

## Request for Partners: Cognitive Behavioral Therapy For Psychosis Program

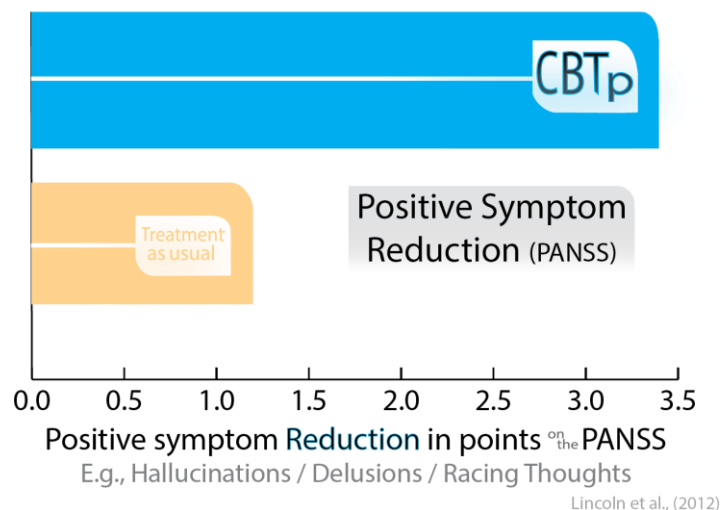
### Introduction/Statement of Purpose

The Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University (NEOMED) is seeking an additional partner to implement a Cognitive Behavioral Therapy for Psychosis (CBT-p) program. The BeST Center was established in NEOMED's Department of Psychiatry in 2009. Its mission is to improve the lives of people affected by schizophrenia and their families and friends by accelerating the adoption of best treatment practices. The BeST Center works with community mental health agencies and other organizations and provides training, consultation, evaluation, outreach and other services to build the capacity to provide evidence-based and promising treatment practices.

Within a framework that utilizes a partnering approach, the BeST Center and its collaborators contribute CBT-p resources throughout the implementation process. Therefore, a significant organizational commitment will be required to successfully implement and sustain this program.

### Impact on Client Outcomes and Client Satisfaction

Research has demonstrated that recovery is possible for individuals affected by schizophrenia spectrum disorders. While medication is one helpful approach to treating symptoms, many individuals continue to experience distressing symptoms even when taking medication (Gould, et al, 2001). Cognitive Behavioral Therapy for Persistent Psychosis (CBT-p) is recommended as an adjunctive treatment for individuals who experience persistent positive symptoms of schizophrenia (see Schizophrenia PORT guidelines; Dixon et al., 2010). CBT-p delivered in community health settings has helped individuals reduce their experience of distress (see Lincoln, et al 2012).

