

Psychological Interventions Clinic for Outpatients with Psychosis

An innovative outpatient service specialising in psychological therapies for people with psychosis.



» Now I have the illness, the illness doesn't have me. « Kathleen

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Service overview

We are an award-winning, specialist service providing psychological interventions for people with psychosis.

Our service is psychology-led, headed by international clinical and academic experts.

We offer psychological interventions (within a broad cognitive behavioural approach), for people who experience distressing psychotic experiences, and who have additional or secondary mental health difficulties. We also offer a range of supervision and training packages for staff.

King's Health Partners

Our service is part of the Psychosis Clinical Academic Group. SLaM has joined with King's College London, Guy's and St Thomas' NHS Foundation Trust, and King's College NHS Foundation Trust to establish King's Health Partners, an Academic Health Sciences Centre. King's Health Partners involves bringing clinical care, research and education much more closely together. Our aim is to reduce the time it takes for research discoveries and medical breakthroughs to become routine clinical practice. This will lead to better care and treatment for patients.

Visit www.kingshealthpartners.org for more information.



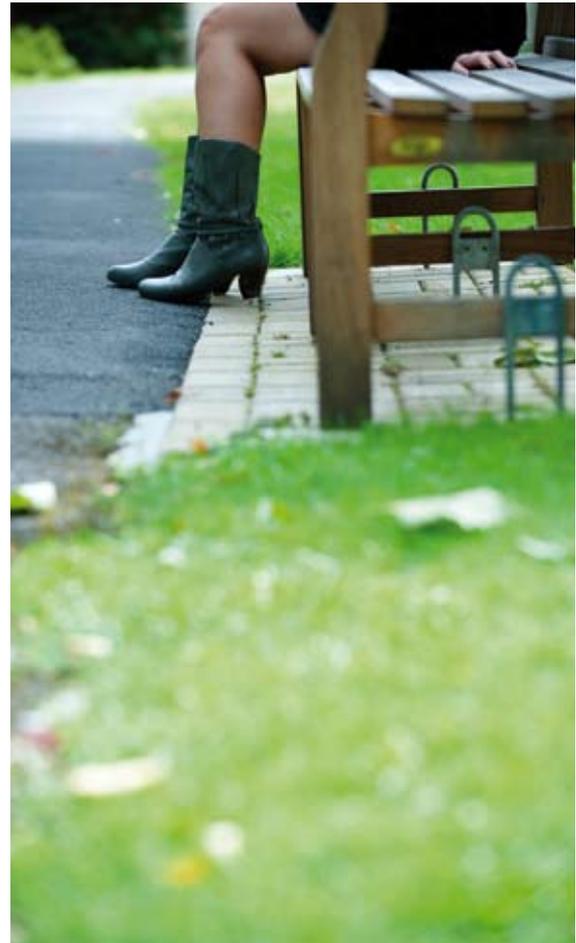
Our philosophy

Our clinic provides a person-focused psychological service for people with psychosis.

We strive to:

- › Treat people with dignity and view our patients as experts in their own experiences
- › Place no pressure on patients to change their view of the world and we always work collaboratively with them towards achieving their goals
- › Include families, carers and other mental health professionals in the person's care, if the patient would like this
- › Disseminate knowledge and skills to other mental health professionals through training and supervision, both in the UK and overseas
- › Work towards improved quality of life for people with psychosis through clinical research and audits

» My experience with your clinic has been overwhelmingly positive and the majority of patients I have referred here have derived enormous benefit. « David, referrer



Who is our service for?

We offer specialist assessment and therapy for people with distressing positive symptoms of psychosis, like delusions and hallucinations.

We also see people with a history of psychosis, whose main difficulties are secondary emotional problems.

We provide psychological input, but do not offer care co-ordination or have the expertise to offer medication review or prescribe medication.

Eligibility

- › Male or female
- › 18+ years
- › A diagnosis or suspected diagnosis of psychosis, or presence of psychotic symptoms (for instance as a result of trauma)
- › Support from the referring community mental health team or GP
- › Presence of distress and motivation to attend therapy

Exclusion

- › Severe or primary drug or alcohol problem, excluding cannabis
- › Current risk of violence
- › Moderate or severe learning disability

» My colleagues and I have been very impressed by the clinic and the patients have also been extremely complimentary! « Frank, referrer



Interventions

CBT for psychosis

We offer people empirically-validated CBT, consisting of weekly or fortnightly individual, one-hour sessions for a period of six to nine months depending on clinical need. CBT works in the present and is based on the assumption that unpleasant emotions are closely linked to certain thoughts or beliefs someone has about themselves, like “I’m worthless”. These thoughts can lead to unhelpful behaviours that maintain the problem and create vicious cycles. Therapy involves identifying these distressing thoughts and behaviours, gradually attempting to understand them, test them out and hopefully change them. Therapy also involves changing unhelpful behaviours and trying out new coping skills for dealing with distressing experiences, like hearing voices.

