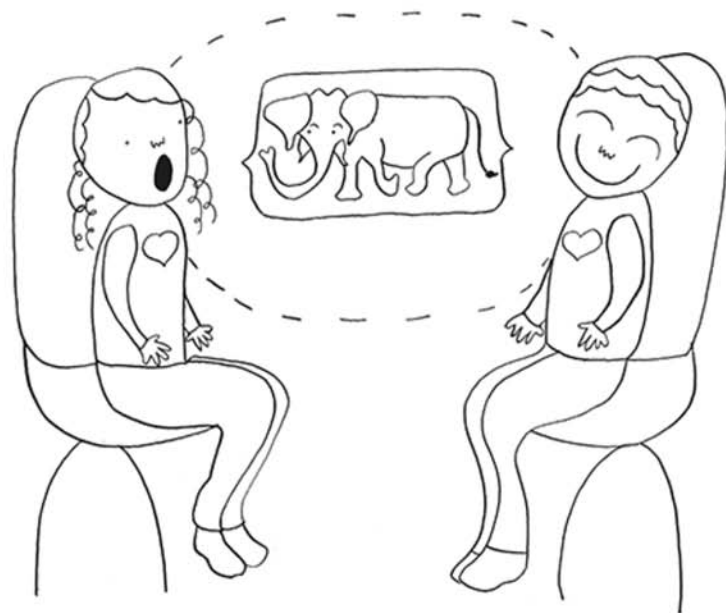


PETER TAYLOR, OLYMPIA GIANFRANCESCO
AND NAOMI FISHER

Personal Experiences of Psychological Therapy for Psychosis and Related Experiences



PUBLISHED FOR

ISPS THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL
AND SOCIAL APPROACHES TO PSYCHOSIS

ROUTLEDGE

PERSONAL EXPERIENCES OF PSYCHOLOGICAL THERAPY FOR PSYCHOSIS AND RELATED EXPERIENCES

For those struggling with experiences of psychosis, therapy can be beneficial and even life changing. However, there is no single type of therapy, and a great range and diversity of therapeutic approaches have been developed to help different individual needs, which means deciding which approach is most helpful for an individual not a straightforward choice. *Personal Experiences of Psychological Therapy for Psychosis and Related Experiences* uniquely presents personal accounts of those who have received therapy for psychosis alongside professional clinical commentary on these therapies, giving multiple perspectives on what they involve and how they work.

Presented in a clear and accessible way, each chapter includes accounts of a variety of different therapies, including Cognitive Behavioural Therapy, Trauma-Focused Therapy, Open Dialogue, and Systemic Family Therapy. The reader is encouraged to explore not only the clinical basis for these therapies but also understand what the treatments mean for the person experiencing them, as well as their challenges and limitations. The book also explores the importance of the individual's relationship with the therapist. As a whole, the perspectives presented here provide unique insight into a range of widely used psychological therapies for psychosis.

With its special combination of personal experiences and concise introductions to different therapies, this book offers a valuable resource for academics and students of psychiatry, clinical psychology, psychotherapy, mental health care, and mental health nursing. It will also be essential reading for those considering treatment, their friends and families, as well as mental health professionals, including psychiatrists, clinical psychologists, psychotherapists, and nurses.

Peter Taylor is a clinical psychologist and lecturer in clinical psychology at the University of Manchester, UK. His research includes a focus on interventions and therapy for those with experiences of psychosis as well as better understanding the causes of self-harm and suicide.

Olympia Gianfrancesco is an 'expert by experience' in psychosis, and has given talks about her experiences at conferences and on university courses. During her PhD, she researched the interaction between genes and environment in the context of psychosis. Olympia now works as a researcher in genetics at the University of Edinburgh, UK.

Naomi Fisher is a lecturer of mental health at the University of Lancaster, UK. Her research focuses on better understanding and reducing mental distress, and involves working closely alongside those affected by mental health difficulties in order to co-develop ways to promote mental health and well-being.

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ISPS (The International Society for Psychological and Social Approaches to Psychosis) has a history stretching back more than five decades, during which it has witnessed the relentless pursuit of biological explanations for psychosis. This tide has been turning in recent years and there is growing international interest in a range of psychological, social and cultural factors that have considerable explanatory traction and distinct therapeutic possibilities. Governments, professional groups, people with personal experience of psychosis and family members are increasingly exploring interventions that involve more talking and listening. Many now regard practitioners skilled in psychological therapies as an essential component of the care of people with psychosis.

