

Session 7: Taking Power Away from Voices & Worries

Objectives

The overall goal of this session is to teach the Veteran that they can redirect their attention away from voices and worries as a means of better managing, and getting their power back from, these experiences. Specifically, you will:

- Provide psychoeducation about the different ways of relating to psychotic experiences, ranging from ignoring them to overly focusing on them.
- Educate the Veteran about various refocusing strategies and motivate them to try these on their own between sessions.

Material

1. Agenda & check-in:

Review the agenda shown in the manual and ask the Veteran if they agree with it or want to add/change anything. Prioritize the agenda items if necessary.

2. Review:

Briefly recap the main points of the last session, or ask the Veteran to do so.

3. Review of Action Plan:

- Ask the Veteran about their experience completing the Action Plan, which was to engage in a social activity. How did their ratings of how much they enjoyed the activity and how well it went compare to what they had predicted? If the ratings were higher than they predicted, ask questions to draw out positive belief change, e.g., *“It looks like it went better than you thought it would and you enjoyed it more than you thought you would. What do you think that means?...Is there something we can learn from this?...Maybe doing social things is better than you think it will be?”*
- Ask about any changes they noticed on their voices and worries during and right after the social activity, and ask similar questions to draw out belief change. Veterans often state that their voices or worries reduced during positive social activities or at least did not bother them as much, or that the mood lift they experienced from the social activity helped to reduce the negative impact of their symptoms afterward.
- If the Veteran reports that the social activity went poorly, carefully review it to make sure that this is accurate vs. a misinterpretation due to negative beliefs or psychosis. If it did go poorly, help them process their reaction and see if the activity can be retooled and tried again, or if a different one would be more appropriate.
- Remember to ask about and reinforce any progress they have had on using stress reduction techniques and working toward goal steps.
- If the Veteran did not complete the Action Plan, inquire about the reasons and help them problem-solve. Common reasons include forgetting to do it, the social activity

chosen was too ambitious, and interference from negative beliefs and/or psychotic symptoms. You may find that they need a booster from the previous session on stress reduction strategies to be better prepared for social activities.

4. Attention to voices and worries:

- Provide psychoeducation about the different kinds of responding to psychotic experiences, as outlined in the manual. These range from ignoring (or actively suppressing) the voices/paranoid thoughts on one end of the spectrum to overly fixating on them on the other. Ask the Veteran if they can relate to these different ways of responding, and what the outcome tends to be in each case. Typically, responding in the two extremes is tied to more distress and poorer outcomes. The main point to convey is that we have a choice in how we respond to these experiences, and that the most optimal method is typically in the middle—noticing the voice/worry/paranoia and then making a conscious decision to direct one's attention to what is most helpful to their wellbeing (e.g., to their values, aspirations, and goals).

- Sample therapist language:

"For example, a lot of times when people hear upsetting voices, their natural reaction will be to really focus on the voice. They might spend a lot of time and energy trying to make out what the voice is saying, listening for the next voice, or even fighting it by talking back to it or yelling at it. Often what happens next is that this makes them feel more stressed out and the voice gets worse. Then the person focuses on it more and feels even worse. They might stop going out, stop talking to people, and stop working toward what's important to them, and their goals. They lose their power to the voices. It's sort of like being pulled into quicksand. Can you relate to this at all?" (Veteran replies; therapist reflects and reinforces response.) *"Yes, this is a very common and understandable reaction, especially when faced with something scary! The good news though is that we have the ability to channel our focus and our energy to other things—more positive things that are helpful to us—so we can feel better and stay on track with what we want our life to be about. It's the difference between reacting vs. responding. Today we're going to talk about some strategies for doing this, to help you take your power back from the voices. We call these **refocusing techniques**."*

5. Refocusing techniques:

- Ask the Veteran what activities or techniques they already use to refocus their energy and attention from psychotic symptoms, and strongly reinforce these. Have them mark any applicable techniques from the table, and mark any that they would be willing to try. Explain that typically, good refocusing techniques are things that take some degree of mental effort, which can help distract our mind. With voices in particular, many patients have found that using their voice (e.g., reading aloud or under one's breath, singing, humming) or listening to music to be effective. Explain that refocusing techniques can range from very simple, such as listening to music, to more elaborate, such as working toward one's goals.
- Introduce the **Look Point Name Game** as a very simple refocusing technique that many patients have reportedly found helpful, particularly for voices. Walk the Veteran through the instructions and practice it with them; i.e., have them point and name

things in the room until they run out. You can make the activity more fun and richer by doing it outside. Explain that the technique can be modified for different settings—e.g., if the Veteran is experiencing voices on a bus and does not want to call attention to themselves, they can skip the pointing part and just name the objects under their breath.

6. Take-home points:

Ask the Veteran what they learned from the session, or what they want to take from it.

7. Action plan & feedback:

- The Action Plan is for the Veteran to work on at least one goal step, continue using stress reduction techniques as needed, and practice using refocusing techniques at least once per day and tracking the effect on their psychosis symptoms using the form provided at the end of the session in their manual. As usual, these are only suggestions; the assignment can be anything that you and the Veteran together decide is most helpful.