Our therapists listen to patients talk about their difficulties as they see them, how they arose and what they understand about them. Through CBT, our patients find new ways to relate to their psychotic experiences and tackle secondary emotional problems. The aim is not necessarily to eliminate the symptoms, but to alleviate the person’s distress and increase their functioning, in line with their individual goals.

In addition to therapy, homework is decided in every session by the patient and therapist. Examples of homework include keeping a simple voices diary or setting up a behavioural experiment to “reality-check” a delusional belief.

Well-being group

Patients are invited to attend these groups while they are on the waiting list to receive individual therapy. They involve four weekly sessions with two therapists, with four to six people per group. The main aims of the group are for patients to gain a better understanding of the CBT model, to learn strategies for coping and self-management of their symptoms, and to gain support from others with similar problems.

The format is a mixture of information giving, group discussion and worked exercises. In session one, patients are introduced to the CBT approach and how their thoughts, behaviours, physical sensations and feelings can interact in helpful and unhelpful ways. Session two focuses on identifying emotions and activities that help their well-being. In session three, unhelpful thinking styles, worry and rumination are discussed with suggestions for dealing with each. The last session focuses on how to improve well-being and obstacles to this. During each session, patients are taught a new relaxation or mindfulness exercise which they can practice at home with a CD.

Family intervention for psychosis

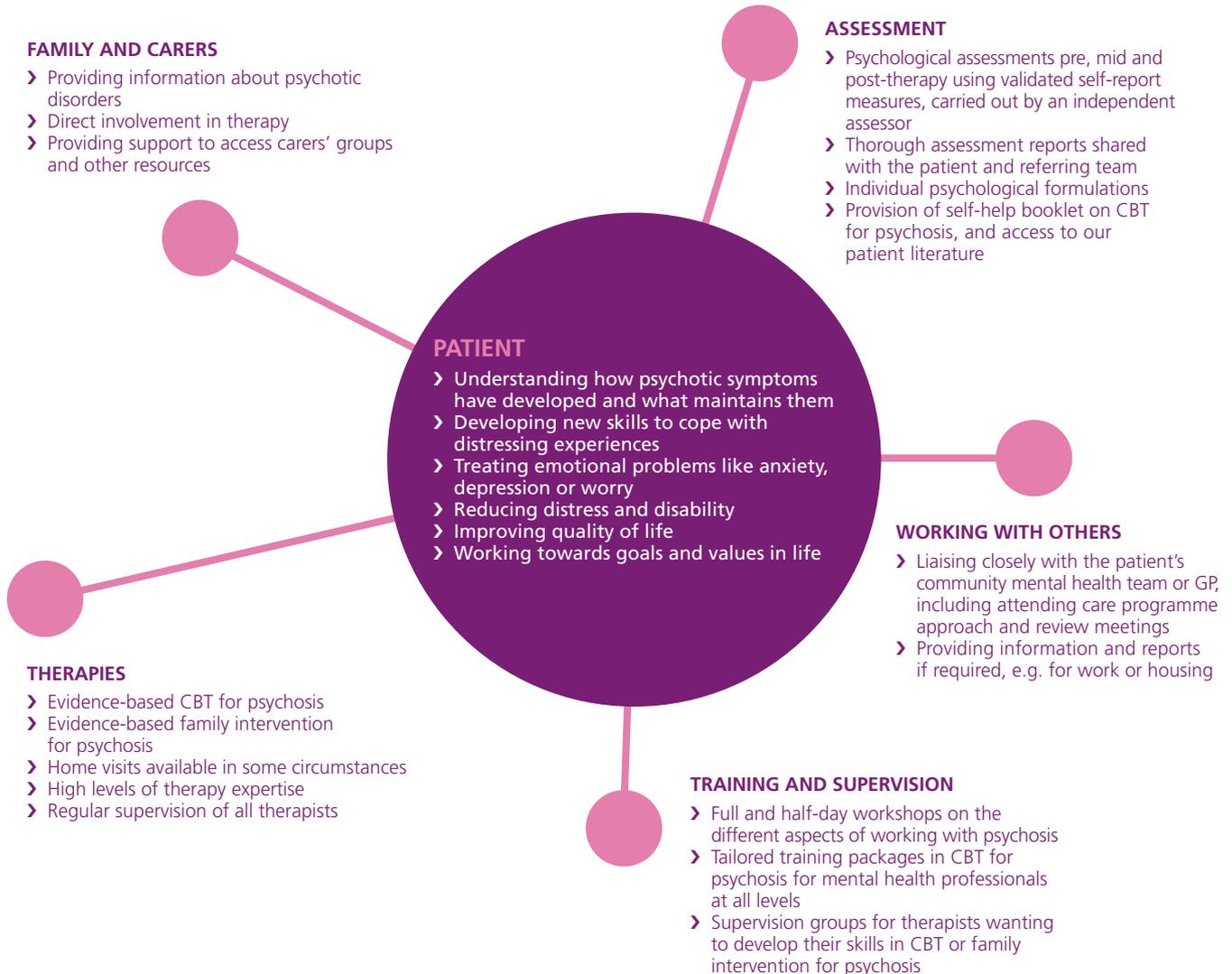
This is for people with psychosis and their carers. The intervention is designed to help patients and their families improve how they cope, problem-solve specific difficulties, manage the emotional impact of psychosis on family members, reduce stress, improve support networks and address issues of relapse prevention. Therapy sessions are one-hour long and patients and their carers are usually seen together on a fortnightly basis for 10 sessions, over a period of three months to one year. Therapy is delivered by two trained therapists with expertise in family intervention. Sessions are offered at the clinic or the person's home, depending on the family's preferences and the availability of staff. Family intervention has a strong evidence base and has been found to have a positive impact on outcomes, including reducing relapse and admissions for patients.

