

Cognitive Behavioral Therapy of Chronic Hallucinations

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A number of randomized controlled trials showed the efficacy of cognitive-behavioral therapy (CBT) in patients with psychotic disorders when the therapy was added to the antipsychotic medication. Given the strong evidence supporting the efficacy of CBT for psychosis, CBT was included in the NICE guidelines. Up to the eighties of the 20th century, the attempts to influence delusional beliefs by psychotherapy seemed to be unnecessary, sometimes even dangerous, and there were apprehensions that the patient might lose trust in the psychiatrist. The first systematic attempts to influence delusional beliefs through psychotherapy appeared at the end of the eighties. The experience gained from studies from this time showed that the content of delusions could be understood from personal experience and psychotherapy could be effective at least in some patients.

The patient with chronic delusions gradually learns through inductive questioning to distinguish between perception and interpretation, firstly on the periphery of the vicious system. Then he learns the Socratic dialogue himself to challenge false assumptions, provide an alternative hypothesis, and test the beliefs by behavioral experiments. The therapy includes an interconnection of delusional system with core schemas and conditional rules that the delusional system originally arises from and now is involved in its maintenance.