Back to Life, Back to Normality
Cognitive Therapy, Recovery and Psychosis

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Aaron T. Beck
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Foreword

Cognitive therapy (CT) of psychotic disorders such as schizophrenia has grown and developed dramatically over the last ten years. In the UK, the National Institute for Health and Clinical Excellence (NICE, 2002) recommends that CT should be made available for all people suffering with schizophrenia, particularly those with persistent hallucinations and delusions, lack of insight, and poor concordance with antipsychotic medication. However, the interest in cognitive therapy for psychosis goes beyond the UK. The USA, Canada, the Netherlands, and Australia have well-developed research programs in this area and Brazil, China, Germany, Japan, Scandinavia, and Spain are all showing an increasing interest in this approach.

Unfortunately, despite growing interest, access to CT by people suffering from psychosis is limited largely due to a shortage of suitably trained therapists. Now, this current volume by Turkington and colleagues attempts to bridge this gap by providing guidance on self-management of psychosis. Written specifically with psychosis sufferers and carers in mind, the book allows those experiencing psychosis and their carers to understand and apply the basic concepts of CT for psychosis.

The book contains many nuggets of commonsense wisdom, which, when applied, will begin to help. Until now carers, friends, colleagues, and those suffering with psychotic symptoms have only really had the option of referring to psychiatric textbooks to try to find out how to help themselves or their loved ones with psychosis. This book provides a straightforward and practical guide for carers, helping them know what to say and what to do. The book aims to increase their understanding of how the psychosis started and also which factors worsen symptoms or increase the likelihood of relapse. They will also learn how to help symptoms settle and delay or prevent relapse. This text illustrates how common psychosis is and how people's lives can be restored using CT.

In addition, this book provides an excellent resource for mental health professionals working with patients with schizophrenia. Not only can this book be used to support ongoing cognitive therapy of psychosis, but it can also be used by clinicians working in a variety of settings who wish to introduce patients to this approach prior to a trained cognitive therapist.
being allocated. This book can be used by mental health professionals as needed, even in briefer appointment settings. Single chapters can be given to individuals experiencing psychosis and can be worked through systematically. There is space for self-reflection and comment, with exercises to help sufferers understand their symptoms, explore their own beliefs and feelings, and reflect on the way they cope.

I am proud to give this book my personal endorsement. The authors have long experience of CT for psychosis and have now written a text to make that experience available to all.

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REFERENCES

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We would like primarily to acknowledge all those currently experiencing psychosis for all they have taught us. We acknowledge those carers and friends who have for so long shown such patience and dignity with mental health services that have not always recognized their potential role as co-workers on the road to recovery from psychosis. We acknowledge the work of Marius Romme and Sandra Escher who started the move towards the destigmatizing of psychosis through the establishment of the Hearing Voices Network.

Beck’s breakthrough in cognitive therapy (CT) was elaborated and more fully applied to patients with psychotic symptoms by the British School. Simultaneously, in the early 1990s several British investigators developed viable cognitive models and effective interventions based on the principles of CT. Acknowledgments need to go to the following: Birmingham (including Max Brichwood, Val Drury, and Peter Trower), East Anglia (David Fowler), Glasgow (Andrew Gumley), Liverpool (Richard Bentall, Peter Kinderman), London (Daniel Freeman, Phillipa Garety, Elizabeth Kuipers, Craig Steel, Emmanuel Peters), Manchester (Christine Barrowclough, Paul French, Gillian Haddock, Tony Morrison, Nick Tarrier), Newcastle (Pauline Calcott, Steve Moorhead, Jan Scott), Southampton (Paul Chadwick).

On the international stage the following cognitive therapists have established CT for psychosis services and research programs within their own domains. We acknowledge their vision and energy. In Australia, Pat McGorry, Alison Jung, and Paddy Power integrated CT in their early intervention programs. In Brazil, Anna Maria Serra has set up CT of psychosis training workshops. In Canada, Jean Addington in Toronto has manualized CT for Early Intervention services, Neil Rector has worked on the CT of negative symptoms, and Tania Lecompte has developed and researched a manualized group program. In China, Dr. Li of Capitol University is running a randomized controlled trial of psychiatrists using CT with patients with schizophrenia. In Germany, Tania Lincoln is researching CT for psychosis. In Italy, Antonio Pinto described the benefits of CT when combined with clozapine. In the Netherlands, Mark Van Der Gaag has designed and researched CT interventions for psychosis. In the USA, Neil
Stollar is working to integrate biological and cognitive models. Corinne Cather, David Penn, Eric Granholm, Yulia Landa, Paul Grant, Page Burkholder, and Mike Garrett are progressing the understanding and practice of CT for psychosis in their own centers.

We acknowledge the work of all those mental health professionals who have for so long, and often in isolation, struggled to improve the lot of their psychotic patients. Hopefully this text will help to support their work.

Finally, we must acknowledge the father of CT, who has been an inspiration to us all: Aaron T. Beck, who in 1952 wrote the original paper describing the successful treatment of a patient with paranoia using CT. Dr. Beck continues to take a leading role in progressing the practice of CT for psychosis, integrating these strands of research in his annual CT of psychosis conference.

REFERENCES

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