Trauma and psychosis

Research has found there are high rates of childhood and adult trauma within the population of people with psychosis. Furthermore, the experience of psychosis can be traumatic for many people. Such experiences can lead to the development of post-traumatic stress disorder (PTSD), which can exacerbate and maintain the person's psychotic symptoms. Interventions, including trauma-focused CBT, are provided for people with active symptoms of psychosis who also have PTSD or another sequelae of trauma. Individual therapy sessions last between 60 and 90 minutes, and are held weekly or fortnightly for a period of nine to 12 months. Therapy is a collaborative process with a focus on re-appraising meaning, changing symptom attributions and processing traumatic memories. The therapy aims to promote understanding, reduce symptoms and lessen the distress in people who present with symptoms of trauma and psychosis.

» Through therapy I have found ways to cope with my problems, and have continued to use the techniques throughout my experience. « Lucy

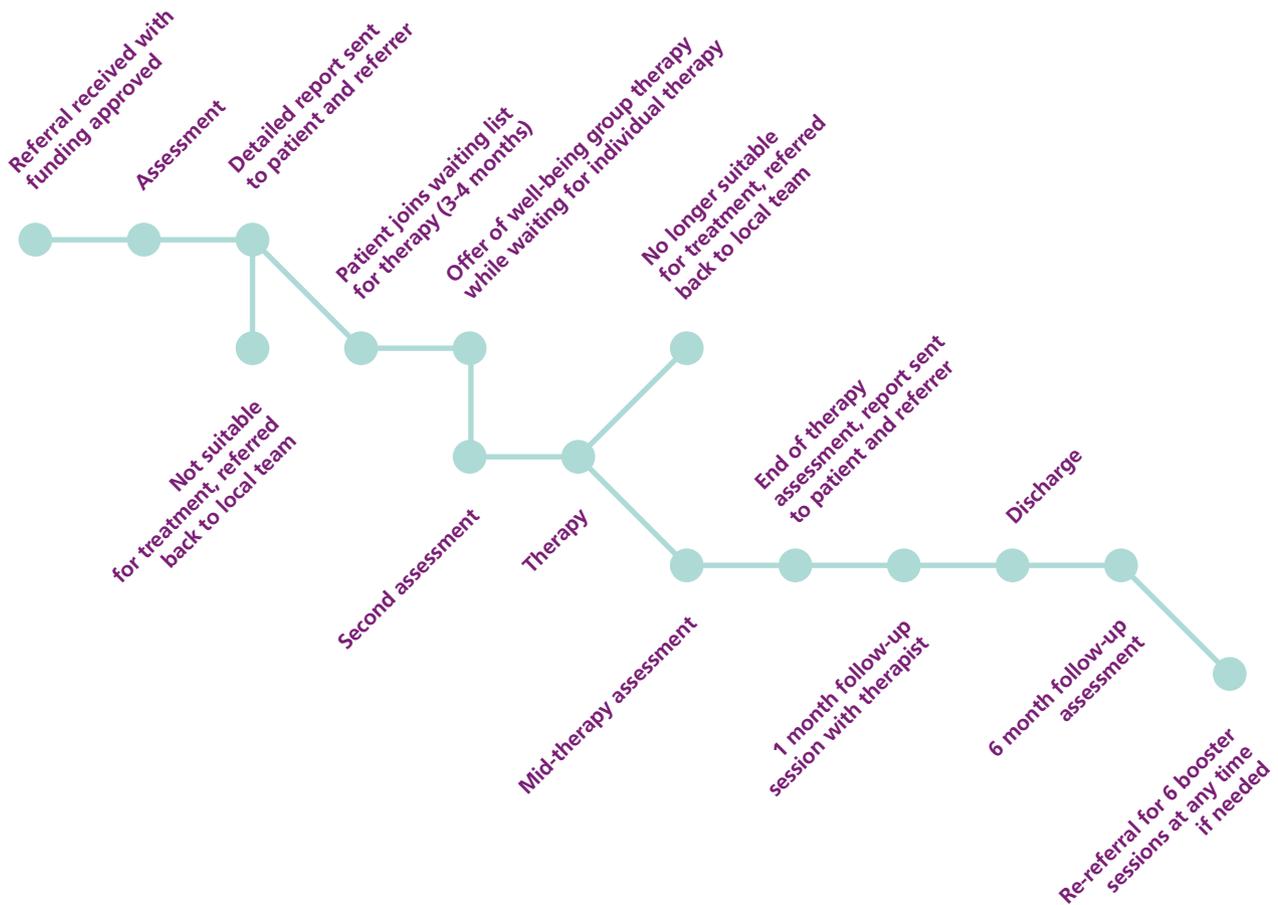
Our care model



» Because the treatment was carried out frequently, expertly, and in a caring and professional way, my wife has been helped as a person and not just another person with a mental illness. « Andrew, carer



Our care pathway





Outcomes