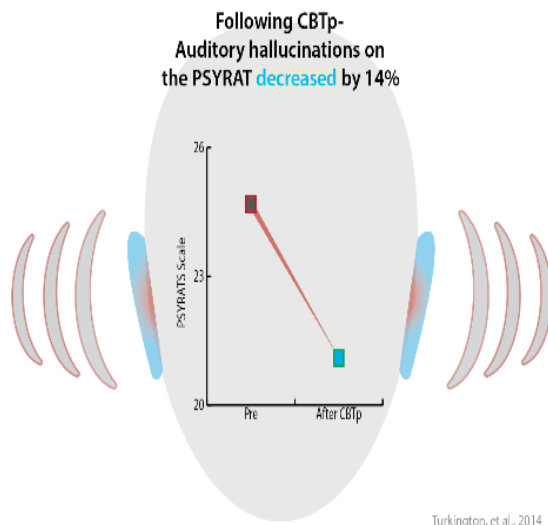




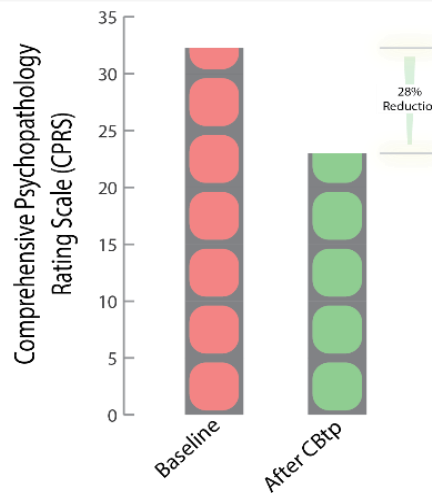
**Most importantly, CBT-p is a recovery-based treatment approach that promotes client empowerment, self-directed learning, compassionate self-awareness, and connection with others.** Given these factors, it is not surprising that the vast majority of clients who receive CBT-p report high levels of **satisfaction** with treatment.

Research indicates that between 70% (Durham, et al., 2006; Miles et al., 2007) and 96% (Lawlor, et al., 2017) of clients who have completed CBT-p reported that they were satisfied with therapy. Some of the factors associated with client satisfaction include positive therapy expectations; positive ratings of therapist’s personal qualities, competence, and trustworthiness; subjective ratings of having made progress and gained more CBT-p skills and knowledge.

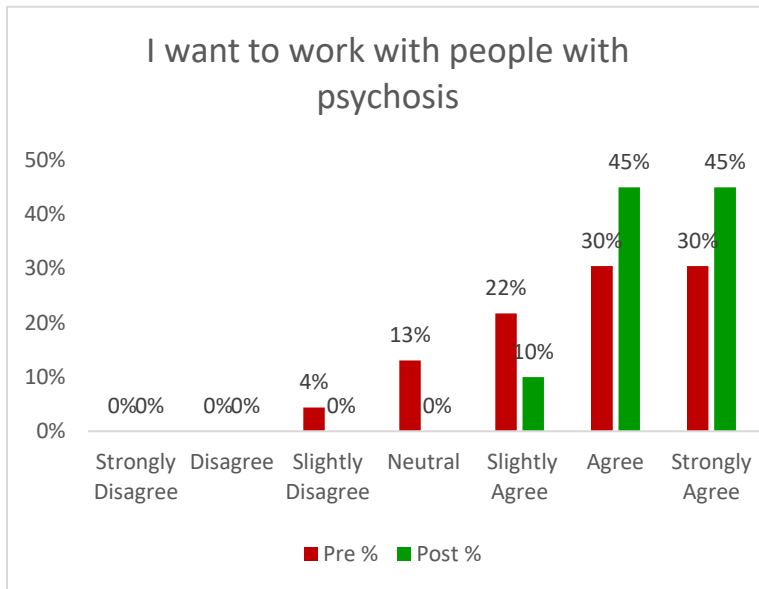
### Clients who receive CBT-p informed services also demonstrate a decrease in symptoms



After training case managers with low intensity cognitive behavioral techniques for persons with psychosis there was 28.7% reduction in overall client psychopathology



## Impact on Workforce Development



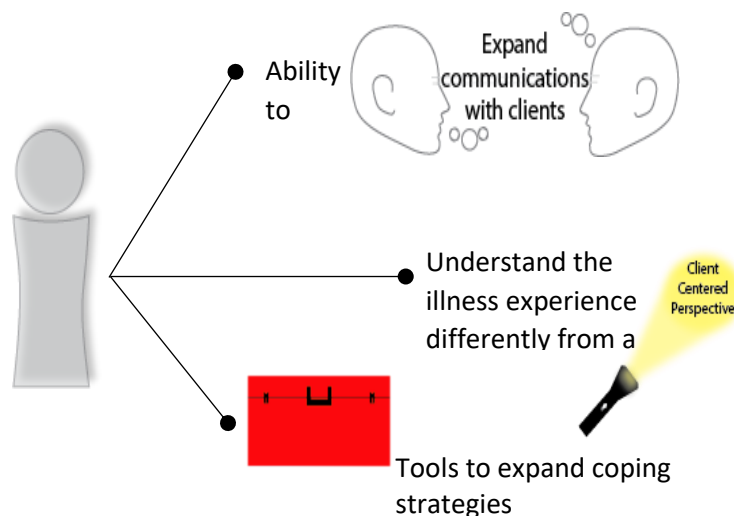
### Developing a New Desire and Commitment

