



Talking Treatments

Having someone to talk to is an important part of treatment and recovery. This may vary to suit the individual and the nature of their experiences. For example, at a time when a person is hearing distressing voices or having upsetting thoughts which are causing disruption to their lives and themselves then they may just simply want someone to talk to who understands and can provide reassurance. People might also want to learn coping strategies to enable them to manage and gain control over their experiences. Once someone feels more in control of these experiences or they have lessened or stopped altogether, some might have questions such as 'why me?' or 'what was that all about?'. Some people find it helpful to talk to friends or family but sometimes talking to someone who is not involved in their personal lives can be easier. Working together with a therapist or other health professional can help a person gain an understanding of their experiences in a way that makes sense to them.

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (or CBT for short) is one particular type of talking treatment that has been proven to help people with lots of different experiences and difficulties. It is a way of helping people to cope with stress and emotional problems. It looks at the connections between how we think, how we feel and how we behave. It particularly concentrates on ideas that are unhelpful. These often undermine our self-confidence and make us feel depressed or anxious. Looking at these unhelpful ideas can help us work out different ways of thinking and behaving that in turn will help us cope better. It helps people to learn new methods of coping and problem-solving, and offers specific interventions or techniques to help overcome difficulties which people can use for the rest of their lives. It may not make voices or beliefs just 'disappear' but what it can do is reduce the anxiety, distress or fear that they sometimes cause by changing the way we think about them.

CBT has two main driving assumptions:

- It is not what happens to you but what you make of that experience that matters.
- What you do or how you act effects what you think and how you feel.

CBT tends to look at the "here and now" issues rather than focusing on things from the past. However, although it does not need to be a dominant part of therapy, it's sometimes useful to look at how or why the problem developed to help come up with solutions. For example if you broke your leg it might be important to find out how you did it to prevent you from doing it again. In CBT the focus is on the solution of the

problem, but a bit later into the therapy it might be useful to explore earlier life experiences that might have influenced the development of particular ways of thinking or behaving.

In CBT people take an active part in therapy and work closely with their therapist to form a joint understanding of what is happening for them. They might be asked to carry out "homework" between sessions. For example they could be asked to keep a diary of their thoughts, feelings and behaviours in the situations that they find stressful. This can then be discussed in detail with the therapist. Tasks are set to test beliefs or thoughts that might be maintaining the problems or difficulties.

Therapy focuses on the presenting problem that *you* want to deal with. Sometimes this will be a single difficulty or complex mix of difficulties. A problem list made together with your therapist which helps provide a focus for therapy. Set alongside this list are some realistic goals that you



would like to reach by the end of therapy. Although set at the beginning of therapy targets are flexible and constantly under review. Therapy is paced at your rate so as not to move too fast or too slow. The number of sessions is usually agreed at the beginning of therapy with the aim of having a review after these to see how things are going. More sessions can then be agreed if this is what you would like. The number of sessions needed varies with individual need.

CBT is only one type of talking treatment that is currently recommended as the model to use for people with psychotic experiences. There are however other different talking treatments and it might be helpful to talk to your therapist or mental health worker to see which one would best suit you.

Talking treatments can take place on an individual basis or in group settings.

Group Interventions

Group interventions work with similar concepts and approaches to therapy on an individual level. Again the interventions can be tailored to meet the needs of the individuals attending the group. A few examples might be: Managing anxiety, overcoming low mood, increasing self esteem and assertiveness or coping with hearing voices. There are many benefits of talking and sharing experiences in a group environment. For example being with people who might have had similar experiences to you will help you feel you are not alone. Such groups are a place where you can feel safe, supported and understood and perhaps feel more relaxed with no pressure to

talk if you don't want to. It is an opportunity to pick up useful strategies and share ideas and they can help improve your own self confidence too. They are also an opportunity to socialise, meet different people and hopefully make some new friends along the way!

Relapse Prevention

Another helpful part of treatment is called relapse prevention. It may be the case that the same distressing experiences never come back again. However there is a possibility that, in the future, if you are in a similar position with increased amounts of stress, that you may react in a similar way. Relapse prevention helps people learn to identify and recognize early warning signs of a possible return of their distressing experiences and develop practical and emotional coping strategies (such as stress management, knowledge of who to contact and where to get help etc) to form their own individual action plan. This will help prevent any further difficulties in the future or certainly to minimise the potential of them happening again.

Family Interventions

A persons first experiences of psychosis can be just as bewildering, confusing, frightening and distressing for relatives as close friends as for the person themselves. Important and significant people close to the person play a vital role in supporting and helping a person who have experienced or are experiencing psychosis. Working together with those close to the person can substantially reduce the chances of relapse and improve rates and speed of recovery. It aims help families cope better with there own emotions during a difficult time and facilitate helpful communications in relationship which might have changed due to the person's different experiences and views of the world and others.

Again timing of this is crucial and different types and levels of support and/or therapy might be needed at different stages.



Support to relatives could include:

- Provision of psycho-education about mental health
- Provision of psycho-education about medication and side-effects
- Direction to services available to support them and facilitation for access to relevant agencies
- Information about respite and social support
- Information about NHS appeals and complaints procedures
- The offer of a carer's assessment

Working with family members can be done with or without the person present depending on the situation and preferences of that person. Although it is proven to be an effective and beneficial way of working in psychosis recovery, it is appreciated that people do have very different family circumstances and therefore it does not have to be compulsory.

Practical Assistance

An important and integral part of treatment is assistance with day to day living. Support with keeping up or getting back into education or work, arranging accommodation, sorting out benefits, obtaining relevant finances and maintaining social lives. These are all things that an Early Intervention Team can help with.