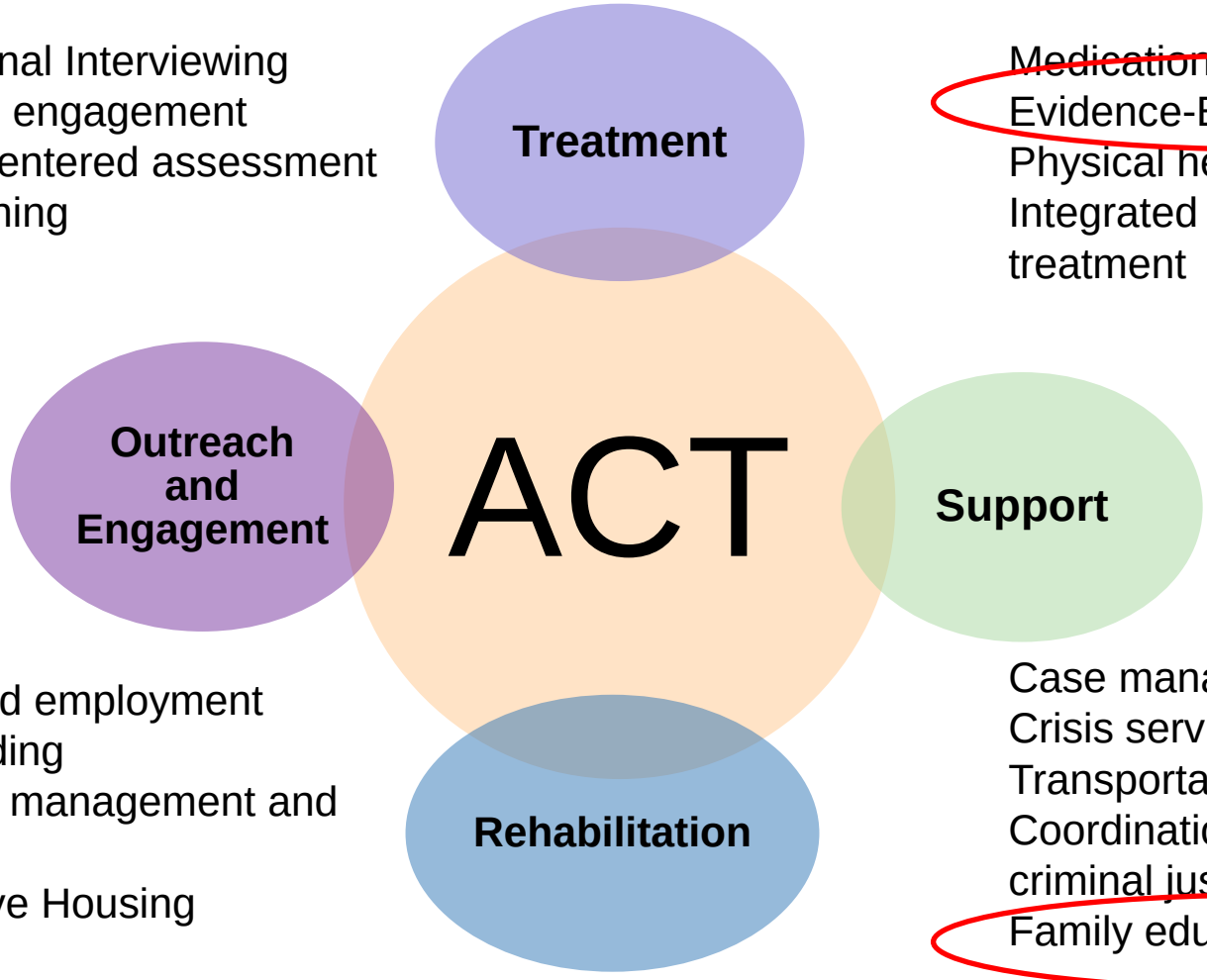
ACT is a Way of Organizing Best Practices



Motivational Interviewing
Assertive engagement
Person-centered assessment and planning

Medications
Evidence-Based Psychotherapy
Physical health interventions
Integrated substance abuse treatment

Supported employment
Skill-building
Wellness management and recovery
Supportive Housing

Case management
Crisis services
Transportation
Coordination with hospitals and criminal justice system
Family education and support

TMACT Fidelity Items

CP5. FREQUENCY OF CONTACT WITH NATURAL SUPPORTS:

The team connects with clients' natural supports. These supports either already existed, and/or resulted from the team's efforts to help clients develop natural supports. Natural supports include people in the client's life who are NOT paid service providers (e.g., family, friends, landlord, employer, clergy).

Fidelity Standard: For at least 90% of clients, the natural support system is contacted by team at least 1 time per month.

TMACT Fidelity Items

EP6. ENGAGEMENT & PSYCHOEDUCATION WITH NATURAL SUPPORTS:

The FULL TEAM works in partnership with clients' families/natural supports.

Fidelity Standard: ALL 3 services are FULLY provided to families/natural supports by team:

(1) Providing education about their loved one's illness;

(2) Teaching problem-solving strategies for difficulties caused by illness; and

(3) Providing &/or connecting natural supports with social & support groups.

