

Dealing with potentially difficult situations in the MCT intervention

What to do if participants talk about their psychotic symptoms

It is important to differentiate between whether participants are talking about their current acute psychotic delusions or former delusions that they can now speak about from a distance. **You should not actively address, support, or challenge an individual's acute psychotic delusions.** In-depth treatment of individual delusions should be carried out by the participant's therapist, whom you should inform after the end of the session.

At the same time, it is useful to encourage patients to share their own delusional experiences during MCT exercises if these experiences are in the past or if the participants are able to distance themselves sufficiently. In the different modules, you will find hints on some slides regarding whether patients may share such experiences.

What to do if participants ask you to confirm delusional ideas (such as that they are being followed)

Give an **open and nonjudgmental answer** (e.g., "This is a possibility, although I don't think it is the most likely one"). **Avoid openly questioning the delusional ideas** (especially in front of others) or giving the participant the feeling they have said something foolish (e.g., don't make statements such as "You don't really believe that yourself" or "That's impossible").

What to do if participants do not actively engage in the session

Participants are free not to express themselves. However, the group thrives on active participation. If participation in the group is very low, try to encourage the patients to participate by **addressing them directly in a friendly way** ("Ms. X, what do you think?" or "How plausible do you think this conclusion is, Mr. Y?"). If the participant does not want to say anything even after being asked directly, do not insist. Instead, you may choose to say something about the topic yourself.

For patients who are not willing to talk (e.g., due to social anxiety or delusional fears), using **hand signals** (hand raised high = strongly agree/very sure; hand raised halfway = agree with some doubt/uncertain) is helpful. Try speaking calmly to individuals who are not participating, either after the training session or before the next session, to carefully **clarify or increase their motivation for treatment.**

What to do when participants are inattentive or easily distracted

Create a **calm environment with low sensory stimulation.** Proceed in a **structured** manner, stick closely to the slides, and limit the session to a **manageable amount of material** ("less is more").

It is often worthwhile to **keep the theoretical part relatively short** in such a group and to **motivate the participants to engage by focusing on the fun exercises.** If you find that a task group is particularly helpful in keeping the participants focused, stick to this type of task.

What to do if participants appear very irritable and aggressive

If a person is aggressive and impulsive and you feel unsafe, get help. If their behavior does not seem physically threatening, address the impulsiveness or aggression and ask them to leave. If you think they may calm down outside of the group, you can tell them to come back after they've taken a break.

Always take precautions when dealing with aggressive patients (e.g., have two MCT trainers or sit near an alarm button). **Your safety always comes first.**

What to do if the participants are currently under a lot of stress

During the MCT group sessions, it is unfortunately not possible to focus in depth on individual, currently stressful situations. Do not abruptly cut off personal statements about current problems, but do emphasize that the MCT is not the right place to talk about them. You may invite the person concerned to focus on the MCT session as a form of distraction and a way to gain some distance from their current problems. Also, offer the person the possibility of leaving the group if it becomes too much for them. **Contact the appropriate practitioner if you are worried about the person's condition.**

What to do if most participants are very slow or are cognitively impaired

Focus on the most important slides. Limit unnecessary information, and try to **emphasize and repeat important content** so that these patients can follow you. Use **simple, clear language** so that cognitively impaired patients are not overwhelmed.

It is not possible to generalize about whether participation in MCT is appropriate for people with intellectual disabilities. Decide for yourself whether the person concerned could benefit from MCT. Our own experience with such participants has been quite positive. Lower intelligence and neurocognitive functioning are not predictors of poor outcome in MCT.

What to do if participants present flat affect or little emotional response

Flat affect is clinically common but can be a misleading term. Participants often experience vivid emotions on the inside but are not able to convey them very well, especially through facial expressions or gestures. Reduced facial expressions and gestures may be also be due to the side effects of antipsychotics (parkinsonian symptoms) or severe depression.

