

# COMPASSION-FOCUSED THERAPY FOR PSYCHOSIS: PRESENTATION OF A CLINICAL TRIAL

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## INTRODUCTION

Compassion-focused Therapy (CFT) derives from an evolutionary approach linked to neuroscience and social psychology and was specifically developed for complex disorders in which high levels of shame and self-criticism have a key role. This approach's main objective is using the Compassionate Mind Training to help people establish compassion-based relationships, deactivating the threat-defense system and developing the soothing system [1]. CFT has shown positive effects on several clinical conditions [2].

It is consensual the importance of psychosocial interventions in the treatment of schizophrenia and this has been an area of significant investment, namely concerning evaluation of efficacy. It has been argued that intervention programs should focus primarily in disease management, change of the underlying mechanisms and adequacy of coping strategies [3]. In psychosis shame and self-criticism have been advocated as a psychological factors increasing vulnerability to relapse which makes CFT especially suitable for this population.

The Compassion-Focused Therapy for Psychosis (CFTp) appears in this context as an innovative intervention. Efficacy studies have been emerging with promising results and CFTp seems to address several limitations identified for existing interventions [4].

## AIMS

To develop a CFT Group Intervention Program for psychosis and test its efficacy and effectiveness

- Assess the efficacy of the intervention comparing control group and experimental group in outcome measures (assessed by clinician, patient and family) before (1wk) and after intervention (1wk and 3mths).
- Explore the processes behind efficacy;
- Explore the treatment benefits in terms of relapse prevention;
- Assess opinions about the program, therapeutic techniques and subjective perception of improvement; (patient and family);
- Evaluate program adherence (drop-outs, homework and presence in sessions).

## PROJECT TIMELINE AND CURRENT OUTPUTS

### 1 Literature Review

Martins, M.J., et al (2015). Contextual Cognitive-Behavioral Therapies across the Psychosis Continuum: A review of evidence for Schizophrenia, Schizoaffective and Bipolar Disorders. Manuscript submitted.

### 2 Preliminary research (assessment measures) and pilot studies

Martins, M.J., et al. (2015). The Clinical Interview for Psychotic DisordersII (CIPD): Development and expert evaluation. *International Journal of Clinical Neurosciences and Mental Health*; 2(7).

Martins, M.J., et al. (in press) Recovery in Paranoid Schizophrenia: An exploration of an acceptance, mindfulness and compassion-based group intervention. Manuscript accepted in *Australian Psychologist*

Martins, M.J., et al. (2016). Exploring the factor structure and reliability of the Voices Acceptance and Action Scale in a clinical sample with psychosis-spectrum disorders. Manuscript submitted.