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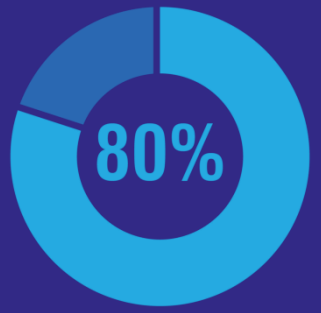
Relationship between family and their loved one with SMI



remain in close contact with caregivers

(Addington et al., 2003)

live with their families

(Murray-Swank & Dixon, 2005)

Caregivers provide emotional, financial and/or social support.

(Thornicroft et al., 2004)

Social relations are important for recovery!

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Most people experiencing early psychosis request some form of family involvement:

- **59% unconditional**
- **35% conditional**
- **6% none**

94%

[1] Jones, Basabara, Piscitelli…Dixon (2021)

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Benefits of family involvement

Improved **treatment adherence** (Garcia et al., 2006)

Reduced relapse rates (Knapp et al., 2014)

Fewer hospital admissions and **shorter inpatient stays** (Pfammatter et al., 2006)

Better treatment outcomes (Glick, Stekoll, Hays, 2011)

Better work and role performance (Brekke & Mathiesen, 1995)

Overall **improvement in quality of life** (Evert et al., 2003)

Reduced substance use (Clark, 2001)

Reduced mortality (Revier et al, 2015)

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Caregivers are impacted by caregiving

Caregivers experience overall work impairment and indirect costs (Schizophrenia Commission, 2012)

Clinical levels of depression identified in caregivers (Lowenstein et al., 2010)

Burnout and emotional exhaustion, at equivalent levels to those reported by paid psychiatric staff (Angermeyer, Bull, Bernert, Dietrich, & Kopf, 2006).

Family interventions ARE best practices for psychosis

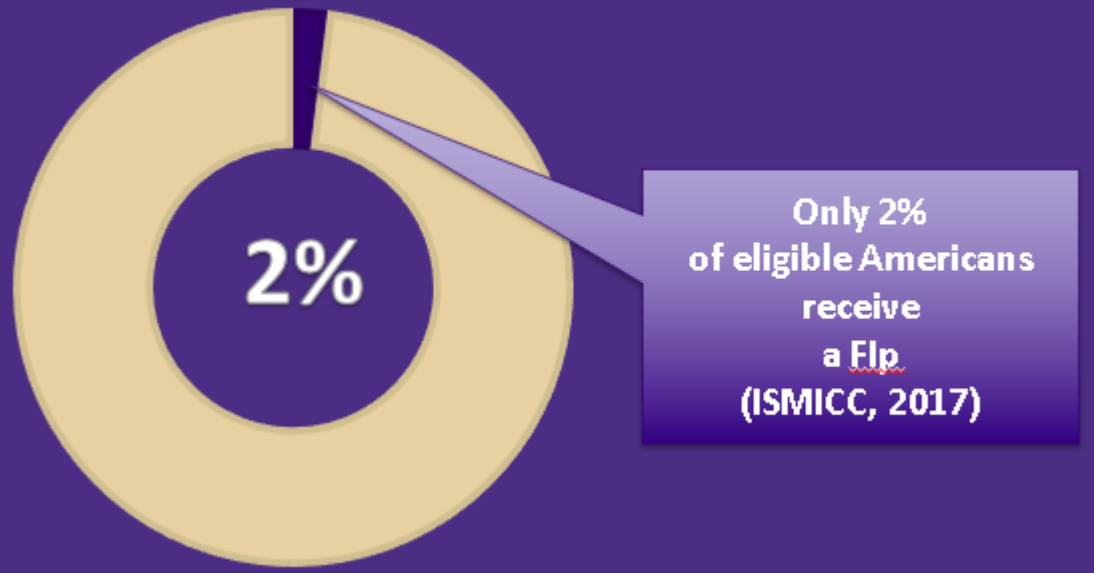
U.S. and many international treatment guidelines for psychosis prescribe family interventions

- American Psychiatric Association (APA)
- National Institute for Care and Clinical Excellence (UK)
- Royal Australian and New Zealand College of Psychiatrists
- Europe & Scandinavia…

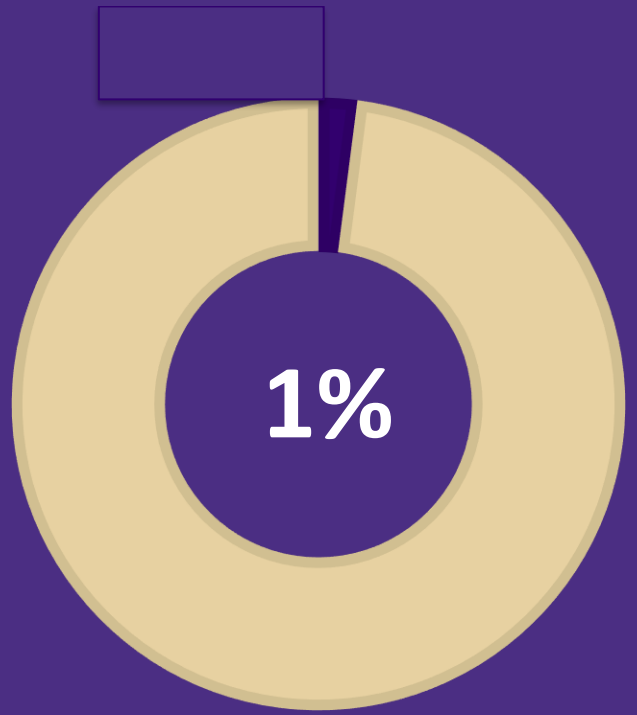
- And YET….