A global society active in at least twenty countries, ISPS is composed of a diverse range of individuals, networks and institutional members. Key to its ethos is that individuals with personal experience of psychosis, and their families and friends, are fully involved alongside practitioners and researchers, and that all benefit from this collaboration.

ISPS's core aim is to promote psychological and social approaches to understanding and treating psychosis. Recognising the humanitarian and therapeutic potential of these perspectives, ISPS embraces a wide spectrum of therapeutic approaches from psychodynamic, systemic, cognitive, and arts therapies, to need-adapted and dialogical approaches, family and group therapies and residential therapeutic communities. A further ambition is to draw together diverse viewpoints on psychosis and to foster discussion and debate across the biomedical and social sciences, including establishing meaningful dialogue with practitioners and researchers who are more familiar with biological-based approaches. Such discussion is now increasingly supported by empirical evidence of the interaction of genes and biology with the emotional and social environment especially in the fields of trauma, attachment, social relationships and therapy.

Ways in which ISPS pursues its aims include international and national conferences, real and virtual networks, and publication of the journal *Psychosis*. The book series is intended to complement these activities by providing a resource for those wanting to consider aspects of psychosis in detail. It now also includes a monograph strand primarily targeted at academics. Central to both strands is the combination of rigorous, in-depth intellectual content and accessibility to a wide range of readers. We aim for the series to be a resource for mental health professionals of all disciplines, for those developing and implementing policy, for academics in the social and clinical sciences, and for people whose interest in psychosis stems from personal or family experience. We hope that the book series will help challenge excessively biological ways of conceptualising and treating psychosis through

the dissemination of existing knowledge and ideas and by fostering new interdisciplinary dialogues and perspectives.

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PERSONAL EXPERIENCES
OF PSYCHOLOGICAL
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*Edited by Peter Taylor, Olympia
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BRIEF BIOGRAPHIES FOR ALL CONTRIBUTORS

Alex is 38 years old and from the North of England. From the age of 17 years she has experienced periods of depression that she put down to a genetic predisposition and received counselling and Cognitive Behavioural Therapy. At 35 years old Alex had an episode described as psychosis, spent time in a Psychiatric Intensive Care Unit and then was offered Cognitive Analytic Therapy (CAT). Alex found CAT particularly helpful in understanding her responses to distress and beliefs around her given diagnosis. The understanding of distress, self-compassion, and reclaimed future engendered through Alex's experience of CAT is hoped to be of interest to all involved in the therapeutic process and those living life following experiences of psychosis. Alex enjoys running, drawing, and life.

Pekka Borchers is a psychiatrist and family therapist based in Finland. He completed his Doctor of Medicine degree in 1982 before specialising in psychiatry. He completed further specialised training in family therapy at the University of Helsinki in 1990. Pekka has a longstanding interest in the use of family therapy with individuals with experiences of psychosis, and has undertaken research into how the experiences and inner-dialogues of clinicians can affect the treatments they provide.

Annie Blake is 30 years old and from London. At 27 she had her first manic psychotic episode after a traumatic revelation within her family. She was diagnosed with bipolar disorder and spent time in a psychiatric hospital. She received cognitive behavioural therapy for psychosis which helped her greatly. Annie spends her spare time playing the ukulele and watching live world music.

Peter Andrew Chatalos is a person-centred therapist in private practice, accredited with the British Association of Counselling and Psychotherapy. He has a background in mindfulness, facilitation, philosophy and human ecology, with interests that include trauma, addiction, and resilience. He has recently been counselling at the UK National Health Service's 'Club Drug Clinic' and with 'Antidote', London Friend's addictions focused agency for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community. Peter has served as

trustee on the governing board of the Commonwealth Human Ecology Council, and is passionate about how holistic ecology can inform psychotherapy. His publications include contributions to the emerging field of eco-psychology, such as a chapter in “Vital Signs: Ecological responses to psychological crises”. He continues to be inspired by the unique resourcefulness of each person he works with.

Jon Crossley is the Lead Clinical Psychologist for the Early Intervention for Psychosis Service in Leicestershire and Rutland. He is further trained as a Family Therapist and his clinical interests include using systemic and compassion focused approaches with service users and their families. He works part-time at the University of Leicester, where he organises and jointly delivers a Foundation Level Course in Systemic Family Therapy. He is Research Lead for the family, young people and children’s service in Leicestershire Partnership NHS (National Health Service) Trust. He has supervised numerous doctoral research projects and has published several peer-reviewed papers. His current research interests include service users’ experience of hearing voices and the formulation of psychosis by staff.