We work with our patients to help them effectively manage their symptoms and support their recovery. We aim to improve people’s self-esteem, while providing support and education to their families and carers about the illness.

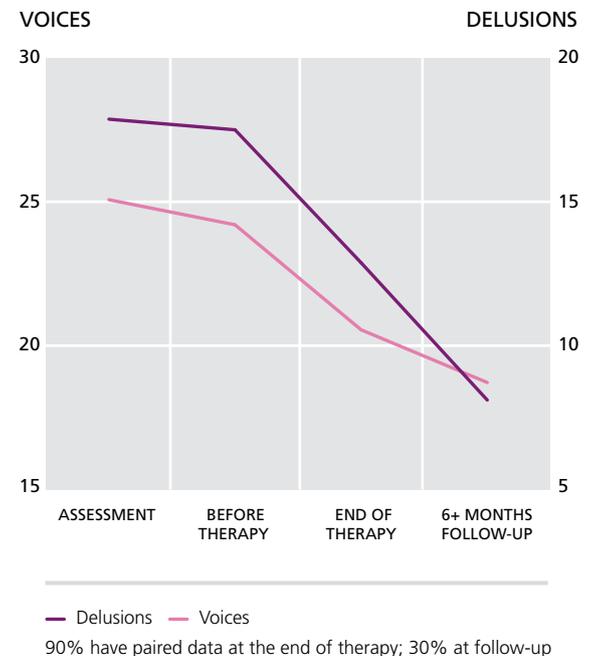
The strongest evidence to date consists of CBT delivered for people with distressing residual symptoms on an outpatient basis, with improvements continuing after therapy has finished. Around 50-65% of people who receive therapy benefit in some way. 90% of people who had CBT at our clinic reported that they were satisfied or very satisfied with the therapy they received.

NICE guidelines recommend CBT be offered to everyone who requests it as an adjunctive therapy to medication. A number of randomised-controlled trials have demonstrated that CBT for psychosis is efficacious, with further improvements on emotional problems and functioning (Wykes, 2008). Our own randomised-controlled trial (Peters et al, 2010) confirmed these findings.

We routinely monitor our patients’ outcomes throughout their therapy, using a range of standardised questionnaires and interviews, including assessment of the severity of voices and delusions, depression and anxiety, and quality of life. We find significant improvements in all of these areas at the end of therapy, which are maintained six months later, with effect sizes ranging from .44 to 1.5.

Graph 1 shows the reduction in psychotic symptoms (voices and delusions) following therapy, which was maintained at follow-up, six months after treatment at our clinic.