Do not let yourself be discouraged by the seemingly low engagement or apparently low interest. Due to the often reduced expression of emotions of people experiencing psychosis, therapists often assess their work with these patients as less successful or beneficial than their clients actually do.

What to do if participants are difficult to contain

Try to **structure** the session by using the slides. **Always listen to participants and take them seriously.** At the same time, try to **make connections to the training content.** However, do interrupt participants if topics irrelevant to the current session are being addressed in an excessive manner. Indicate that you are not disinterested but that the **session's limited time**

should be used to cover the MCT content. At this point, remember to draw attention to the relevant **group rules** (a poster with the rules should be posted in the room, if possible; click on the image button below).

What to do if participants are suspicious

Suspicion is **quite normal during the first sessions. Calmly accept initial rejection and suspicion and show participants that you respect their attitude.**

If you feel that a particular person is still not opening up after several sessions, it may be useful to **briefly address** the issue of mistrust one-on-one after the session once the other members have left. You might ask, "Have you perhaps had bad experiences with opening up and don't want this to happen again? Are you concerned about this?"

What to do if participants are not able to keep their distance and ask questions that are too personal

If appropriate to the situation, a **limited amount of self-disclosure** on your part can **enhance the relationship between trainer and participants.** Therefore, you should not strictly avoid sharing any personal information with the participants—but limit it to information that is not too intimate (e.g., your place of birth). If someone oversteps by asking very private questions or is too close physically, make it clear to the person in a respectful yet firm manner that this is inappropriate. If necessary, draw a clear line and exclude the individual from future sessions. Psychological problems do not justify bad behavior!

What to do if participants make inappropriate sexual remarks

Speak directly to the person concerned. Make it clear that this behavior is inappropriate. Always take precautions if you do not feel safe. Clarify the goals of the MCT sessions and how you both (facilitator and participant) should relate to each other. E.g., "A professional relationship based on trust is very important for the success of this training. I am happy to listen to you and support you in developing new ways of thinking and acting. In return, I expect you to behave respectfully and to respect my boundaries". State that the person will be excluded from the group if their behavior does not change.

What to do if participants find the terms "psychosis" or "schizophrenia" inappropriate for them

Not all participants in the MCT intervention have a diagnosis of psychosis/schizophrenia or are aware of their diagnosis. Furthermore, not all participants with psychosis/schizophrenia show insight into their disorder (insight is not a prerequisite for MCT). In these cases, be careful when using slides that contain the word "psychosis." Point out that MCT aims to provide information about distortions of thought that can lead to problems in life and relationships. If asked, make it clear that participation in MCT for psychosis does not imply that participants have to accept this diagnosis.

The open-source version of the MCT intervention can be modified. You can update slides and delete diagnostic terms, just as some of our colleagues have done in the past (link [here](#)).

What to do if participants are unreliable and do not show up to sessions

MCT is an **optional treatment. It is up to participants to decide whether or not to take advantage of the treatment.** However, it's a good idea to **inform newly registered participants about the range of topics** addressed in MCT. If they are not interested, try to get them to participate in a "**trial session**"—they can then decide whether they would like to return. If you are conducting the training with inpatients on a ward, it is advisable to **make a quick round before the start** of MCT in order to **remind** participants about the session. It is not uncommon for patients to still be in bed or to have forgotten the appointment because they don't remember their schedule. It is also a good idea to tell them the topic for the upcoming session and to provide some additional motivating information (e.g., "We will do a lot of fun exercises today").

What to do if participants do not complete their homework

Many participants forget to do their homework or do not want to write notes on the homework sheets due to distrust. Remind participants that homework and practice are important in order to internalize the learning objectives, to transfer the knowledge and skills they have learned to their daily lives, and to help identify their own biases.

If only a few participants complete the homework, you can offer these to go over their homework sheets after the end of the session. Regularly **remind patients to use the app** (www.uke.de/mct_app), which sends daily push notifications with exercises.