This prescription goes unfilled…

USA



UK



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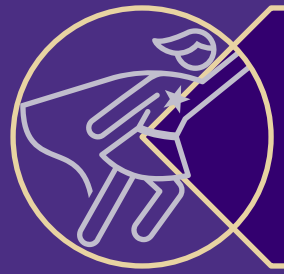
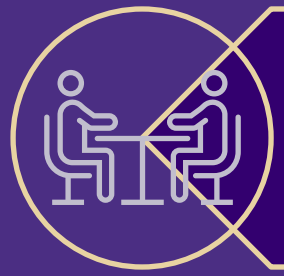
An Overview

Three Intervention Elements of Psychosis REACH

1. Recovery-Oriented Psychoeducation



2. Self-Care Strategies for Families/Natural Supports



3. Cognitive Behavioral Techniques for Psychosis

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Cognitive Behavioral Techniques for Psychosis

Fall Back on your Relationship	Inquire Curiously	Review the Information and Put it Together	Skill Development	Try Out the Skill and Get Feedback
[Working alliance]	[Socratic questioning]	[Formulate the problem]	[CBT]	[Skills acquisition & generalization]

F

Fall back on your relationship

- Highlight strengths/shared interests
- Develop shared goals
- Normalize experiences

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Normalization

- "Normalization is the antidote to stigma" – Doug Turkington

- CBT is inherently normalizing
  - We all experience negative thoughts
  - We all engage in unhelpful thinking
  - We all use coping strategies that aren't always the healthiest choices

- Allows for normalizing of psychotic symptoms as well

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Real Life Examples & Resources

Autobiographies and Memoirs

- An Unquiet Mind by Kay Redfield Jamison
- A Beautiful Mind by Sylvia Nasar
- Living with Voices by Marcus Romme and Sandra Escher
- Me, Myself and Them by Kurt Snyder, Raquel E. Gur & Linda Wasmer Andrews

Other First-Person Accounts and Examples

- Ted Talks: Eleanor Longden, Elyn Saks
- NAMI, In Our Own Voice

Educational

- Beyond Belief by Elaine Hewis
- I Am Not Sick, I Don't Need Help! By Xavier Amador
- The Complete Family Guide to Schizophrenia by Kim Mueser & Susan Gingerich
- When Someone You Love Has a Mental Illness by Rebecca Woolis

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en#t-158229

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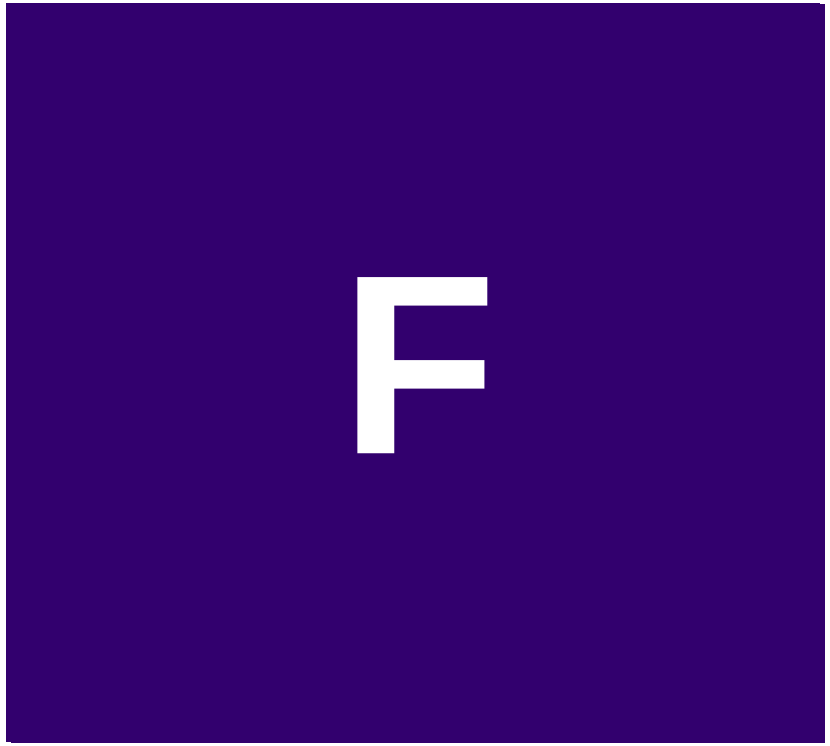

Fall back on your relationship

- Highlight strengths/shared interests
- Develop shared goals
- Normalize experiences
- Empathetic befriending

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I

Inquire Curiously

- Ask questions about their experiences & symptoms
- Drop assumptions

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Getting Curious about Hallucinations

- What language do they use to understand it?
    - “I am on the radio a lot”
    - “It’s shuffle talk”
    - “I get messages through text in my brain”
- What is their experience?
    - What do you hear?
    - Where do you hear it?
    - What does it sound like?
    - Do you see, feel, taste, smell anything?
- How do they interpret their experience?
    - What do you think it is?
- What are some alternative explanations for this experience you’re having?

