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# Back to Life, Back to Normality Volume 2

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CBT Informed Recovery for Families  
with Relatives with Schizophrenia  
and Other Psychoses

Edited by

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## Endorsements

At the Schizophrenia Society of Ontario we recognise and understand the challenges many caregivers experience when trying to care for and support a family member living with schizophrenia.

Caregivers are motivated and want to do their best but often don't know how and don't have the resources they need. Many caregivers have shared their feelings of being overwhelmed, helpless and hopeless.

Through our partnership and work with Dr Turkington, we were able to collaborate on a new and exciting initiative for caregivers, which has culminated in the creation of a one-of-a-kind, practical skill building programme, Cognitive Behaviour Therapy for Psychosis (CBTp): Informed Training for Caregivers.

In the spring and fall of 2016, CBTp: Informed Caring for Caregivers training was delivered in Ontario, Canada, which we facilitated alongside Dr Douglas Turkington. The caregiver training, offered through a two-day introductory-level workshop and a five-day intensive workshop, provides family members with new skills and tools which can improve caregiver support and resilience and enhance communication between the caregiver and their family member.

The feedback we received from caregivers tells us that we have successfully addressed a critical need. Caregivers told us that the training taught them practical skills and tools which they could now apply to their own circumstances and goals. This newfound knowledge has helped them to have more empathy for their family member and listen more effectively, and has helped caregivers make sense of their family member's experiences. Caregivers also told us that they experienced a sense of empowerment and hope for the future at the end of this training.

We are delighted with our collaboration with Dr Turkington and believe the impact of this initiative has been life changing for caregivers.

*Mary Alberti, CEO  
Schizophrenia Society of Ontario*

## Testimonials

‘Since the program I have used the techniques with my family member. It’s easier now to recognize their triggers, and understand their beliefs and thoughts. There is still a lot of information for me to go over but I believe that my family member can get better and live well.’

‘Listening to my son was worthwhile, with no judgement, no advice, no ridicule. He told me later, when he was well, that he was aware that I was listening to him, and that it was very helpful to him. Now that he is doing better, I suggest ways to test his reasoning if it seems off. He is often able to see the logic.’

‘In the past a professional had to encourage our family to learn how to ‘talk’ with our family member but our family lacked the skills and knowledge on how to do this – never knew what it was. CBTP training provided an opportunity to see from a different perspective and changed my way of thinking.’

‘Recently my son was experiencing a lot of anxiety – in the past I would not have known what to say or how to support him ... I felt helpless. Through my CBTP training [I] was able to apply some of the communication techniques I learned and retained from my training and was able to communicate with him in a supportive manner. Later my son turned to me and said, “Thanks Mom – I feel a lot better.” I felt so empowered and positive.’

‘The training helped me to develop my own awareness and confidence building of awareness of “what to do and say” and “what not to do”.’

‘Prior to taking the CBTP training I was unable to cope much longer with my family member, was exhausted and ready to run away. I registered for the two-day training which I found to be “really amazing” and was so taken and energized by the training I registered at the last minute for the five-day training. Since taking the training and applying some of what I learned my son has begun to open up to me. I am now committed to building on my CBT knowledge. My son recently said, “Mom there’s no point in talking to you because you never listen” to which I stopped and replied “you’re right – I haven’t been listening” – remembering and applying some of the techniques I learned in the training – use short responses and learn to listen. My son then opened up and began talking!’

‘Personally it provided me with hope in general and hope of effective treatment for people who were not doing well just taking meds alone – needed talk therapy for trauma.’

‘Fabulous front line training for family members! Loved the role playing, small group size of the five-day training, interacting with others attending, networking, listening to and learning from other people’s experiences, learning and becoming more knowledgeable on CBT.’

‘Following the training I decided CBT could most definitely help my loved one and I was able to locate a CBT professional in private practice for my loved one. My loved one is now receiving CBT weekly and is very engaged in her treatment and sessions. I have now found hope.’

