**Tables**

Table 1. Components of Cognitive Behavioural Therapy for Psychosis

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| --- | --- |
| Components | Goals |
| Psychoeducation | The goal is to help the patient understand and normalize his psychotic symptoms. One example is to educate that healthy individuals can hear voices, for example mistakenly heard someone calling. |
| Symptom diary homework | The goal is to help the patient understand his symptoms and later, develop case-formulation by himself. The symptom diary homework is encouraged to be done as detail as possible in describing his symptoms, starting with the volume of voices (as if someone is speaking to you or whispering or shouting), how distressing the voices might be, how frequent, and lastly to notice possible triggers that perpetuate specific hallucinations. |
| Collaborative case formulation | The goal is to help the patient understand how situations, thoughts, and emotions can trigger his psychotic symptoms. It is done collaboratively with the patient by discussing a recent situation or problem, thought process, emotions, and his psychotic symptoms. |
| Behavioural activation | The goal is to assist the patient to increase their level of activity. It is done by making a list of activities that the patient can do such as light exercises, hobbies, and basic self-care. |
| *Relaxation techniques* | The goal is to provide the patient with tools for anxiety management. |
| *Behavioural experiment* | The goal is to help the patient develop an alternative understanding of his psychotic symptoms. For example, the patient is encouraged to test a voice by doing and not doing what a particular voice commanded, so that the patient can understand the consequences of following or not following a particular voice. |
| Exploring negative automatic beliefs | The goal is to help patients find alternative explanations of situations that are less distressing. |
| Emotion regulation | The goal is to help patient identify and manage his negative emotions. Specifically, the patient is guided to identify the five basic emotions and is provided with reappraisal and distraction techniques for emotion regulation strategies. |

Table 2. Treatment agenda and significant patient status

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| --- | --- | --- |
| **Session** | **Agenda** | **Patient Status** |
| 1-3 | Build rapport, initial diagnosis assessment | Diagnosis of Schizoaffective Disorder with comorbid Generalized Anxiety Disorder and Depression is made. |
| 4-7 | Psychoeducation & normalization of experience | Patient starts to share his symptoms in detail. |
| 5-18 | Symptom diary homework | Patient can differentiate his auditory and visual hallucination (volume, content, source). |
| 19-23 | Collaborative case formulation | Patient is now aware that his anxiety increased since the pandemic. Patient is now aware of how his lack of sleep and feelings of guilt, worry, fear, and anger impacted on his psychotic symptoms. |
| 24-26 | Relaxation techniques for anxiety (mindful breathing, grounding) & Behavioural Activation for depression | Patient is sceptical of the relaxation techniques and does it for the sake of therapy homework. Patient creates a consistent morning routine (light exercises) and a better sleep schedule |
| 27-35 | Behavioural experiment on hallucinations | Patient is now aware that his primary hallucination triggers are guilt and anxiety, and that some voices are generated internally. |
| 36-38 | Behavioural experiment on media and news | Patient develops an alternative perspective regarding the “messages” that used to make him paranoid from media and news. Patient is no longer receiving messages from media and news. Patient now uses relaxation techniques routinely. |
| 43-50 | Emotion regulation | Patient can now identify and tolerate guilt, fear, and anger. Patient starts to doubt whether he can communicate directly to God. |
| 51-60 | Exploring negative automatic beliefs (“unfriendly stares”) | Patient develops an alternative perspective to the ‘unfriendly stares’ and it no longer triggers anxiety. Patient also report some auditory hallucinations have suddenly disappeared. |

*Note***.** Session one to three duration is 60 minutes. Session four to sixty duration is 30 minutes provided twice per week.

Table 3. Psychotic Symptom Rating Scales (PSYRATS) Assessments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hallucinations | Initial assessment | First-stage treatment | Mid-stage treatment | Late-stage treatment |
| *Hallucinations* |  |  |  |  |
| Frequency | 2 | 2 | 3 | 1 |
| Duration | 4 | 1 | 1 | 1 |
| Location | 4 | 4 | 1 | 0 |
| Loudness | 1 | 2 | 1 | 1 |
| Beliefs on the origin of the voice | 4 | 4 | 2 | 2 |
| Amount of negative content | 3 | 2 | 2 | 2 |
| Degree of negative content | 3 | 3 | 3 | 1 |
| Amount of distress | 4 | 4 | 2 | 2 |
| Intensity of distress | 4 | 4 | 1 | 1 |
| Disruption to life | 1 | 1 | 2 | 1 |
| Controllability of voice | 4 | 4 | 4 | 4 |
| Total Hallucinations Score | 34 | 31 | 22 | 16 |
| *Delusions* |  |  |  |  |
| Amount of preoccupation | 3 | 2 | 1 | 2 |
| Duration of preoccupation with delusion | 4 | 3 | 2 | 1 |
| Conviction | 4 | 2 | 2 | 2 |
| Amount of distress | 3 | 2 | 1 | 1 |
| Intensity of distress | 3 | 1 | 1 | 2 |
| Disruption of life caused by beliefs | 2 | 1 | 1 | 1 |
| Total Delusions Score | 19 | 11 | 8 | 9 |
| Total Hallucinations and Delusions Score | 53 | 42 | 30 | 25 |

*Note*. The initial assessment was session one. The first-stage treatment was session 14, one month after session one. Mid-stage treatment was session 45, five months after session one. Late-stage treatment was session 58, six months after session one.