Mental health providers may be hesitant to work with individuals who struggle with psychosis. This may be due to lack of training about how to work individuals who experience psychosis. Helping mental health workers to learn strategies for working with individuals affected by psychosis may increase their confidence and desire to work with this population (Unpublished BeST Center program evaluation data).

### Developing Effective Clinical and Case Management Strategies

Many staff do not feel adequately prepared to work with psychotic symptoms and often share misperceptions about schizophrenia. Based on program evaluation data we have collected:

- Following training, participating staff often report feeling better prepared to work with individuals with psychosis.
- Interviews conducted with case managers following intensive training and practice with low-intensity techniques indicated the following themes (Montesano, Skubby, Sivec, Hupp, Munetz, Pelton, and Turkington, 2013 unpublished program evaluation review):



- Ability to expand communication with clients
- Understanding illness experience differently – from client perspective
- Providing tools to help the client develop coping strategies

## CBT-p is Accessible and Billable

CBT-p is an evidence based practice that is reimbursable under Medicaid. With behavioral health redesign emphasis on evidence based practice, CBT-p provides an individual and team based approach to treatment with a recovery focus, common treatment language, and an evidence base. See below for an example of a topics covered in intensive CBT-p training and consultation:

- Engagement Strategies for psychosis
- Recovery-oriented goals
- Cognitive model for working with thoughts and emotions
- Strategies for working with hallucinations and delusions
- Working with trauma and psychosis
- Relapse prevention/staying well strategies

- Adherence strategies
- Physical wellbeing
- Strategies for working with core beliefs
- Working with families
- Mindfulness and Compassion Focused Therapy strategies
- Supervisor/Team leader training

## **Description of a Fully Implemented CBT-p Program**

A fully implemented CBT-p program would provide individuals who experience psychosis access to at least one CBT-p related service: Individual therapy, case management services employing CBT-p informed strategies, or group CBT-p. Ideally, implementation would result in a team-based approach of licensed counselors and therapists working in collaboration with other team members (e.g., case managers, nurses, psychiatrists, certified nurse practitioners).

### **Expectations for partner agencies**

Complete readiness assessments (written forms to assess organizational readiness)

Participate in interactive meetings to identify barriers and facilitators to implementation

- Selection of agency staff to develop an implementation plan:
  - Implementation team- leaders for administrative, IT, and clinical implementation
  - Clinical team- direct care staff and supervisors to be trained in CBT-p strategies
- Commitment of time and resources for training and fidelity review
- Provision of outcome data

### **Steps for Implementing a Cognitive Behavioral Therapy for Psychosis Program Training**

- Overview and readiness assessment (two-step process with agency leadership)
- Selection of staff and planning for adoption of Evidence Based practice within agency
- Intensive training (20 hours): overview of Recovery oriented care, CBT-p model, and introductions to specific strategies for engagement and intervention
- Bi-weekly, team-based consultation (6 months); followed by monthly consultation
- Monthly meeting with leadership to guide implementation
- Fidelity review (audio review of treatment sessions- minimum of 3 sessions)

### **Full CBT-p program**

All trained staff/supervisors achieve competence on standardized CBT-p/Cbt-p fidelity scales

All trained staff/supervisors scheduled for ongoing support, coaching, and feedback:

- Individual supervision from immediate supervisor who is competent in CBT-p strategies
- Group/team level meetings to review strategies as well as care coordination
- Administrative and clinical leaders to have routine consultation with BeST Center CBT-p experts

Referral system in place to guide clients to appropriately trained staff

Data reporting: Referrals and client outcomes reported and reviewed at set intervals to inform and support implementation and sustainability of the program