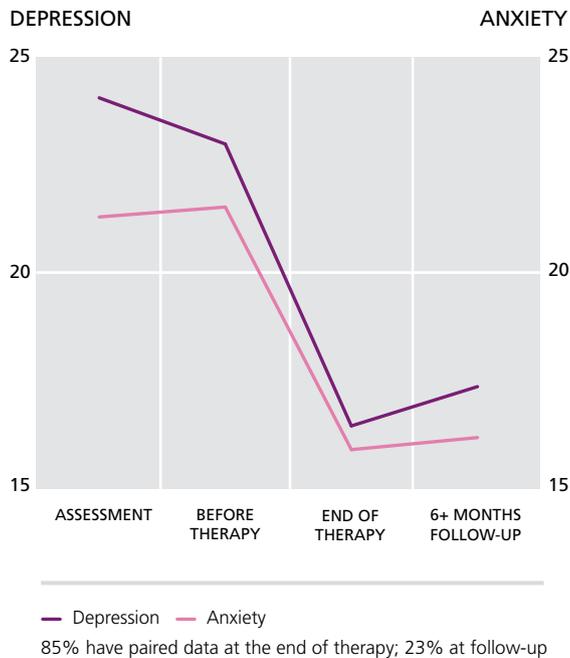
1. Symptom response from therapy



» A colleague recommended the service as being particularly good. « Melanie, referrer

Graph 2 shows the reduction in emotional problems (anxiety and depression) following therapy, which was maintained at follow-up, six months after treatment at our clinic.

2. Emotional response from therapy



Graph 3 shows the increase in people's quality of life following therapy (measured on the Manchester Short Assessment of Quality of Life scale), which was maintained at follow-up, six months after treatment at our clinic.

3. Quality of life measures



Our facilities

Our service is located at the historic Maudsley Hospital, which is internationally renowned for excellence in research, treatment and teaching in mental health. The hospital is based in South London and has close links to public transport.

» **At the clinic they knew my problems, they knew my issues and they had experience of similar cases. I felt well-handled and cared for. They were highly motivated people who had my best interests at heart.** « Colin



Training and consultancy

We provide a range of continuous professional development packages, both in the UK and overseas.

These include:

- › In-house group supervision
- › Outreach supervision groups
- › Full-day and half-day workshops
- › Outreach customised training packages

Group supervision is aimed at therapists already trained in CBT or family intervention who want to develop specialist skills in CBT or family intervention for psychosis. Therapists can work with some of our patients and receive free fortnightly supervision at our clinic and we run outreach groups for supervision of therapists' own patients, at a negotiated fee. Supervision can be run through video-conferencing facilities for therapists working outside of London or overseas.

We also offer workshops and customised training packages for mental health professionals working with people with psychosis who require further training in general CBT as well as CBT for psychosis.

» I feel much more confident in this work, and have continued to put into practice issues learnt and discussed. I am now involved in training other staff in CBT for psychosis techniques. «

Fiona, therapist

» I have learnt a great deal about CBT for psychosis, and am motivated to learn more. « Robert, therapist

Our team

Our clinic is a leader in the fields of research, training and therapy for psychosis in the UK, and is staffed by some of the original innovators of CBT for psychosis. Our team consists of professors, clinical psychologists, psychology assistants and an administrator.

Professor Elizabeth Kuipers BSc., MSc., PhD., AccSS., FBPS
Honorary Consultant Clinical Psychologist | Professor
of Psychology

Professor Kuipers is an honorary consultant clinical psychologist, works in one of the support and recovery teams in Southwark, and is the founding director of our clinic. She is also professor of clinical psychology at the Institute of Psychiatry, King's College London.

Other roles

Professor Kuipers has specialised in developing and evaluating psychological interventions in psychosis for more than 30 years. She initially helped develop family intervention for psychosis, and then individual cognitive behavioural interventions for psychosis. She is head of the basic research group in psychology at the Institute of Psychiatry. Professor Kuipers was chair of the NICE guideline development group update for schizophrenia from 2007 to 2009. She is also a National Institute for Health Research (NIHR) senior investigator.

Background

Professor Kuipers completed her psychology degree at Bristol University, her clinical training at Birmingham University and her PhD at London University. She was appointed as a lecturer at the Institute of Psychiatry in 1982, a senior lecturer in 1989, a reader in 1995 and to a newly established chair in clinical psychology in 1998.

Professor Kuipers is a chartered clinical psychologist and an accredited behavioural and cognitive psychotherapist, registered with the British Association for Behavioural and Cognitive Psychotherapies.

She was made a fellow of the British Psychological Society in 1991 and an academician of the social sciences in 2009. In 2010 she was awarded the May Davidson Shapiro award by the division of clinical psychology for 'eminence in the profession'.

Research

Professor Kuipers' research interests include developing and evaluating psychological interventions in psychosis, and understanding the mechanisms of action to improve outcomes for patients with psychosis and their carers.

Dr Emmanuelle Peters BSc, MSc, PhD
**Consultant Clinical Psychologist | Senior Lecturer
in Clinical Psychology**

Dr Peters is an honorary consultant clinical psychologist for the Trust's Psychosis Service. She is director of our clinic, and is a senior lecturer in clinical psychology at the Institute of Psychiatry, King's College London.