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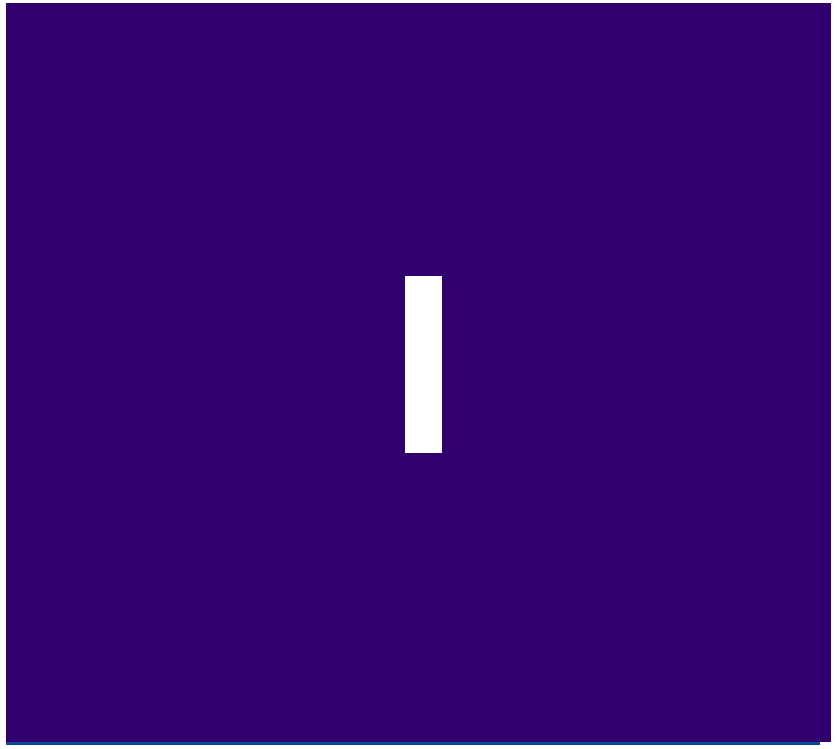

Inquire Curiously

- Ask questions about their experiences & symptoms
- Drop assumptions
- Collaboration without collusion

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Review the information and put it together

- Orient to role of stress & stress management strategies
- Make sense of experiences through shared understanding
- Orient to cognitive triangle & maintenance formulation

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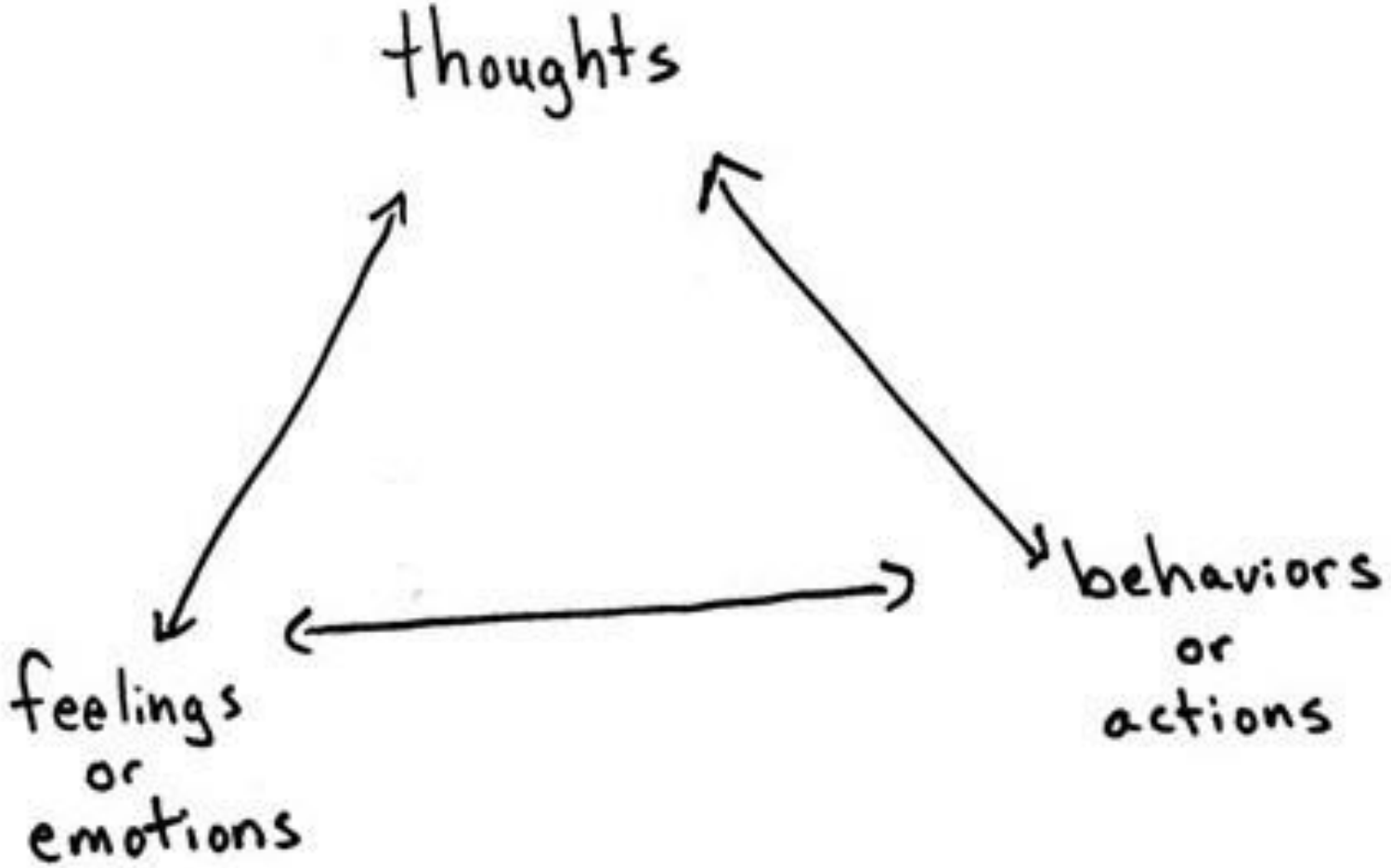
Cognitive Triangle



