



**Psychoanalytic
Association of
New York**
Affiliated with NYU School of Medicine

testPsychotherapy for Psychosis Course

(didactic portion)

Duration: 8 hours total

Time Frame: Held on four Saturdays, 2 hours each, 10:30am-12:30pm

Location: Virtual via Zoom videoconference

Course Description:

This course integrates cognitive-behavioral techniques (CBT) with psychodynamic treatment, illustrating how CBT can help patients come to doubt the literal truth of delusional ideas, while a psychodynamic approach can help patients explore the figurative symbolic truth of psychotic symptoms. Clinicians primarily identified with CBT can expect to gain by adding a psychodynamic understanding of psychosis to their work, and psychodynamic clinicians can expect to learn effective CBT-based interventions that can move the psychotherapy process forward. Other professional to benefit from this course include Psychiatrists, psychologists, social workers, and other professionals who treat psychotic patients in public mental health facilities; and clinicians in private practice, even those who do not specialize in the treatment of psychotic individuals, who occasionally encounter a patient who proves to be psychotic.

SESSION 1-2:

CLINICAL CASE 1: The ♀ who feared her cat planned to murder her

- Pathogenesis of Psychosis
 - prodrome
 - delusional mood
 - ideas of reference: apophany and anastrophe
 - breakdown of ego boundaries
 - diminished sense of self and personal agency
- Object-Relations Theory (Melanie Klein)
 - persecutory objects
 - “voices” as internal psychological objects
 - history of psychotherapy for psychosis

(cont'd.) Psychotherapy for Psychosis Course (didactic portion)
- Syllabus and Schedule

CLINICAL CASE 2: The dog with Xray eyes that could see through clothing

- Combining CBT for psychosis with a psychodynamic perspective
- Symbol formation and concrete metaphor in psychosis
- Psychodynamic interpretation of psychotic symptoms
- Overview of CBT for Psychosis (CBTp)
- Three models
 - Stress vulnerability model of psychosis
 - “Normalizing” psychotic symptoms by relating them to ordinary mental life
 - A-B-C model (an activating event A results in belief B which has an emotional consequence C)

CLINICAL CASE 3: The ♀ who almost caused her mother to be lynched by a mob.

SESSION 3-4:

- CBT for psychosis techniques
 - Working with voices
 - Agreeing to disagree
 - Peripheral questioning
 - Rating the likelihood of a belief
 - Rating the value of evidence
 - Informational handouts – increasing real world learning
 - Reality-testing experiments
 - Homework assignments
 - Simultaneous CBTp and psychodynamic formulations to guide the psychotherapy

EXTENDED CLINICAL CASE 4: 20 year paranoid psychosis- a ♀ who believed she had a horrible smell.

CLINICAL CASE 5: The ♂ who murdered his parents

CLINICAL CASE 6: The ♀ who heard “voices” who predicted death