Self-Administered Cognitive Therapy for Psychosis: Untapped Potential or Premature Promotion?

A review of

Back to Life, Back to Normality: Cognitive Therapy, Recovery, and Psychosis
by Douglas Turkington (Ed.), David Kingdon, Shanaya Rathod, Sarah Wilcock, Alison Brabban, Paul Cromarty, Robert Dudley, Richard Gray, Jeremy Pelton, Ron Siddle, and Peter Weiden

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Many people are surprised to learn that cognitive therapy for psychosis actually dates back to 1952 with psychiatrist Aaron Beck’s presentation of a case study describing the successful treatment of a delusional patient (Beck, 1952). However, systematic research on cognitive-behavioral therapy for psychosis (CBTp), mainly based on the Beckian cognitive model of therapy, began only in the early 1990s, after the treatment had already been successfully applied and tested in other psychiatric conditions.

Despite a large amount of research, psychosis is a form of mental illness that has been particularly resistant to biomedical treatments. Adjunctive strategies such as CBTp have the
potential to provide additional benefits to patients and their family members. A growing number of controlled clinical trials have been conducted that generally support the efficacy and effectiveness of the treatment over medications alone (Gaudiano, 2005). Evidence-based practice guidelines have begun to specifically recommend CBTp for patients suffering from psychosis (National Institute for Health and Clinical Excellence, 2003). However, the efficacious components of the treatment remain unclear, and a recent meta-analysis concluded that there is no clear evidence that CBTp is more efficacious than supportive therapy overall (Lynch, Laws, & McKenna, 2009).

Back to Life, Back to Normality: Cognitive Therapy, Recovery, and Psychosis, a self-help book for patients suffering from psychosis and their family members, provides guidance that is in line with traditional CBT principles. The book presents useful psychoeducation about psychotic symptoms and also includes a helpful discussion about when “normal” perceptions or beliefs become maladaptive and impairing.

Probably because it is written by authors from outside the United States, it does a nice job of not overemphasizing biomedical explanations for psychosis. Instead, the chapters promote a psychologically informed and multifaceted understanding of these experiences that can be helpful for decreasing stigma and increasing natural resiliency and positive coping abilities. For example, it provides a thorough chapter educating patients about pharmacotherapy that emphasizes adherence issues. Each chapter also considers cultural implications of psychoses, and the authors recommend that patients discuss cultural concerns with their mental health provider. Another strength is that it provides a chapter specifically for caregivers of individuals with psychosis, which could be tremendously helpful for family members and friends who are not sure how to cope with their loved one’s illness or need additional support while their loved one is in crisis.

However, Back to Life, Back to Normality also has some notable weaknesses. It is written by 11 different authors, which leads to a somewhat disjointed presentation of information that affects the general readability and flow of the book. Also, some chapters are overly technical in their explanations of psychological concepts; others dive into complicated cognitive techniques before fully explaining the rationale behind them or how to implement them. At times the different authors provide conflicting advice. For example, one chapter recommends writing a letter to a newspaper about psychotic symptoms, but this seems to counter previous advice that advocates discretion regarding psychotic symptoms to avoid potentially embarrassing situations.

CBTp contains a number of different techniques and strategies, including support, encouragement, normalizing rationale, cognitive restructuring, problem solving, activity scheduling, social skills training, and so forth. However, the cognitive component of CBTp has yet to demonstrate specific efficacy in clinical trials, even though most descriptions of the approach emphasize these elements of the treatment over the others (Gaudiano, 2005). Cognitive restructuring techniques are emphasized in many of the chapters of Back to Life, Back to Normality, and it is unclear how well individuals suffering from psychosis will be
able to implement them or how effective they will be if implemented in a self-administered format.

There is much to like about this book from the perspective of a CBTp therapist, and it has the potential to be a valuable resource for patients in therapy and their caregivers. Thus, Back to Life, Back to Normality seems most promising as an adjunct to therapy but not as a replacement. Fortunately, it frequently encourages the reader to consult with a mental health provider before, during, and after applying the strategies.

Nevertheless, it also promotes itself as a self-help book and will be marketed as such. The authors and publisher cannot control how individuals use a book once it is published and appears in local bookstores; the proverbial toothpaste cannot be put back into the tube. Often, it is assumed that a book that is based on the principles of evidence-based psychotherapy may present these principles in a self-help format because they are thought to be safe and effective, even if a bit watered down (Redding, Herbert, Forman, & Gaudiano, 2008). However, the use of CBTp in this format has never been formally studied, and this should cause some hesitation. It would have been helpful if the authors had first demonstrated through research that the cognitive techniques for psychosis promoted in this book are at the very least safe and feasible for self-implementation before the book was put on the market. This is a lamentable but all-too-typical problem with the self-help industry that detracts from an otherwise helpful book.

References