Other roles

Dr Peters has specialised in psychosis for the past 20 years. She co-ordinates the psychosis teaching on the Doctorate in Clinical Psychology course and lectures regularly to other mental health professionals. She is the Trust chair of the outcomes sub-group for psychological therapies.

Background

Dr Peters completed her PhD in psychosis in 1992 and MSc in clinical psychology at the Institute of Psychiatry in 1994. Following time as a wellcome post-doctoral fellow, Dr Peters obtained a lectureship at University College London. She returned to the Institute of Psychiatry in 1999 and was made a senior lecturer in 2004.

In 2003, she was awarded the May Davidson Award from the British Psychological Society for 'outstanding contribution to the development of clinical psychology within the first 10 years of qualification'.

Research

Research interests include:

- Continuity models of mental illness
- Psychological models of psychotic symptoms
- CBT for psychosis



Our team *continued*

Dr Louise Johns MA, DPhil, DCLinPsy
Consultant Clinical Psychologist

Dr Johns is a consultant clinical psychologist with our clinic. She sees patients for therapy and supervises qualified clinical and counselling psychologists in CBT for psychosis. Dr Johns is also an honorary lecturer at the Institute of Psychiatry, King's College London.

Other roles

Dr Johns is a member of the British Psychological Society and Division of Clinical Psychology, the British Neuropsychological Society and the British Association for Behavioural and Cognitive Psychotherapies (BABCP).

Background

Dr Johns received a BA (Hons) in natural sciences, specialising in psychology, at the University of Cambridge in 1991. She went on to a doctor of philosophy (DPhil) degree, studying the effects of frontal lobe injury in patients, at the University of Oxford.

Her postgraduate doctorate in clinical psychology (DCLinPsy) was completed in 1998 at the Institute of Psychiatry. She also received a postgraduate certificate in academic practice at King's College London in 2003.

Dr Johns is a chartered clinical psychologist and an accredited cognitive behavioural therapist with BABCP. Since qualifying as a clinical psychologist in 1998, she has worked continuously in a clinical and research capacity relating to the field of psychosis.

Research

Dr Johns' research interests are focused on evaluating psychological treatments for psychosis, in particular, acceptance and commitment therapy. She has previously researched the cognitive processes that underlie psychotic symptoms, particularly auditory verbal hallucinations, and the prevalence and correlation of psychotic symptoms in non-clinical samples.



Dr Juliana Onwumere BA, DClInPsy, PhD, CPsychol
Consultant Clinical Psychologist | Research Clinical Psychologist

Dr Onwumere is a consultant clinical psychologist with our clinic and the Trust's Psychosis Service. She is a research clinical psychologist in the Department of Psychology at the Institute of Psychiatry, King's College London. Dr Onwumere is also a joint programme leader for the Postgraduate Diploma in CBT for Psychosis, and the Postgraduate Diploma in Family Intervention in Psychosis courses at the Institute of Psychiatry.

Background

Dr Onwumere completed an undergraduate psychology degree (BA) at the University of Nottingham, a doctorate in clinical psychology (DClInPsy) at Salomons, and her PhD in psychology at the Institute of Psychiatry. After qualifying as a clinical psychologist, she worked in a specialist early psychosis service in East London before starting a role as a research therapist in CBT and family intervention.

Research

Dr Onwumere's main research and clinical interests are focused around psychosis, in particular, issues relating to families (improving the development, training and wider provision of CBT and family intervention), early psychosis and older adults with psychosis.

She has supervised doctoral level and PhD projects, presented research and run clinical workshops on family intervention at national and international conferences. Dr Onwumere is also a member of the clinical research group for carer research, which is funded by the National Institute of Health Research's mental health research network.

Dr Onwumere previously worked as a research therapist providing CBT and family intervention on a large, randomised-controlled trial designed by Professors Philippa Garety, Elizabeth Kuipers, David Fowler, Paul Bebbington and Graham Dunn.



Our team *continued*

Elaine Hunter

Principal Clinical Psychologist

Dr Elaine Hunter is a principal clinical psychologist with our clinic. She is the training lead for the service and has designed and delivered training programmes in CBT for psychosis. Dr Hunter leads on the development of a group therapy programme, and she is also an honorary lecturer at the Institute of Psychiatry, King's College London.

Other roles

Dr Hunter is a clinical tutor for the Postgraduate Diploma in CBT for Psychosis at the Institute of Psychiatry, and a trial therapist in cognitive therapy for command hallucinations.

She is a chartered clinical psychologist with the Division of Clinical Psychology at the British Psychological Society and a member of the British Association of Behavioural and Cognitive Psychotherapies (BABCP).