Naomi Fisher works as a lecturer of mental health at the University of Lancaster having completed her PhD looking into the benefits and mechanisms of mindfulness meditation. Her research focuses on better understanding and reducing mental distress. Her research involves working closely alongside those affected by mental health difficulties in order to better understand these problems and co-develop ways to promote mental health and well-being.

Olympia Gianfrancesco experience of psychosis began at the age of 16, after being faced with a difficult family situation. She was under the care of the Early Intervention for Psychosis Service for 4 years, during which time she moved to Sheffield to study at university. Whilst in Sheffield, Olympia was introduced to the ideas of the Hearing Voices Movement, and received Cognitive Analytic Therapy. These approaches allowed her to understand her experiences with self-compassion and make a full recovery. Olympia later completed her PhD at the University of Liverpool, researching how our genes and environment can interact to influence risk of mental health conditions. She currently resides in Scotland, where she works as a researcher in genetics at the University of Edinburgh.

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peer-reviewed papers related to help seeking adolescents and psychotic-like experiences.

Jules Haley lives in London and is a volunteer counsellor. She worked through her mental distress with a person-centred therapist and now is beginning to build a life that she enjoys. Proving that ‘psychosis’ and recovery is possible for anyone, Jules hopes that this account of how therapy helped her will inspire others to take that next step in their journey towards healing and recovery.

Nick Hayes is a 45 year old teacher who has worked in schools for the last 20 years. His first experience of mental illness was when he was 25 and led to a diagnosis of bipolar disorder. Open Dialogue sessions have been instrumental in helping him back to work and back to good health. Nick spends most of his time away from work with his family, including two young children. When he finds the time, he enjoys writing poetry and prose, going to the cinema and to occasional football matches.

Jane Hutton before qualifying as a clinical psychologist in 2013, Jane worked with people identified as being ‘at-risk’ of experiencing psychosis as part of EDIE-2 (Earl Detection and Intervention Evaluation) and completed a specialist placement in Lancashire Early Intervention Service. For the last two years Jane has been working for a multi-site randomised controlled trial of Cognitive Behavioural Therapy for Psychosis. She has contributed to teaching CBT as part of the Edinburgh University Doctoral Training Programme and supervises on applied practitioner CBT courses. Her current interest is in improving access to psychological therapies for people experiencing psychosis across Scotland.

David Keane is a Senior Cognitive Therapist and accredited Eye-Movement Desensitisation and Re-processing (EMDR) practitioner. During the last 20 years he has worked in a range of mental health services across Lancashire. This has included community mental health teams, Early Intervention for Psychosis Services, crisis resolution and home treatment, inpatient services, and specialist trauma services. Currently David divides his time between the Lancashire Traumatic Stress Service and Central Lancashire Crisis Resolution and Home Treatment Services. Initially qualifying as a mental health nurse, David has gone on to attain a breadth of knowledge and experience through opportunities to study and enhance his skills in Psychosomatic Integration, Family Interventions, and Cognitive Behavioural Therapy for Psychosis and EMDR. In the last few years, David’s work has increasingly focused on collaborating to provide evidence based trauma treatments with service users who have received a diagnosis of psychosis.

James Kelly is a Senior Clinical Psychologist working at Lancashire Care NHS (National Health Service) Foundation Trust. He works within the Early Intervention for Psychosis Service and is the project manager for the Improving

Access to Psychological Therapies Severe Mental Illness (IAPT-SMI) demonstrator site. He is an honorary lecturer in Clinical Psychology at the University of Manchester. He is a co-author of *Cognitive Behavioural Suicide Prevention in Psychosis* by Routledge and has published numerous peer-reviewed papers. Last year, James developed a mobile application, in collaboration with the University of Chester and the Hearing Voices Network, to improve understanding and empathy about voice hearing. His current clinical and research interests include cognitive therapy for psychosis, with a special interest in developing care pathways for negative symptoms, suicide prevention, and using mobile technology to deliver cognitive behavioural strategies in the course of everyday life.