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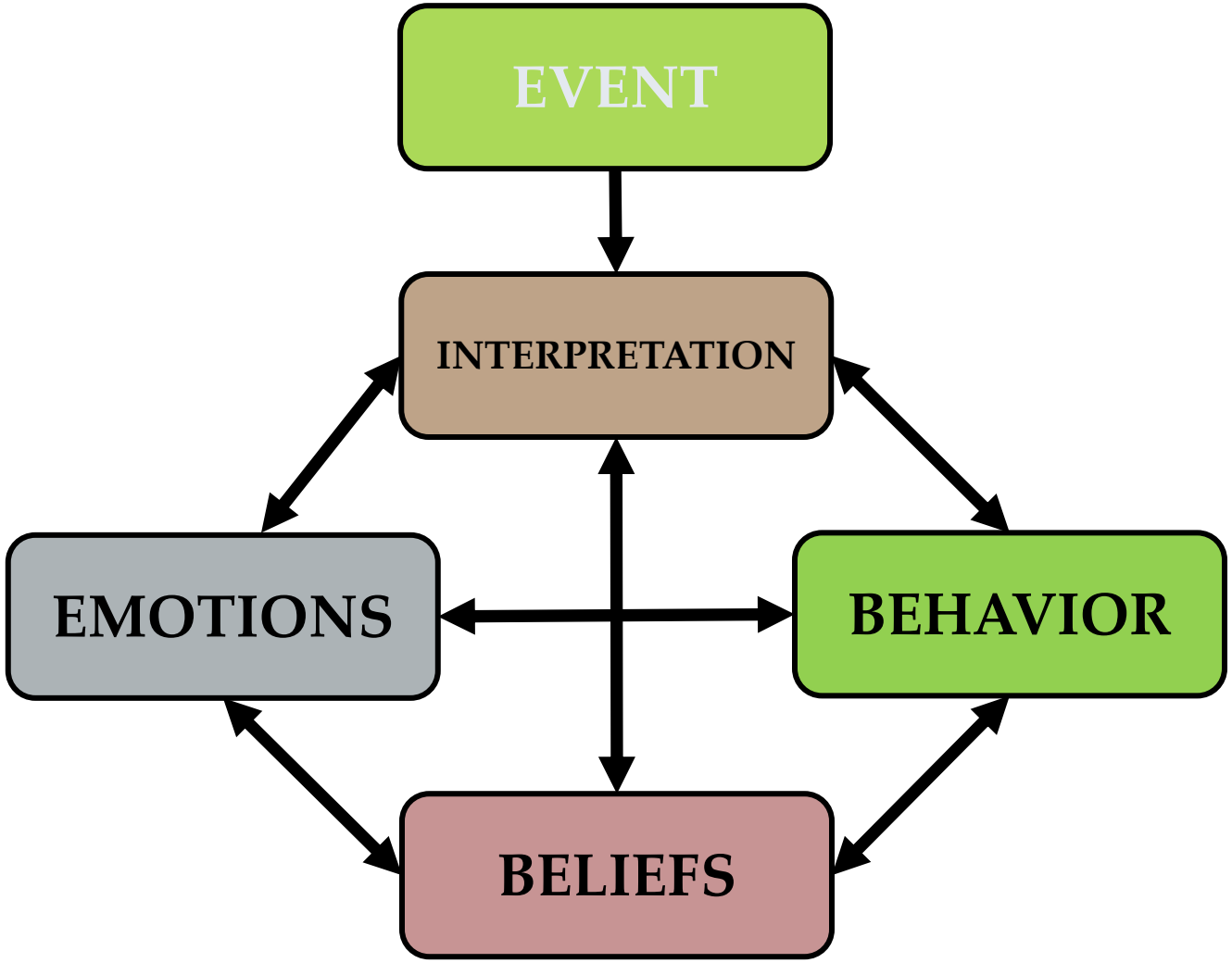

