

Compassion-focused Therapy for Psychosis

An experimental pilot study for negative affect and well being

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Introduction

Compassion focused Therapy (CFT) is a new therapeutic approach developed for people with chronic and complex mental health problems associated with shame and self-criticism¹. CFT aims at developing skills for activating the soothing system in order to regulate threat-based affect, bring a more helpful balance between the different emotion regulation systems and promote a compassionate attitude towards the self and others.

Studies have shown feasibility and clinical utility of CFT for psychotic disorders^{2,3}. The only Randomized controlled trial in CFT for psychosis (16 sessions of group therapy) found improvement regarding depressive symptoms, social marginalization and observed clinical improvement².

This study's aim was to understand the contribution of a brief 2 session intervention based on compassion-focused therapy in improving affect and well-being.

Methods

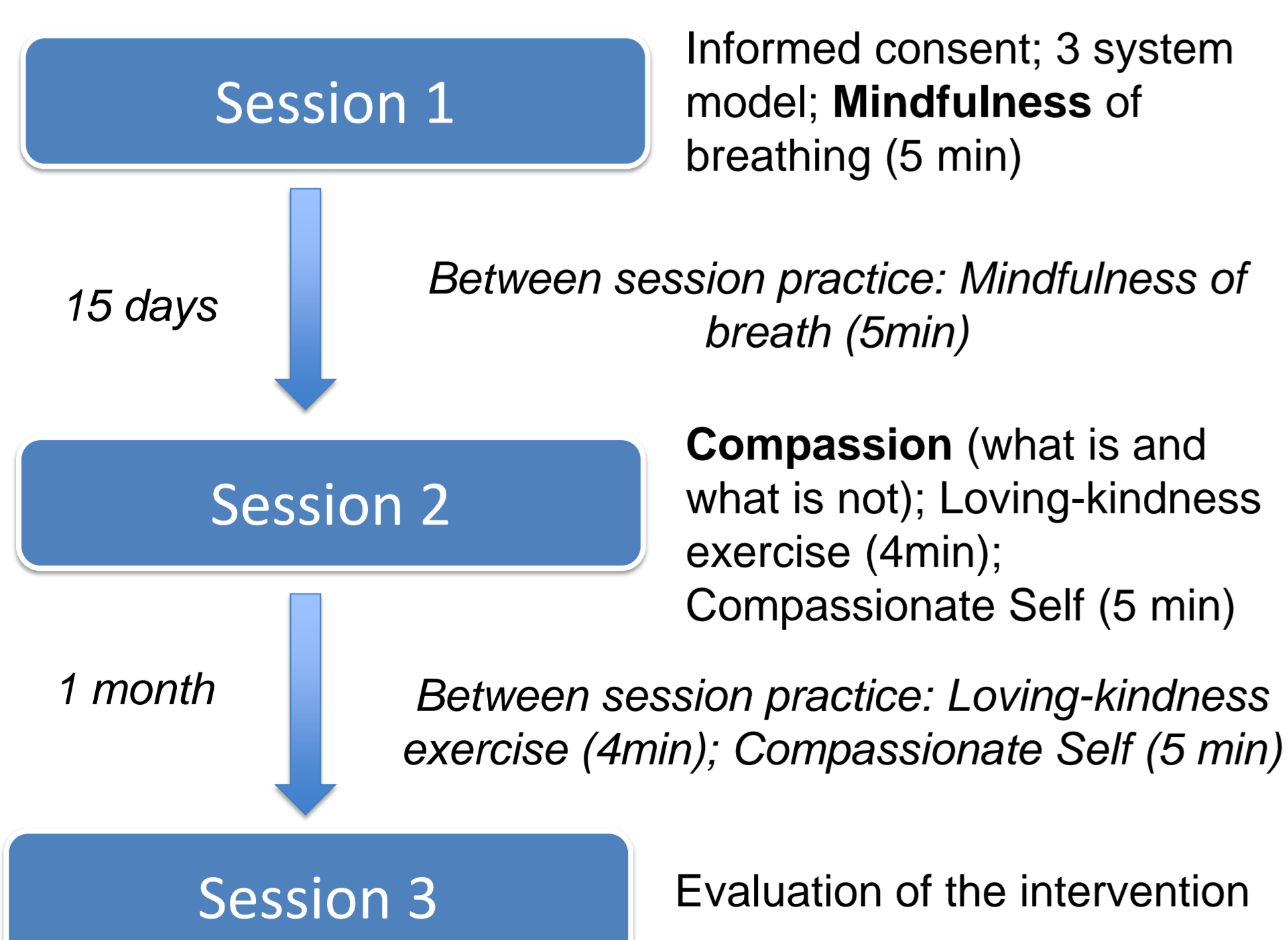
Participants and Procedure

- Ethics Committee approval – Participants recruited from the CHBV Community Mental Health Unit
- Outpatients
- Diagnosis of a schizophrenia-spectrum disorder
- Ages between 18 and 60
- Without severe cognitive deficits

Participants	N=8 (Participant 2 withdrew the study after session 2)
Gender	62.5% female
Age	M= SD=
School years	M=; SD=
Marital Status	% single
Living with	% parents; % social institution
Professional status	% unemployed;
Diagnosis	% Schizophrenia