‘Hope, Recovery, Befriending, and Normalizing is what I took away from Dr Turkington’s two and five day intense hands on training about Cognitive Behaviour Therapy for Psychosis (CBTP) for caregivers. The CBTP training gave me the understanding of my son’s

x	Testimonials
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illness with Schizophrenia and I became more **Confident** within myself. My son and I have a strong relationship now and he trusts me! CBTp informed training for caregivers is such a **Life Changing** program and [I] believe so strongly in [it], that I am now a volunteer with the Schizophrenia Society of Ontario (SSO) to advocate for Dr. Turkington’s Informed CBTp training for carers and to help others’.

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## Foreword

Cognitive therapy principles and techniques are being increasingly applied beyond the arena of expert therapy. Correcting distorted thought processes and modifying our unrealistic beliefs about the self and others are important approaches which can be deployed across the span of human interaction. They can be applied within a marriage, in the boardroom or within a complex international negotiation. This volume examines how cognitive therapy approaches can be used by family members and caregivers of those with persistent psychotic symptoms and poor social functioning. Caregivers and those in close contact with individuals suffering from psychosis are optimally placed to catalyse recovery as they spend much more time in the company of their loved one than any mental health professional. Additionally, the volume aims to help caregivers use cognitive approaches to improve their own emotional health and balance their activities.

This book realistically and empathetically discusses the experience of psychosis and broadens the reader's understanding of the nature and persistence of psychotic symptoms. The authors focus on the importance of communication and indicate the optimal styles when interacting with individuals diagnosed with schizophrenia. Detailed information is given regarding how to care for a relative with paranoia, as well as effective coping strategies. Finally, novel areas such as how to help with visions and traumatic experiences are explored.

The result is a book which will be welcomed by caregivers, friends and family members. It will also serve as a tool for students learning cognitive therapy for schizophrenia and other forms of psychoses. I am happy to warmly endorse and recommend this book for professionals and consumers alike.

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## Preface

This volume follows on from our previous book *Back to Life: Back to Normality: Cognitive Therapy, Recovery and Psychosis* which was published in 2009 by Cambridge University Press. The book was written for carers of those with schizophrenia, for those suffering with psychosis and as a primer for interested mental health professionals. The book was well received and the present volume further develops the concept of CBT informed caring as a safe and viable catalyst for recovery. Carers and friends spend more time with the person with schizophrenia than psychiatrists, psychologists, psychiatric nurses, social workers or occupational therapists. As such they are in a unique position to help deliver a carefully constructed treatment plan. We know that the prognosis is good in 60 per cent of people who develop a first episode of schizophrenia. At long-term follow-up over 20–30 years later 25 per cent will be fully recovered and 35 per cent will be very significantly recovered and living virtually independently. The question is why does it seem to take so long? Can recovery not be achieved earlier in the course of the disorder? Numerous factors can hinder recovery including stigma, poor concordance with medication, excessive medication, substance misuse, social isolation and lack of opportunity within the community. For carers, friends and sufferers who are starting to glimpse the prospect of recovery this book will give much needed insights and very practical guidance. For those who struggle every day with the distress of unrelenting hallucinations, paranoia and low motivation this book may provide techniques to reduce distress and improve quality of life. We need always to be aware of ‘red flags’ which indicate that we need to reach out for expert’s help in the form of a crisis team or emergency department and a number of these ‘red flags’ are mentioned in the text. Our services are evolving with psychosis pathways being set up which attempt to organise early intervention with personalised care packages delivering evidence based treatment. Cognitive behavioural therapy (CBT) and family therapy are evidence-based treatments which will be considered along with antipsychotic medication which remains the mainstay of effective treatment. The mental health service may decide to deliver low intense CBT techniques or organise for a full course of expert CBT for your family member with schizophrenia. It is important to find out the exact elements of the care that is being organised. You should let your key worker know that you are attempting to deliver CBT informed caring to enhance the treatment being offered. Unfortunately, there are many locations where not only is a CBT or family therapist hard to find but so too is a regular appointment with a mental health professional. This book adds to the others available which attempt to give guidance in the face of under-funded mental health provision. If you do find an approach or style that seems to be beneficial, then do continue to practice and work with it and take advice as to the next steps at your following appointment.

Many gems await the reader in the pages that follow.