Maintenance Formulation

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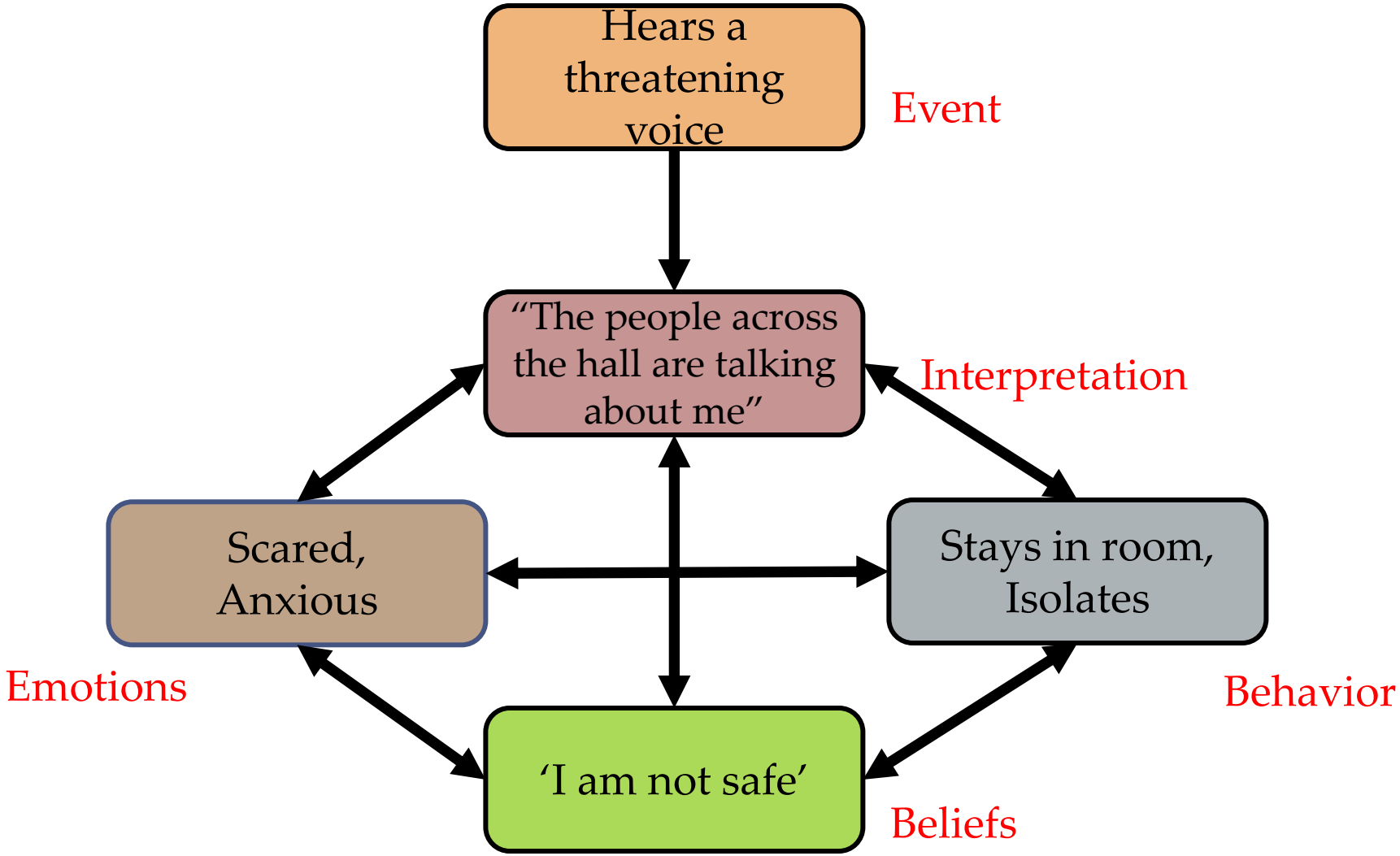

Maintenance Formulation

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S

Skill Development

- Cognitive skills
- Behavioral skills
- Problem-solving

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Coping with Voices: Behavioral Strategies

Repetition:

"Frustrate" the voice by repeating what it says

Use Earplugs

Changes auditory input

Many report that putting in or taking out just one ear plug has helped .

Focus on the voices

Write down what they say and notice themes

Pay attention to triggers: things that occur right before the voices

Rate the voices, e.g. intensity, disruptive and look for patterns

Coping Cards

Generate balanced thoughts or coping statements that take into account alternatives. Have them handy to use when needed.

Coping with Voices: Behavioral Strategies

Reality Testing	• Can you test the belief? • E.g., if voices say your friend is angry at you, try asking that friend
Subvocalization:	• Doing tasks in your head you might otherwise use your mouth for (e.g., counting, singing under your breath)
Create list of pleasant activities	• Have it handy for when hearing voices or they get worse
Behavioral activation	• Exercise • Social activities

Coping with Voices: Cognitive Strategies

Negotiating a Time-Out with the voices (Voice Time)

Postpone listening to the voices

Ask them to go away in exchange for giving the voices your attention

Takes practice!

Thought Diary

Record the exact content of the voice, helps challenge thoughts

Think positive thoughts about yourself when the voices are around

Reframing

Explore the evidence

Problem Solving

- Define the problem
- Understand the problem
  - Was there a trigger involved? What happened right before the problem behavior?
  - What are the key problem emotions and thoughts?
  - What problem did the behavior solve?
- Come up with different solutions
- Compare your solutions (pros and cons)
- Pick the best solution
- Put your solution into action!