Siobhain Koch is a team leader and clinical co-ordinator in an Early Intervention for Psychosis Service in the North West of England. Siobhain completed her degree in nursing studies in 1997 and has since undertaken further training in counselling and Cognitive Behavioural Therapy. She has previously worked as a Community Psychiatric Nurse in mental health settings including within a Community Mental Health Team. Siobhain's professional interests include psychosis, social functioning and recovery, maternal mental health, and carer's experiences. Outside of work, Siobhain enjoys yoga, music, travel, and time with family and friends.

Amanda Larkin is a clinical psychologist who works delivering psychological therapy across the research trials that are being conducted at the Psychosis Research Unit in Manchester. Amanda completed her Clinical Psychology doctorate training at the University of Edinburgh, from 2013 to 2016. She worked on placement for NHS Dumfries and Galloway in the southwest of Scotland. During this time, she began to develop her interest in working with people who experience psychosis, and undertook her final year specialist placement working on an inpatient mental health ward, and delivering CBT for psychosis on an outpatient basis. Amanda has a strong interest in working with families, and has received training to deliver Behavioural Family Therapy (BFT). Amanda has also worked with the charity Support in Mind in Scotland to complete a report on the experience of living with a diagnosis of schizophrenia or psychosis in Scotland.

Mystic Leaf is a 31 year old British Asian female. From the age of 24 years she began to develop psychotic symptoms whilst in a stressful job as a junior doctor. These symptoms increased in severity as she struggled with interpersonal issues such as trying to find a romantic life partner and the loss of her career and earning potential all within the context of a traditional Indian community with traditional values. She experienced both Cognitive Behavioural Therapy and Compassion Focused Therapy from two clinical trainee psychologists, as well as Family Therapy. In particular, she connected with the compassion focused approach best. Mystic Leaf is keen to talk openly about her experiences and

has done so at a Psychosis conference and is also involved in teaching clinical psychologist trainees by speaking about her experience. Mystic Leaf is currently progressing in the field of charity retail and enjoys watercolour art and listening to music in her spare time.

Paul-Newell Reaves is a poet and educator from Washington, DC. He is owner and co-editor of defenestrationism.net where he reads for twice annual fiction contests. As a member of the Mad Pride community, he is honoured to be a part of this book. He hopes his story will enable other people who have experienced psychoses to consider psychodynamic therapy. He wishes you peace and contentment.

Rebecca (Becky) is 24 years old and lives in Preston. She has had a lot of bad life experiences, such as being bullied her whole school life, and being sexually abused by her uncle when she was 16. She found before treatment that she needed help, and the Early Intervention for Psychosis Service did just that. It took a lot of hard work and commitment for her to go to therapy every week, but she did go. Becky received a modular Trauma Focused Therapy, including elements of Eye-Movement Desensitisation and Re-processing therapy and Cognitive Behavioural Therapy. Therapy meant that she had to relive very difficult past experiences of abuse. With the patience and support of the therapist, Becky was able to do this. Since she has been discharged from the Early Intervention for Psychosis Service, she has started a new job role as an activities co-ordinator in a dementia care home. Becky has also started her National Vocational Qualification (NVQ) level 3 in health and social care, and her NVQ level 3 in activities. Things are looking better for the future, as she wants to become a paramedic. Becky feels she is getting her life back to some kind of normality, but to get fully back it will take some time.

Junaid Sarwar is 29 years old. He was 18 when he started having headaches, low moods, and feelings of fatigue. After 6 years of problems, at the age of 24, he became so ill that he was referred to the Early Intervention for Psychosis Service. The staff who came to assess Junaid told his parents that he needed medical help and diagnosed him with psychosis. Junaid received various types of help from his clinical team including Cognitive Behavioural Therapy. Junaid has also participated in a football group organised by his service which included other people who had psychosis. Junaid has since successfully completed a National Vocational Qualification, Level 2 Apprenticeship in Business Administration. He has gone on to work as a secretary for mental health services within the National Health Service. Junaid feels his progress has been amazing and believes his family played a crucial part in his recovery, as well as the support and hope he received from the clinical team, which was life changing.

Claire Seddon is a Consultant Clinical Psychologist within an Early Intervention for Psychosis Service at Mersey Care NHS Trust, UK. Claire has over 15 years'

experience working with individuals experiencing psychosis. Claire's clinical experience involves working with clients and families to help make meaning of distressing experiences, drawing on a range of psychological approaches. Claire is an accredited Cognitive Analytic Therapy (CAT) practitioner and is involved in research to develop the evidence base for CAT with psychosis. Claire is an honorary teacher and holds a research honorary appointment at The University of Liverpool.