- Measures: Depression, Anxiety and Stress scales (Lovibond & Lovibond, 1995); Mental Health Continuum (Keyes, 2009) + Interview.

- Intervention outline (one-to-one sessions):



Results

In Table 1 are presented the Reliability Change Indexes⁴ regarding the differences between Moment 3 and Moment 1 (RCI 1) and Moment 3 and Moment 2 (RCI 2). In Figures 1 to 6 are graphically presented the evolution of scores from Moment 1 to 3.

RCI (CI)	Classification	RCI (CI)	Classification
1.96 (95)	Recovery	-0.84 (80)	Mild Deterioration
1.28 (90)	Remission	-1.28 (90)	Moderate deterioration
0.84 (80)	Improvement	-1.96 (95)	Deterioration

Table 1. Reliability Change Indexes for negative affect [Negative scores mean improvement]

	Depression		Anxiety		Stress	
	RCI 1	RCI 2	RCI 1	RCI 2	RCI 1	RCI 2
Participant 1	.00	-.38	-1.12	.00	.83	.55
Participant 3	.38	-1.14	-.37	.00	-.55	-.28
Participant 4	.38	.76	-.75	1.12	.55	1.66
Participant 5	.00	.00	-.37	1.50	1.11	1.66
Participant 6	.76	1.14	-.37	-.75	-.28	-.28
Participant 7	1.52	1.90	.37	-.37	.00	.28
Participant 8	1.52	.00	.00	.75	.55	.55

Table 2. Reliability Change Indexes for well-being measures affect [Positive scores mean improvement]

	Emotional Well-being		Psychological Well-being		Social Well-being	
	RCI 1	RCI 2	RCI 1	RCI 2	RCI 1	RCI 2
Participant 1	.00	.00	1.35	.68	4.68	4.10
Participant 3	-.95	.95	-1.35	4.73	-2.05	3.59
Participant 4	2.84	-.95	3.38	-.68	3.08	-1.54
Participant 5	.95	.95	.68	.68	-1.54	-5.13
Participant 6	-2.84	-.95	-2.03	-5.41	2.56	-.51
Participant 7	-.95	.00	.68	.00	2.56	.00
Participant 8	-.95	.00	4.05	3.38	1.03	.00