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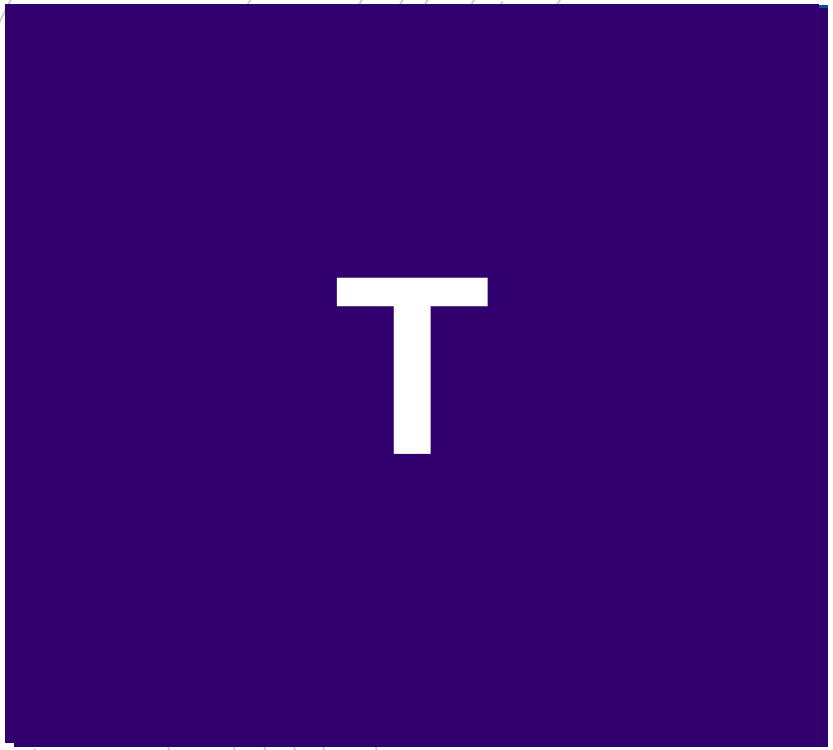

Try out the skill and get feedback

- Encourage them to practice the skill independently
- And provide feedback on how it worked

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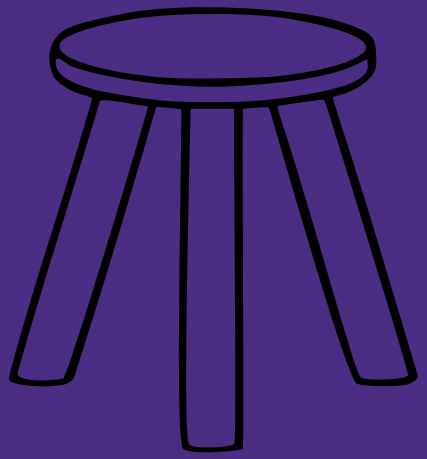
WHO delivers Psychosis REACH training and HOW is it delivered?

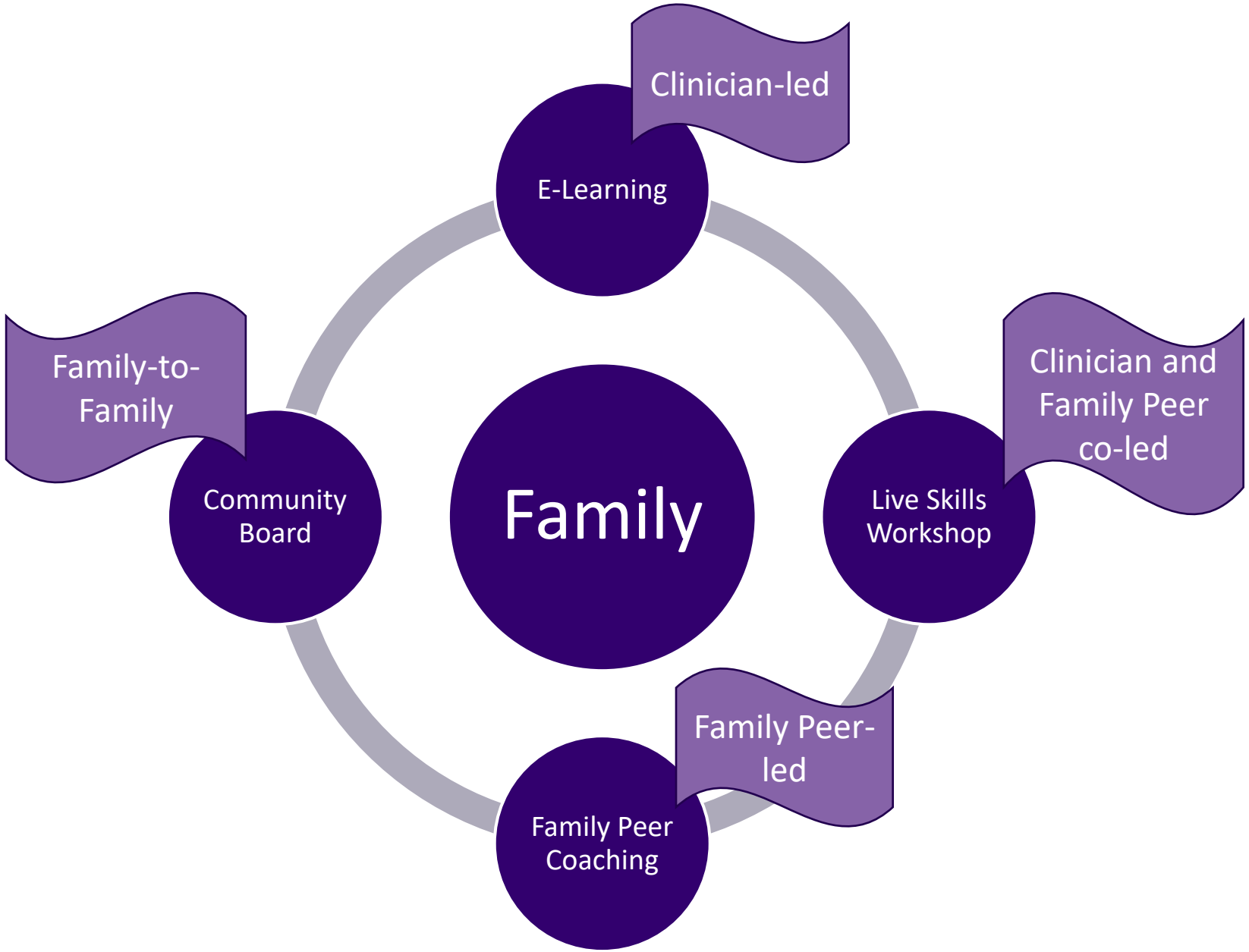
The Psychosis REACH "3-legged stool"