Background

Dr Hunter achieved a first-class degree (BSc) in psychology at Brunel University in 1995 and was awarded the university prize for the year. Between 1995 and 1999, she sat a PhD at Royal Holloway, University of London.

She completed a doctorate in clinical psychology (DClinPsy) in 2004 and a postgraduate diploma in CBT for psychosis in 2009, both at the Institute of Psychiatry. Dr Hunter has been at our clinic since 2008.

Research

Dr Hunter's research interests are dissociation (depersonalisation disorder, in particular), childhood trauma and memory, and psychosis.



Nadine Keen

Principal Clinical Psychologist

Dr Nadine Keen is a principal clinical psychologist with our clinic. She is also a course tutor and honorary clinical lecturer on the Postgraduate Diploma in CBT for Psychosis at the Institute of Psychiatry, King's College London.

Other roles

Dr Keen is a chartered clinical psychologist with the British Psychological Society and is registered to practice with the Health Professions Council. She is a member of the Division of Clinical Psychology and the British Association for Behavioural and Cognitive Psychotherapies (BABCP).

Background

Dr Keen received her BSc (Hons) in psychology at the University of Birmingham in 2000 and became a research psychologist examining the impact of medication on cognition in people with dementia. She then took the role of assistant psychologist with the Trust, before beginning her clinical training.

Her postgraduate doctorate in clinical psychology (DClinPsy) was completed in 2005 at Royal Holloway, University of London. She spent her final year specialising in post-traumatic stress disorder and psychosis and since then she has worked continuously in the field of trauma and psychosis.

Research

Dr Keen has a longstanding clinical and research interest in the confluence of trauma and psychosis. She co-supervises doctoral-level projects and has run clinical workshops on working with trauma and psychosis at national conferences, including those hosted by the BABCP.

Dorothy Abrahams

Administrator

Dorothy Abrahams is our administrator at the clinic. She co-ordinates all referrals and is responsible for the efficient running of the clinic.



Margaret

“I started to hear this voice, which I call The Power.”

At the age of eight I had severe obsessive compulsive disorder (OCD), which meant I had to carry out rituals every day. Then at 15, I started to hear a voice – an entity I call ‘The Power’. He puts bad thoughts in my mind and tells me which rituals and avoidances I have to carry out in response. If I don’t take notice of the voice, he makes the bad things happen to my family and friends.

I have a long list of avoidances and rituals. I must not eat food of any kind or drink diet drinks on Monday, Wednesday and Friday; I have a list of foods and drinks I can’t have; I must not go outside, with the exception of our garden, unless I’m with somebody else; and there are rules inside and outside the house, from mental and counting rituals to things I must not do.

I feel that ‘The Power’ is punishing me for something. He recently instructed me to get up between 4am and 5am every weekday, which leaves me extremely tired.

“I kept everything to myself for many years.”

I lost my mum when I was five years old and my dad married my stepmum when I was eight. I didn’t want to lose them so I had to carry out rituals. Before ‘The Power’, they knew something was wrong, so I saw a GP, who said they should give me extra love.

I didn’t tell people about the rituals until I was 21, and not about ‘The Power’ until I was 24 or 25. Things went from bad to worse though. I threw myself into study and it got a bit better, but then it got bad again.

I’ve had a few really negative experiences of going against ‘The Power’. At 15, I wrote to my granddad when the voice told me he would die if I did this...and my granddad did die. That wasn’t the only time, so now I do everything I am told to prevent harm to my family and friends. I know bad things happen sometimes, but it won’t be my fault if something bad happens and I have obeyed ‘The Power’.

“The voice is probably as bad as it’s ever been at the moment.”

I’m 55 years old and, though I’ve been through phases where the difficulties have lifted a bit, ‘The Power’ has got a lot worse recently. I’d say it’s as bad as it’s ever been at the moment.

Saying that, talking to the therapist at the Maudsley helped my husband and me a lot. I get depressed and it’s helped with that.

What happened was that we found this therapist at the Psychological Interventions Clinic for Outpatients with Psychosis (PICuP) on the internet, so we asked to be referred. I then began to see the therapist, who is the best thing since sliced bread if you ask me.

“Apart from my husband, this therapist was the only person that understood what I was going through.”

I was very worried before we started the sessions, but I was put at ease from the start, even when it came to topics that were the hardest to talk about. We spoke about my background, my history as a child, as a teenager and at work, why I felt like I did, and why ‘The Power’ was there. She wanted to understand what I was about and we covered much more than anyone else had done before.

The sessions were very regular at the start – more or less every couple of weeks – then later we met monthly. I could be myself in the therapy. She was so natural and didn’t judge.

