A qualitative and quantitative exploration of CBT for psychosis: Similarities and differences in its implementation in research and routine clinical settings.

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Abstract

The similarities and differences in the application of cognitive behavioural therapy for psychosis between research and routine clinical settings was explored. In study 1, 40 audio-recordings of therapy sessions were collected: 20 from an ongoing research trial and 20 from routine mental health services. Adherence measures including the Cognitive Therapy Scale (CTS, Young and Beck, 1980) and the Cognitive Therapy Scale for Psychosis-Revised (CTPAS-R, Rollinson and Fowler, 2002) were used to compare the content of sessions between these two experimental conditions. Relationships between adherence measures were explored using correlational statistics. Within study 2, focus groups were conducted to explore the experiences of clinicians using CBT for psychosis. Three focus groups were completed, each with clinicians from different organisational settings: i) generic community mental health teams, ii) an early intervention for psychosis service, and iii) an ongoing controlled efficacy study.

There was no significant difference in the number of CTPAS-R non-adherent ratings between the research and routine groups. The research group used techniques of 'Schema Work' ($p<0.05$), 'Formulation Intervention' ($p<0.05$) and Relapse Formulation' ($p<0.05$) significantly more frequently, while routine therapists used 'Assessment of Psychosis' significantly more frequently ($p<0.05$). There was a significant association between the research group and more frequent competency ratings CTS ($p<0.01$). All focus groups commented upon increased engagement difficulties and resistance to change when working with clients with psychosis. There were similarities in the factors they felt were required to overcome these difficulties,

including: increased flexibility of services, continued training and support, and specific therapist characteristics. The focus groups differed in the extent to which their organisational setting had provided the above requirements. These differences influenced therapists' confidence and security in using this approach. The methodological problems and implications of the study are discussed.