Psychological Groupwork with Acute Inpatients

"Cognitive Behaviour Therapy Groups in Acute Inpatient Settings"

Dr Steven Livingstone
Clinical Psychologist

Institute of Psychiatry, King's College London
PO77, Room 2.11, Department of Psychology, Henry Wellcome
Bldg, Institute of Psychiatry, De Crespigny Park, London SE5 8AF
Telephone: 020 7848 0334 Fax: 020 7848 0334

Email: steven.livingstone@iop.kcl.ac.uk

Website: www.perceive.iop.kcl.ac.uk

Why offer CBT groups to inpatients?

Response to an unmet need:

• The Care Quality Commission reported that less than half of the 52% inpatients wanting psychological therapies received any (Sept, 2009).

• The NICE guideline on Schizophrenia (update, 2008) recommends that CBT should be offered to people with a diagnosis of schizophrenia.

• Shortage of trained therapists and time constraints mean widespread 1:1 CBT for inpatients is unlikely to be possible. A possible solution = group CBT for inpatients

Advantages of group CBT

- CBT was originally developed as a 1:1 therapy, but there may be certain advantages of the group format:

(i) Normalisation & peer support: meeting people who have similar difficulties to their own.

(ii) Peer feedback: people often make assumptions about how they are seen by others (usually negative), and the group can be a good opportunity to challenge that.

(iii) An opportunity to test out new behaviours

What is a CBT group?

- CBT groups on the other hand may vary in their specifics, but will share key CBT principles:

(i) The focus is on the here-and-now.

(ii) There is a clear focus on a specific problem, and the intended outcome is predefined.

(iii) The group seeks to make links between thoughts, feelings and behaviours, and to come up with ways of testing out new thoughts and behaviours.

(iv) The group is time limited and goal oriented.

(v) The group is closed and there are limited number of sessions where each session builds in the last.

Procedures

- The fact that there are a number of sessions where each session builds on the last can be difficult in an inpatient setting.
- The number of sessions should not be more than 4.
- Clients can come back to the ward to finish the group (if they want to).
- Might run it on a month on month off basis (depending on whether there were enough clients to focus on the specific issue identified)

Procedures

- Number: between 6-10 participants is ideal. 3 would be the minimum.
- Inpatients typically find it hard to concentrate for more that 30-45 mins.
- People with organic neurological disorders, or severely disruptive people (e.g. current acute mania) would usually be excluded.
- In general, a degree of homogeneity is preferred, as this makes it easier to focus on problems that are relevant to everyone in the group, and enhances empathy and identification within the group.

Group work

- ## Open minded, neutral approach
For example, about the usefulness of medication, what causes hearing voices, etc.

- ## Normalising rationale
A theme throughout the group is the idea that a lot of people have mental health problems it's how you cope with them that's important

- ## Encourage dialogue
The point isn't to change people's mind, it's to give them the chance to talk about it

Hearing Voices Group

- 20-50% of people with a diagnosis of schizophrenia continue to hear voices despite taking medication (Newton *et al.,* '05)
- Especially for people who have long term, distressing auditory hallucinations
- Organised into different themes each week

Session 1: Sharing information about voices

Aims:

- Discuss the experience of hearing voices – what is it like?

- Introduce the normalising rationale.

- Discuss different models / explanations for hearing voices.

Session 2: Methods of coping

Aims

- Discussion of stigma and labelling.
- Methods of coping
  - Identify coping strategies, practice new ones
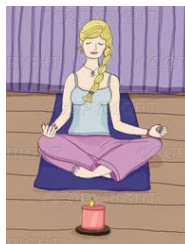- The role of medication and recreational drugs.

