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# Psychotherapy for Psychotic Disorders on the Inpatient Unit

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By integrating psychotherapy into treatment plans for patients with psychotic disorders, you can enhance their symptom management and improve their overall well-being. Here we review two evidence-based therapeutic approaches that are effective in various settings, including inpatient units.

**Cognitive Behavior Therapy for Psychosis (CBTp)** focuses on identifying and challenging distorted thought patterns, delusions, and hallucinations in individuals with psychotic disorders, thereby reducing distress and improving functioning.

Key steps:

- Begin with a comprehensive evaluation: Assess the patient's symptoms and beliefs, focusing on identifying delusions, hallucinations, and cognitive distortions.
- Next, guide the patient in critically examining their beliefs and considering more rational interpretations.

Sample dialogue:

- **You:** "Can you share more about the belief that your thoughts are being broadcast?"
- **Patient:** "I feel like everyone in the unit can hear my thoughts."
- **You:** "What evidence do you have that others can hear your thoughts?"
- **Patient:** "I see people whispering and looking at me, so they must be talking about my thoughts."
- **Therapist:** "Is it possible that people in the unit are engaged in conversations unrelated to you, and your perception might be influenced by your current beliefs?"
- **Patient:** "I guess it's possible."
- Encourage the patient to maintain a daily journal to document thoughts and experiences related to their psychotic symptoms.
- During therapy sessions, jointly review these journal entries to identify cognitive distortions or delusional thought patterns.
- Regularly assess the patient's progress to tailor the therapeutic approach as necessary.

**Family-Focused Therapy (FFT)** involves working with patients and their families to improve family dynamics, communication, and support. Although it's typically conducted in outpatient settings, FFT can be adapted for inpatient stays. These are the key steps:

- Host a family meeting to evaluate family dynamics, relationships, and communication patterns.
- Educate the family about the patient's diagnosis, symptoms, and treatment.
- Help the family to improve communication:
  - Foster active listening skills by teaching techniques like nodding, eye contact, and paraphrasing to show understanding.
  - Emphasize the use of "I" statements instead of "you" statements (which can sound accusatory), e.g., "I feel worried when..." instead of "You always make me worry ..."
  - Highlight the importance of nonverbal cues, like facial expressions and tone of voice.
  - Encourage family members to validate each other's feelings with phrases like, "I see this is really hard for you."
- Teach conflict resolution techniques, like taking time-outs during heated moments, or counting to ten before responding impulsively.