Figure 1. Evolution in Stress

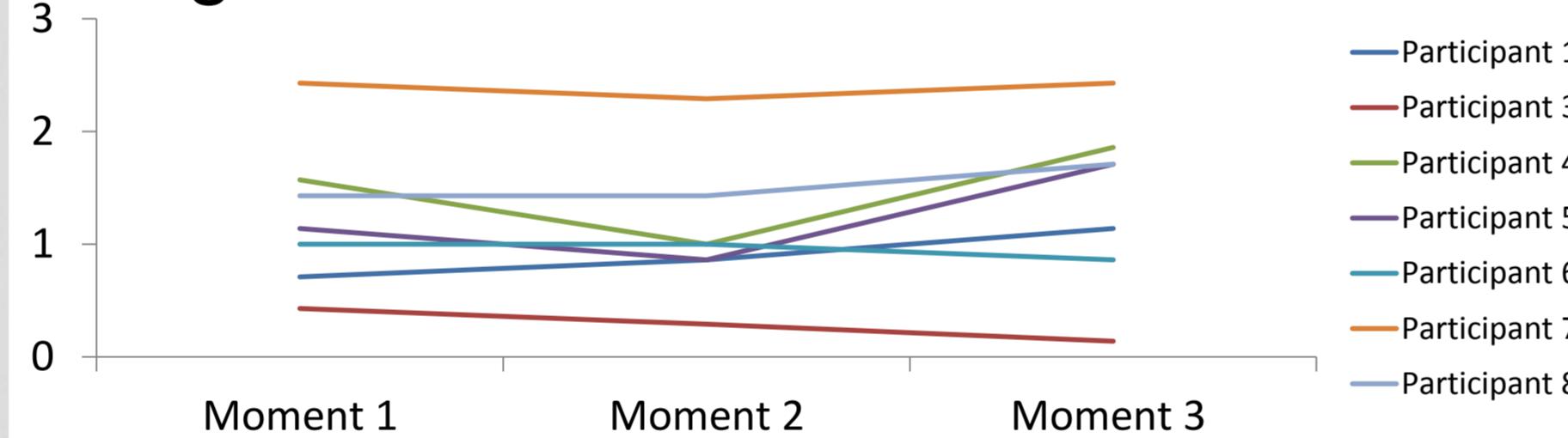


Figure 2. Evolution in Anxiety

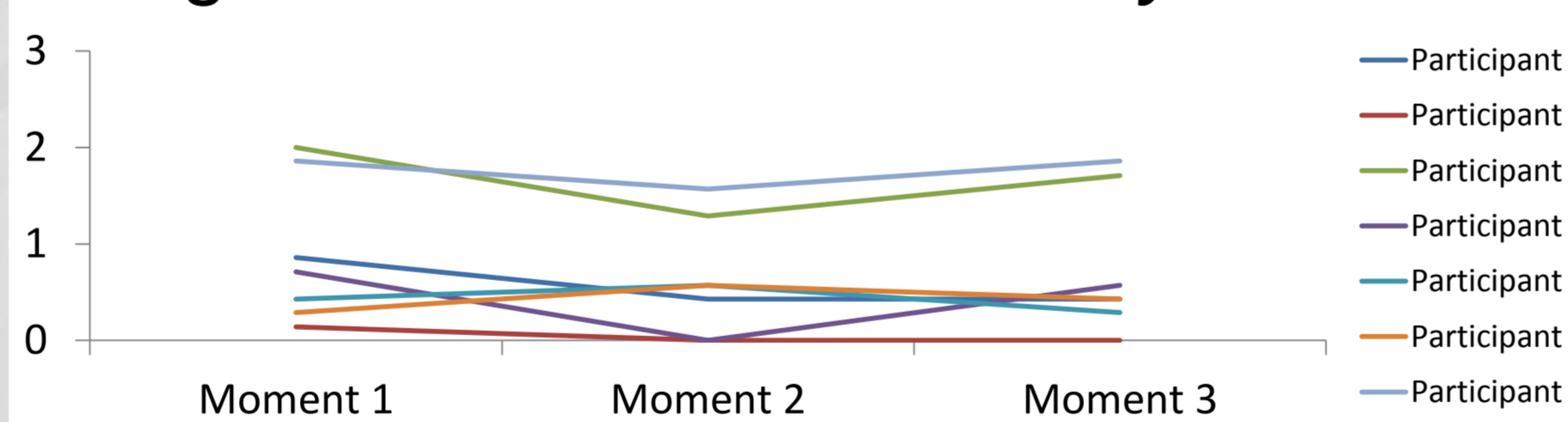


Figure 3. Evolution in Depression

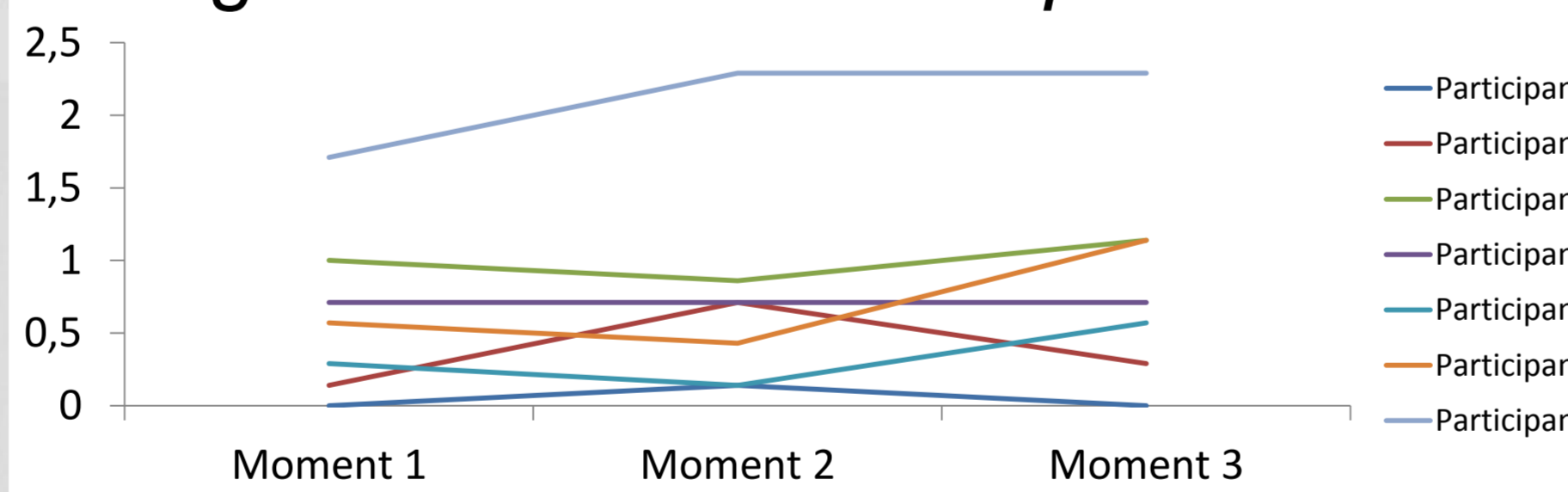


Figure 4. Evolution in Emotional Well-being

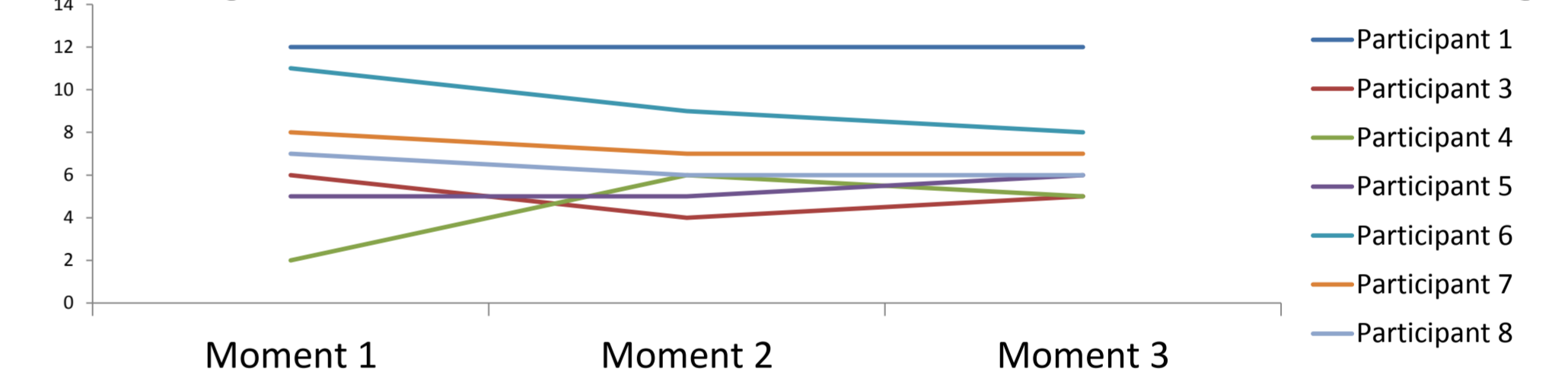


Figure 5. Evolution in Psychological Well-being