Talking helped us to understand more, including my husband, who came to all of the sessions. The therapy helped most with my depression and my relationship with him. I think that because we have a very strong relationship, it helps us through the tougher time, but the therapy sessions still helped a great deal by making us more able to cope with and understand my condition. The more I talked, the less I was depressed. If I’m extra tired or worried, things tend to get worse, but if I was having a bad spell, I’d see her and it eased.

My therapist believed that I believed in ‘The Power’, even though she didn’t agree with what it was saying to me. That made a big difference, because a lot of people don’t believe me.

“I tell you what it was; she believed me.”

I saw her for a few years and, as time ran out on our sessions, she referred us to the Maudsley’s OCD Clinic, so there was something else in place. I didn’t get on with the therapy there though. Because I believe in ‘The Power’ so much, the treatment actually made me more distressed.

When it was clear that the OCD Clinic wasn’t right for me, my therapist from PICuP attended a meeting on my behalf and, from the result of their discussion, I decided to get treatment at Hertford Hospital, which I’ve done for 15 months now.

“Going to the Maudsley made a significant difference to my life – and my husband’s.”

Life is a challenge. ‘The Power’ still gives me new things to do almost every day, but the therapy at the Maudsley helped a lot with my depression and helped further strengthen my relationship with my husband. I still get depressed sometimes, but it has helped us both to cope better with that. We’ve come to terms with the fact that I am like I am. We can accept it. Although it wasn’t a cure, it’s been so helpful.

I never thought other people would have the same experiences as me, but there are people like me out there. So, if other people are thinking about going to the Maudsley, I’d encourage them to do it. I’d say they can only gain from trying it out.

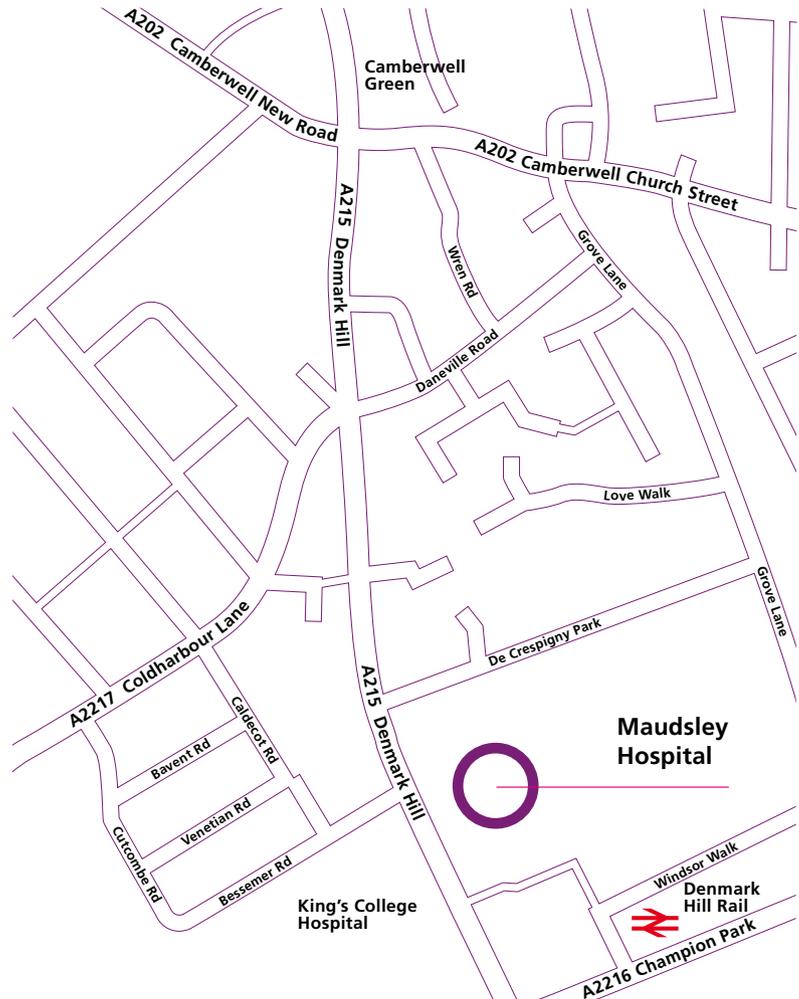
Referring to our service

We accept referrals from consultant psychiatrists, mental health professionals, GPs and GP consortia.

Psychological Interventions Clinic for Outpatients with Psychosis

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» An award-winning service providing person-focused psychological interventions for people with psychosis and state-of-the-art expertise in evidence-based therapies to support people in their recovery. « Dr Emmanuelle Peters