HOW?
Didactics via self-paced e-course
WHO?
Clinical Expert in Psychosis Treatment

HOW?
Skills Demonstrations ("Real Plays") via live Zoom workshop
WHO?
Clinician, Trained Family Peer, + Moderator

HOW?
Behavioral Rehearsal & Emotional Support via Coaching Calls
WHO?
Trained Family Peer


Clinician-led
E-Learning
Family-to-Family
Community Board
Family
Live Skills Workshop
Clinician and Family Peer co-led
Family Peer-led
Family Peer Coaching

https://www.psychosisreach.org

PSYCHOSIS REACH
Recovery by Enabling Adult Carers at Home

Home | Sign Up | Resources | FAQ | SPIRIT Center

Psychosis REACH

Psychosis REACH was developed *for* families, *with* families.

Experts in Cognitive Behavioral Therapy for Psychosis and Family Interventions teamed up with families with lived experience to develop the Psychosis REACH training model.

Psychosis REACH teaches concrete, evidence-based skills that are rooted in Cognitive Behavioral Therapy.

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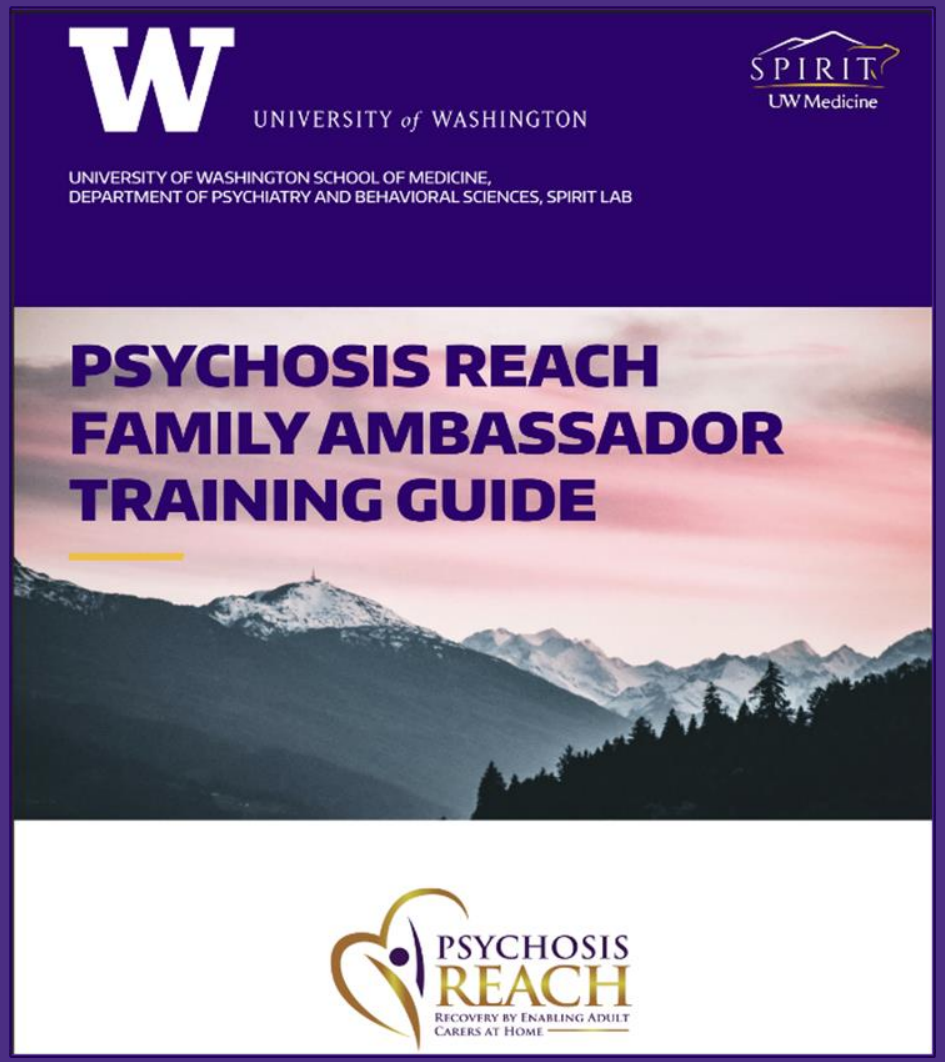
Psychosis REACH Family Ambassadors

- Psychosis REACH Family Ambassadors (pRFAs) undergo a 12-month training program using a "flipped classroom" approach

- Co-facilitate live events and work 1:1 or in small groups with families for
  - Skills coaching
  - Emotional support
  - Reinforce psychoeducation



Be in Touch!

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