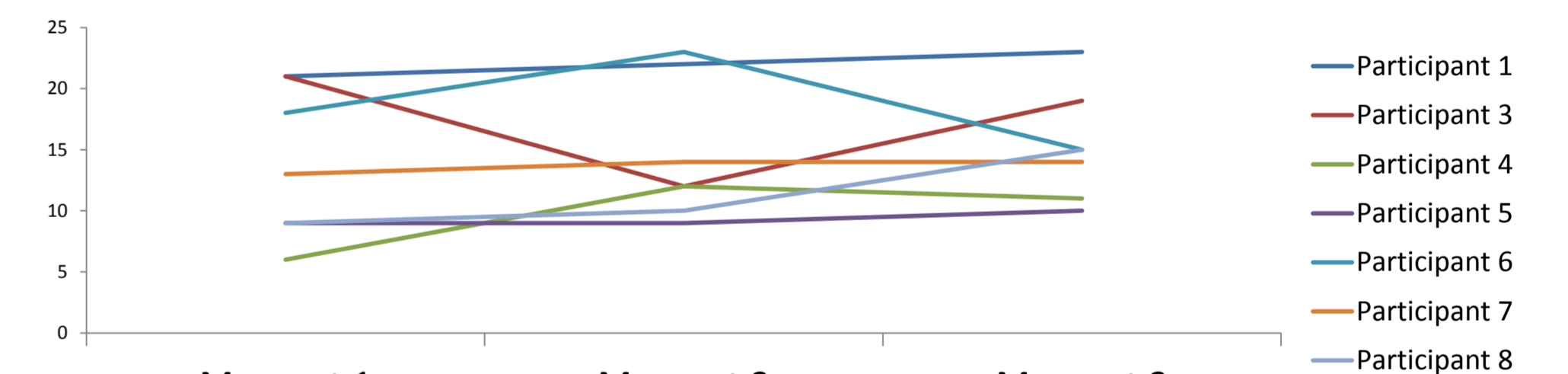
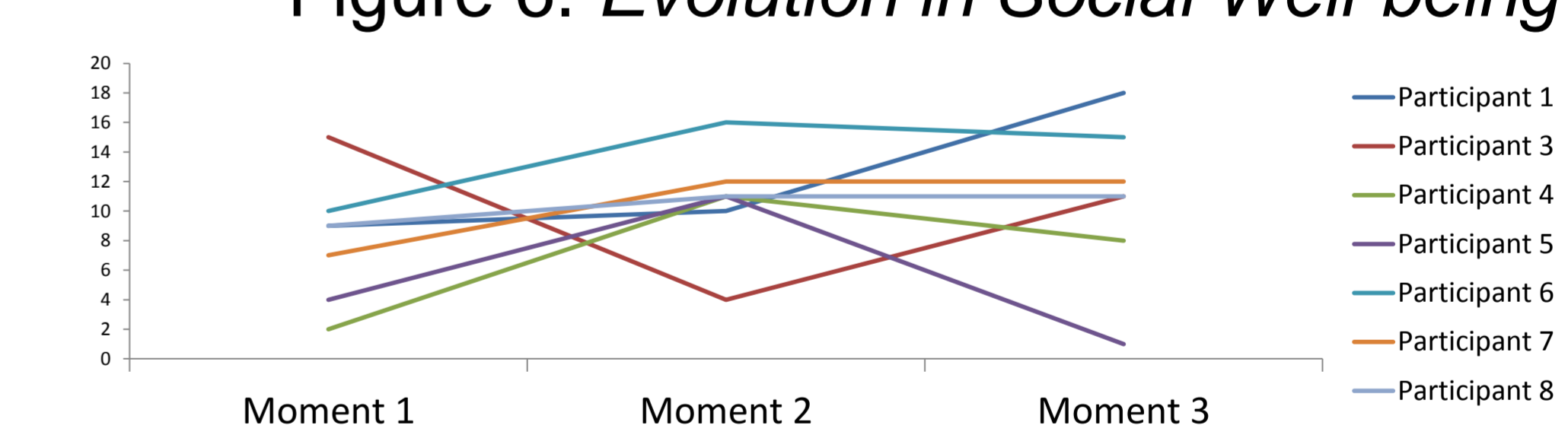
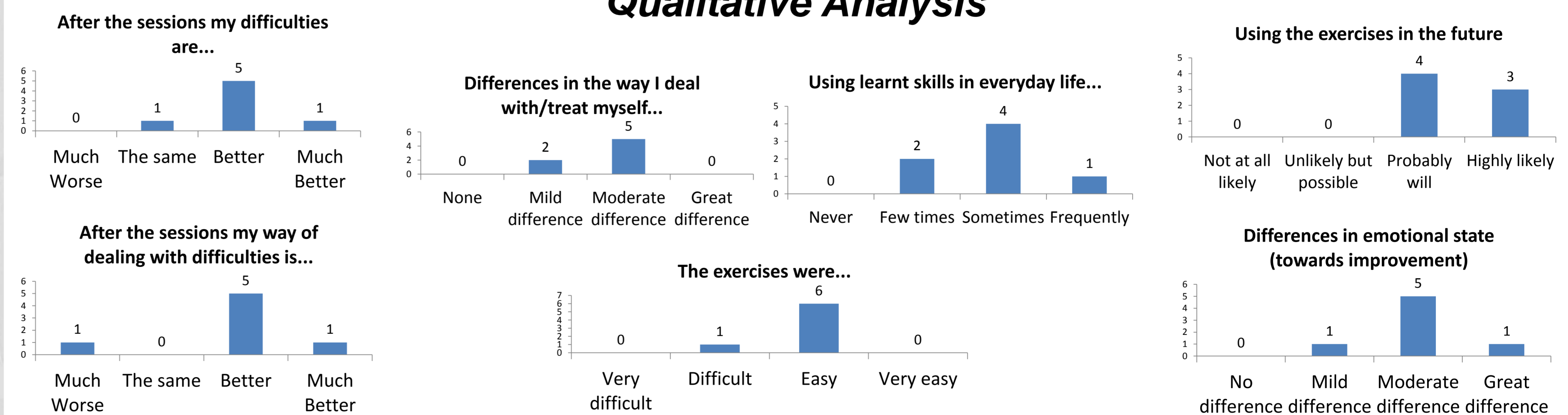


Figure 6. Evolution in Social Well-being



Qualitative Analysis



Discussion

- The few significant changes in improving negative affect (and only in anxiety) indicate that this intervention was probably too short (only 2 sessions). The worsening in negative affect that can be observed in some patients may be related to a reflection patients may perform after sessions discussing thoughts, emotions and affect regulation, regarding their lives, relationships and goals. It is also important to note that some patients referred major stressors (e.g. Illness of a parent, social isolation), occurring or being maintained during the program, that could also have influenced the results. The improvements found regarding well-being are promising and future studies can continue to study the effects of brief compassion-focused interventions for psychosis.
- Qualitative information indicate a positive feedback of the acceptability and perceived usefulness of the intervention