Alison Summers is a psychodynamic psychotherapist and general psychiatrist, currently working in part-time psychotherapy posts in the UK National Health Service with Lancashire Care Foundation Trust and in the voluntary sector with the charity Freedom from Torture. She is co-editor for the International Society for Psychological and Social approaches to Psychosis (ISPS) book series and past current chair of the UK ISPS network. Alison has previously worked for over 10 years as a consultant psychiatrist in an Early Intervention for Psychosis Service in Lancashire. She has a particular interest in the use of psychodynamic approaches with people experiencing psychotic and related difficulties, and has published a number of papers in this area.

Peter Taylor is a Clinical Psychologist and lecturer in clinical psychology at the University of Manchester. His research focuses on understanding the causes of self-harm and suicide, including what contributes to these problems in those who experience psychosis. Peter is also interested in interventions and therapy for those with experiences of psychosis, and has undertaken research looking at Cognitive Behavioural and Cognitive Analytic Therapy for psychosis. He is an advocate of greater involvement of Experts by Experience in teaching, research and clinical practice.

Joanna Ward-Brown is a clinical psychologist and has recently started a new role as an inpatient and community mental health team psychologist in Bolton, England. Before that she worked at the Lancashire Early Intervention for Psychosis Service from 2012 to 2015. Jo has particular interests in attachment, trauma, and psychosis and has recently completed a specialist secondment at Lancashire Care traumatic stress service which focused on trauma-focused Cognitive Behavioural Therapy and Eye-Movement Desensitisation and Re-processing within a phasic treatment approach. She is currently working with service users who have received these approaches to support them to become involved in training and research. Jo teaches on the Manchester clinical psychology doctorate and is involved in research on trauma and psychosis.

Yarburgh lives in the UK and struggled with experiences of psychosis for much of his early life, and received Cognitive Behavioural Therapy (CBT) as part of a trial looking at the benefits of CBT for psychosis. He now works with clinicians and researchers to help improve the way we support and help people with psychosis.

Zara Zaks is in her mid-20s and has struggled with repeat experiences of psychosis since she was in her late teens. Over this time she has had various interventions including counselling, Cognitive Behavioural Therapy, Cognitive Analytic Therapy, and Family Therapy. She is now stable on medication and is holding down a full time job. Zara is passionate about reducing mental health stigma and keeps a mental health blog. In her spare time she enjoys illustration, live music, and collecting vintage photographs.

INTRODUCTION TO THE BOOK

Peter Taylor and Olympia Gianfrancesco

Overview

The main goal of this book is to give an overview and introduction to a variety of different psychological or ‘talking therapies’ that are aimed at helping people who are struggling with experiences of psychosis. We do this in two ways: 1) by sharing the first-hand experiences of individuals who have received these therapies; and 2) by sharing therapists’ accounts of the therapies they provide. In this first chapter, we aim to give a general introduction to the book. In particular, we explain some of the terms used in the book, including ‘psychosis’ and ‘psychological therapy’. We also give a rationale for the book and discuss who may benefit from reading it. Lastly, we consider the benefits of looking to first-hand accounts in order to learn more about a therapy, and also some of the challenges in doing this.

What do we mean by psychosis?

The word ‘psychosis’ does not refer to one thing, but in fact covers a broad range of very different experiences. A number of these involve some sense of being out of touch with the world around us. For example, some experiences associated with psychosis include hearing voices that others cannot hear, and having strongly held, unusual beliefs or ideas that appear to be unsupported or excessive (British Psychological Society [BPS], 2014; Freudenreich, 2007). These experiences may be distressing for some people, but not necessarily for everyone. Unfounded or excessive fears that others will hurt you or wish you harm, usually called paranoia, are another common experience of psychosis. Psychosis can also include a loss of motivation (avolition), and social or emotional withdrawal.

