

## **Compassion Focused Therapy for Psychosis**

**With Dr. Charlie Heriot-Maitland**

### **Compassion Focused Therapy PGDip, University of Birmingham**

Clinical observations of psychotic symptoms, such as paranoid beliefs and commanding voices, often signal underlying themes of threat, and research consistently shows that people with psychosis have biased recall of, and attention towards, threatening information. Psychological models have recognised the importance of threat processing in psychosis, characterising psychotic states as the manifestation of highly sensitised, overstimulated, threat-response systems (Gumley, Braehler, Laithwaite, MacBeth, & Gilbert, 2010). There are two key aspects to the threat in psychosis. One is posed by the potential external threat from others through shaming, stigmatising, excluding, and also from the (potential) persecution from others. The second source of threat is an internal one, generated by the negative, critical and hostile content of voices and self-evaluation (Birchwood et al., 2004; Birchwood, Meaden, Trower, Gilbert, & Plaistow, 2000). Experiences of both internal and external threat will similarly orientate, through evolutionary processes, an individual's information processing and behaviour towards the motive of self-protection, activating automatic safety responses such as avoidance and dissociation.

Compassion-Focused Therapy (CFT) aims to help people regulate threat processing by building internal feelings of safeness and affiliation, and by providing contexts, practices and insights that facilitate the development of compassion to self, others, and dissociated parts. The focus is on helping people feel safe in relation to their experiences and their social worlds. There is now growing evidence for the effectiveness of CFT in targeting these processes across different mental health populations (Leaviss & Uttley, 2014). Not only are there strong theoretical grounds to suggest that CFT is well suited to address the kinds of threat-based and dissociative difficulties experienced by psychosis populations, but also some early evidence for the effectiveness of CFT for psychosis is beginning to emerge (Braehler et al., 2013; Laithwaite et al., 2009; Mayhew & Gilbert, 2008).

#### **Workshop:**

This workshop will train participants in how to orientate interventions for people with psychosis towards the process of developing compassion, in line with CFT aims. The claim is that various therapeutic interventions and techniques may become more useful and effective when applied within a compassion-orientated framework, because the compassionate mind provides a secure base and grounding from which to approach difficult (and dissociated) emotions, memories, voices, etc. Also, the process of building capacity in the affiliative system may help to calm threat processing, thereby making the interventions more accessible and tolerable to clients with psychosis. Workshop participants will be introduced to the CFT model of compassion, learn how to apply this model in psychosis, and how to formulate psychosis-related difficulties in terms of threat- and shame-based processes. Participants will practice new skills, and learn how to focus existing skills, towards cultivating compassion in people with psychosis.

**Key Learning Objectives:**

Participants will be able to:

- Understand the CFT model of compassion, and its relevance for people with psychosis
- Help their clients through five key stages of a CFT for psychosis intervention:
  - Establishing safeness and connection
  - Psycho-education about evolved brains, emotion systems, and multiple selves
  - Threat-based formulation and 3 circles formulation
  - Cultivate / deepen the compassionate self
  - Direct compassion to others, self, dissociated parts/voices
- Receive an overview of a group model of CFT for psychosis

**Dr Charlie Heriot-Maitland**

Charlie is a clinical psychologist, researcher and trainer. He is currently researching the social context of anomalous experiences and the application of Compassion-Focused Therapy (CFT) for people experiencing distress in relation to psychosis. He provides psychological therapies in NHS psychosis services, and in private practice. He also runs various compassion training workshops for practitioners and the general public.

**Suggested pre-course reading:**

- Gilbert, P. (2009). *The Compassionate Mind. A New Approach to the Challenges of Life*. London: Constable & Robinson.
- Gilbert, P. (2010). *Compassion Focused Therapy. Distinctive Features*. London: Routledge.
- Gilbert, P. (ed.). (2010). *Compassion Focused Therapy: Special Issue. International Journal of Cognitive Therapy*. 3, 97-201.
- Gumley, A., Braehler, C., Laithwaite, H. et al. (2010). A compassion focussed model of recovery after psychosis. *International Journal of Cognitive Psychotherapy*, 3(2), 186-201.
- Heriot-Maitland, C., Vidal, J. B., Ball, S., & Irons, C. (2014). A compassionate-focused therapy group approach for acute inpatients: feasibility, initial pilot outcome data, and recommendations. *British Journal of Clinical Psychology*, 53(1), 78-94.
- Mayhew, S. & Gilbert, P. (2008). Compassionate mind training with people who hear malevolent voices: A case series report. *Clinical Psychology and Psychotherapy*, 15, 113-138.