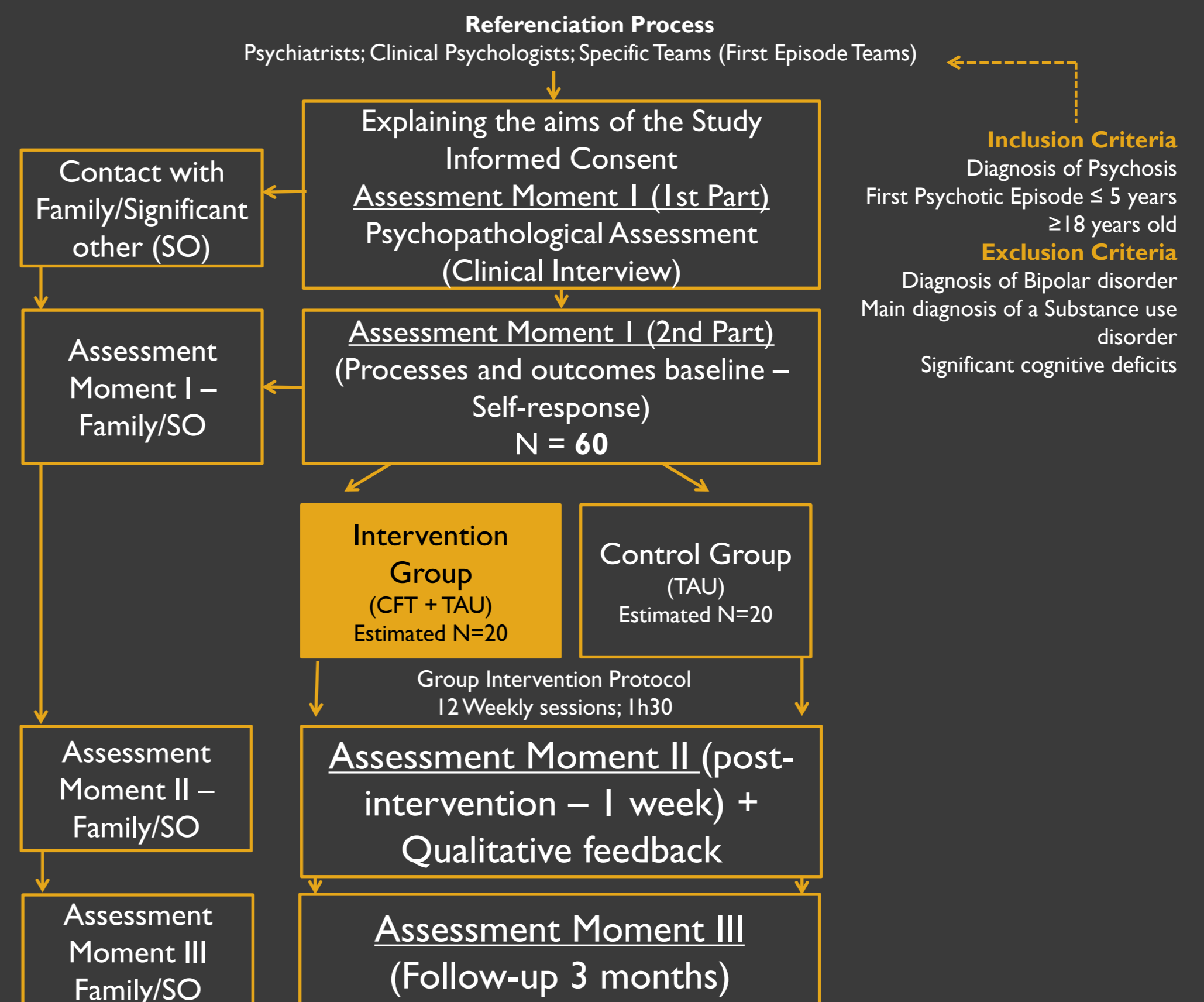
Martins, M.J. et al (2016). Assessing Psychological Flexibility in Psychosis: Development and initial validation of the Willingness and Acceptance of Delusions Scale (WADS). Manuscript submitted.

Martins, M.J. et al (2016). Patient's accounts on mindfulness and compassion exercises: a pilot study. Manuscript in preparation.

### 3 Selection and assessment of participants

### 4 Intervention implementation Assessment of efficacy and effectiveness

## THE CLINICAL TRIAL



## BRIEF INTERVENTION OUTLINE

|  |   |
|--|---|
| Group as a safe Place and Psychoeducation (2 sessions) | <ul style="list-style-type: none"> <li>Fears of being in a group</li> <li>Advantages of being in a group according to CFT principles and compassion qualities</li> <li>Psychoeducation on the CFT model (adp. Psychosis)</li> </ul>   |
| Compassion as an alternative (6 sessions)              | <ul style="list-style-type: none"> <li>Compassion as a down-regulator of the threat system</li> <li>What compassion is and is not and fears of compassion</li> <li>Developing and training the Group Compassionate Mind</li> <li>Qualities and competencies/skills of Compassion</li> </ul> |
| Planning ahead (2 sessions)                            | <ul style="list-style-type: none"> <li>Revisiting goals of Recovery and Individual plan for the Recovery journey</li> <li>Compassionate take home message</li> </ul>  |

## OUTCOMES AND EVALUATORS

- Psychotic Symptoms (clinician)
- Functioning (Clinician and SO)
- General Psychopathology (Patient and Clinician)
- Shame (patient)
- Self Criticism (patient)
- Fears of Compassion (patient)
- Compassion (patient)
- Positive affect (patient)
- Social Safeness (patient)
- Mindfulness and Acceptance (patient)
- Comunitary Integration (SO)