**References and resource information:**

- Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., . . . Kreyenbuhl, J. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, *36*(1), 48-70.
- Durham, R. C., Guthrie, M., Morton, R. V., Reid, D. A., Treliving, L. R., Fowler, D., & Macdonald, R. R. (2003). Tayside-Fife clinical trial of cognitive-behavioural therapy for medication-resistant psychotic symptoms. Results to 3-month follow-up. *British Journal of Psychiatry*, *182*, 303-311.
- Gould, R.A., Mueser, K.T., Bolton, E., Mays, V. & Goff, D. (2001). Cognitive therapy for psychosis in schizophrenia: An effect size analysis. *Schizophrenia Research*, *48*, 335-342.
- Kuipers, E., Garety, P., fowler, D., Freeman, D., Dunn, G., Bebbington, P. (2006). Cognitive, Emotional, and Social Processes in Psychosis: Refining Cognitive Behavioral Therapy for Persistent Positive Symptoms. *Schizophrenia Bulletin*, *32*, S24-s31.
- Lawlor, C., Sharma, B., Khondoker, M., Peters, E., Kuipers, E., Johns, L. (2017). Service users' satisfaction with cognitive behavioral therapy for psychosis: Associations with therapy outcomes and perceptions of the therapist. *The British Journal of Clinical Psychology*, *56*, 84-102.
- Lincoln, T., Ziegler, M., Mehl, S., Kesting, M-L., Lullmann, E., Westermann, S. & Rief, W. (2012). Moving from efficacy to effectiveness in cognitive behavioral therapy for psychosis: A randomized clinical practice trial. *Journal of Consulting and Clinical Psychology*, *80*, 674-686.
- Miles, H., Peters, E. & Kuipers, E. (2007). Service-User satisfaction with CBT for Psychosis. *Behavioural and Cognitive Psychotherapy*, *35*, 109-116.
- Montesano, V.L., Sivec, H.J., Munetz, M.R., Pelton, J.R., Turkington, D. (2014). Adapting Cognitive Behavioral Therapy for Psychosis for case managers: Increasing access to services in a community mental health agency. *Psychiatric Rehabilitation Journal*. *37*: 11-16.  
<http://dx.doi.org/10.1037/prj0000037>.
- Montesano, Skubby, Sivec, Hupp, Munetz, Pelton, and Turkington, (2013). The impact of training and application of High-Yield Cognitive Behavioral Techniques for psychosis on case managers: A qualitative analysis. Unpublished manuscript.
- Sivec, H.J. & Montesano, V.L. (2012). Cognitive Behavioral Therapy for Psychosis (CBT-P) in clinical practice. *Psychotherapy*, *49*, 258-270.
- Sivec, H.J. & Montesano, V.L. (2013). Clinical process examples in Cognitive Behavioral Therapy for Psychosis. *Psychotherapy*, *50*, 458-463.
- Sivec, H.J., Montesano, V.L., Skubby, D., Knepp, K.A., Munetz, M.R. (2017). Cognitive Behavioral Therapy for Psychosis (CBT-p) Delivered in a Community Mental Health Setting: A Case Comparison of Clients Receiving CBT Informed Strategies by Case Managers Prior to Therapy. *Community Mental Health Journal*. *53*: 134-142. (DOI) 10.1007/s10597-015-9930-0

- Turkington D, Munetz M, Pelton J, Montesano, V., Sivec, H., Nausheen, B. & Kingdon, D. (2014). High-Yield Cognitive Behavioral techniques for psychosis delivered by case managers to their clients with persistent psychotic symptoms: an exploratory trial. *Journal of Nervous and Mental Disease, 202*, 30-34.
- Turner, D.T., van der Gaag, M., Karyotaki, E., Cuijpers, P. (2014). Psychological interventions for psychosis: a meta-analysis of comparative outcome studies. *American Journal of Psychiatry, 171*(5), 523-538.