Traditionally, these experiences have been linked to particular psychiatric diagnoses, most commonly, schizophrenia. However, in recent years there has been much debate about how valid or helpful these diagnoses are (Bentall, 2017; BPS, 2014). There is now evidence that many experiences of psychosis exist on a continuum (e.g. Shevlin, McElroy, Bentall, Reininghaus, & Murphy, 2016), and that experiences of psychosis are common, to a greater or lesser extent, across the

population, including people whom we would normally say are mentally well and people who might traditionally be seen as mentally unwell. In this chapter we refer to psychosis, rather than to a specific diagnosis, for the same reasons. One implication of seeing psychosis in this way is that it suggests that, for many people, psychosis is not a problem. Some people may hear benign or even supportive voices for example, which do not negatively affect their lives or how they feel. However, for other people, psychosis can be very difficult and disruptive. For some, the psychosis itself may not be their main problem, but the way it affects their lives. For example, it may prevent them going outside, meeting people, doing the things they would like to. It is not uncommon for people struggling with their psychosis to feel anxious or depressed at times. As a result, therapies that are designed to help people with psychosis may focus on the experiences of psychosis itself, but may also focus more on related problems, such as low self-esteem or low mood.

It is important to note that there is still much debate around the idea of psychosis, and some people would question the definition we give above. Some would argue against the use of the word ‘psychosis’ at all, due to the psychiatric connotations and the stigma that can become linked to such words. We feel the term ‘psychosis’ is helpful in outlining a set of particular experiences (e.g. hearing voices, paranoia), but would agree that it has its limitations. Here we have given a relatively brief definition of psychosis, and we would suggest that those interested in knowing more about it do further reading on this subject or talk with a health professional about this (for example see BPS, 2014).

What is psychological therapy?

As with psychosis, there is no single thing called ‘psychological therapy’. Instead, a wide range of different types of therapy exist. What many have in common is that they rely on conversation between the therapist and the client as a means of bringing about improvements in the client’s problems (although some approaches such as art therapy are a little different, in that they do not rely on conversation). Some individuals may be sceptical about the idea that simply talking about their problem could bring about any meaningful improvements in the problems they are facing. However, it is common for people to discuss their difficulties with supportive others (e.g. friends, family), and such conversations have the potential to be helpful, changing how a person feels, or how they see their problems. Thus, the idea that conversation alone can be helpful does not seem so far-fetched. Also, for many therapies, the conversations that take place in therapy serve the purpose of trying to bring about a change in a person’s day-to-day life, such as in the way they cope, interact with others, or think about themselves and the world around them. Through such day-to-day changes, improvements in a person’s problems can emerge. Different therapies make use of a variety of different techniques and tools to help achieve improvements for the client.

Psychological therapy in psychosis

Over recent decades we have seen a growing recognition of the value of psychological therapies for people who are struggling with mental health difficulties. Research has steadily grown into understanding how these therapies can and do help many individuals with a wide range of different problems, from depression to anxiety, to problems with using substances or alcohol (e.g. Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Linde et al., 2015). The growing recognition of the value of psychological therapy has also extended to psychosis. This has been aided by increasing evidence that psychological mechanisms such as differences in the way individuals perceive others and the world around them, reach conclusions, cope with difficult feelings, or think about their problems, may be important to understanding their experience of psychosis and the associated distress they feel (e.g. Bentall et al., 2014; Dudley, Taylor, Wickham, & Hutton, 2015; Freeman, Garety, Kuipers, Fowler, & Bebbington, 2002). We have started to see evidence that talking therapies do have a role to play in helping people who are struggling with psychosis (BPS, 2014), including specific psychosis-related experiences like hearing voices (e.g. Thomas et al., 2014). One good example of this is that psychological therapies are now recommended as a front-line treatment for people with experiences of psychosis in some national guidelines (e.g. National Institute for Health and Care Excellence, 2014).

This is not to suggest, of course, that there is no longer any controversy around the use of psychological therapy for psychosis. Many people still dispute the value of such therapies, and debate continues (Kinderman, McKenna, & Laws, 2015). Nonetheless, our own perspective is that evidence coming forward from trials and research studies suggests that psychological therapies can help people who are facing problems associated with psychosis. However, debate remains about which therapies are most effective for experiences of psychosis, or which aspects of a particular therapy are most important in helping clients. Different therapies may look similar to the individual receiving them. Alternatively, the same therapy may be practised differently depending on the therapist, and the same therapist may alter their way of working for different clients even whilst using the same therapy model. Moreover, there is evidence that the relationship between client and therapist is particularly important in determining the outcome, irrespective of the type of therapy being used (e.g. Goldsmith, Lewis, Dunn, & Bentall, 2015; Horvath, Del Re, Flückiger, & Symonds, 2011).

The challenge of choice

The growing recognition of the value of talking therapies for mental health problems has led to an explosion in the range of different talking therapies that are available. This has been the case for therapies for psychosis, as with other types of problems. Whilst for some, the possibility of having a choice between different