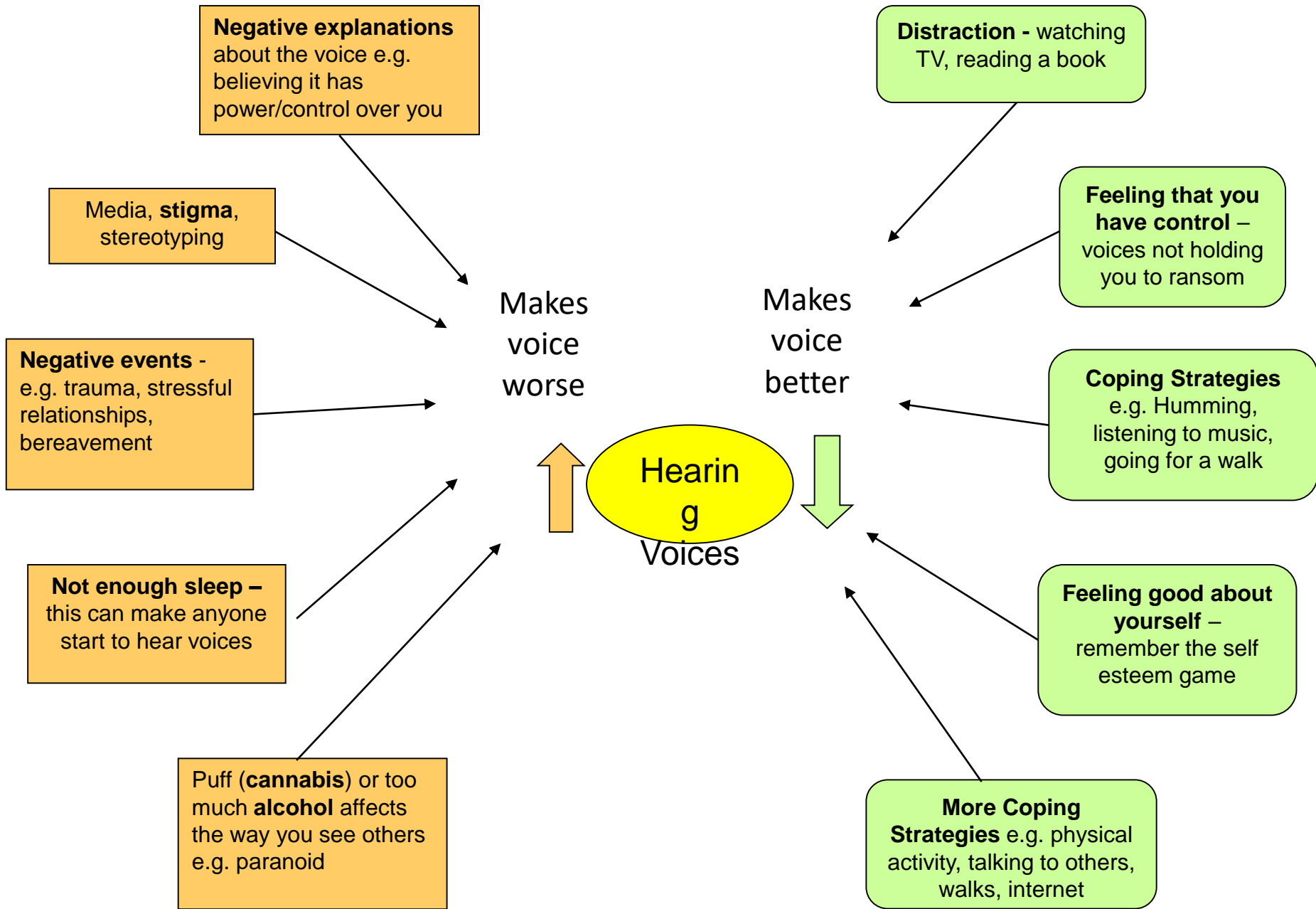|		
Listen to music "It distracts you, eases stress and makes you feel better which can ease the voices."	**Relaxation / Imagery** "Doing relaxation exercises, like imagining somewhere you felt happy and calm."	**Wandering / Going for a Walk** "Lets you concentrate on something else."
Medication "Makes the voice fade away, become less frequent and easier to manage. … but doesn't make them go away 100%."	**Test the voice** Ask the voice to do something to test it's power e.g. to phone you or do the washing up. Sometimes they're not as powerful as they say they are.	**Talk to other people** Talking to someone about your problems can make you feel better. You can also check things out with someone you trust, e.g. "I'm worried people are talking about me – do you think that's what's happening?"
Humming / Singing "Humming or singing to yourself can sometimes quieten the voices."	**Tell the voices to go away** "Some people ask the voice to go away until later. It works sometimes but not others."	**Pay close attention to the voice** "Is it male/female? What is it saying? How many are they? How loud is it?"

Session 3 – Stress vulnerability model

Aims

- Feedback on the use of coping strategies

- Play the self esteem game

- Discuss whether how we feel about ourselves affects hearing voices

- Final model of hearing voices (important the group owns final model).

Negative explanations about the voice e.g. believing it has power/control over you

Media, **stigma**, stereotyping

Negative events - e.g. trauma, stressful relationships, bereavement

Not enough sleep – this can make anyone start to hear voices

Puff (**cannabis**) or too much **alcohol** affects the way you see others e.g. paranoid

Makes voice worse

Hearing Voices

Makes voice better

Distraction - watching TV, reading a book

Feeling that you have control – voices not holding you to ransom

Coping Strategies e.g. Humming, listening to music, going for a walk

Feeling good about yourself – remember the self esteem game

More Coping Strategies e.g. physical activity, talking to others, walks, internet

Evaluation

- Research evaluating the efficacy of hearing voices groups tend to report a high degree of participant satisfaction.

- Wykes *et al.,* '98: most frequently reported benefits of therapy were educational aspects, particularly learning new coping strategies, and meeting other service users with similar experiences.

- Evidence for the approach in terms of improvements in social functioning (Wykes *et al.,* '05). This benefit was seen as particularly important as people who hear voices are usually very socially isolated.

- Also evidence for symptom reduction post therapy, but not maintained at long-term follow-up.

Crisis = danger + opportunity

- Some people dispute whether this is a good translation! However …

- Wards work with people in crisis, and this can be a good opportunity to help them make changes.

Question and Answer