

Evidence-Based Practice & Resource Guide



Cognitive Behavioral Therapy for Psychosis (CBTp)

Evidence-based Practices for Psychosis



Northwest (HHS Region 10)



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



About Us

OUR GOALS

Accelerate adoption and implementation of mental health-related EBPs.

Heighten awareness, knowledge, and skills of the workforce.

Foster alliances and address training needs among diverse partners.

Ensure availability and delivery of free, publicly available training and TA.

The Northwest Mental Health Technology Transfer Center (Northwest MHTTC) provides training and technical assistance (TA) in evidence-based practices (EBPs) to behavioral health and primary care providers, school workers, and social service staff. The Northwest MHTTC is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Our team is a dynamic group of faculty and staff in the SPIRIT (Supporting Psychosis Innovation through Research, Implementation & Training) Center within the University of Washington School of Medicine. We support people who work to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness (SMI) in HHS Region 10 (Alaska, Idaho, Oregon, Washington).

Our center supports the behavioral health and allied workforce to implement specific evidence-based practices for psychosis, including Assertive Community Treatment (ACT); Cognitive Behavioral Therapy for Psychosis (CBTp); Coordinated Specialty Care for Early Psychosis (CSC); and evidence-based lifestyle programs.



Evidence-based Practice

Evidence-based practice includes treatments or service programs that have demonstrated effectiveness in targeting a range of clinical and recovery outcome domains. However, despite the proven effectiveness of EBPs for serious mental illness, few programs deliver these services consistently or with high fidelity.

Our center aims to improve lives, care, and outcomes by providing communities, clinicians, and others in the field with the information and tools they need to incorporate EBPs such as CBTp in their settings.



What is CBTp?

Cognitive Behavioral Therapy for psychosis (CBTp) is a talk therapy that is proven to help people who experience psychotic or psychotic-like symptoms. CBTp helps individuals to develop an awareness of their thoughts, feelings, and behaviors; develop skills to identify and change unhelpful thinking and behavioral patterns; and to note the impact of these changes on their level of distress. In CBTp, individuals work with a therapist to learn new cognitive (thinking), behavioral (doing), and emotional (feeling) strategies that will help them achieve their recovery goals.

What is the evidence for CBTp?

More than 30 years of empirical evidence supports CBTp. The effectiveness and efficacy of CBTp have been examined across the illness spectrum, care continuum, therapeutic modalities, specific symptoms, and subpopulations. **Findings generally support that CBTp helps individuals manage psychotic symptoms like hallucinations, delusions, and negative symptoms (challenges with motivation and emotional expression).** In addition, CBTp can provide relief from depressed and anxious mood states, improve sleep and activity cycles, reduce the risk of rehospitalization, and support efforts to take medications regularly.

Why is CBTp important?

CBTp helps people evaluate thoughts, beliefs, or behaviors that are no longer serving them well. **In doing so, CBTp can help people to get back to important activities like work, school, and socializing with others; alleviate psychotic and mood symptoms; reduce the risk or length of hospital stays; and increase consistency with their treatment plan.** As a result, health economic data suggests that CBTp can save systems money. In addition, CBTp's emphasis on personally meaningful recovery goals, empowerment, and skills training makes it a valuable therapy for those experiencing psychosis.

Implementing CBTp

Who is it for?

CBTp should be accessible across the care continuum and wherever individuals experiencing psychosis are served. Settings may include:

- Mental Health Care Systems
- Primary Care Clinics & Hospitals
- Correctional and Forensic Settings
- Educational Settings

(1) SAMHSA Guide (SAMHSA, 2021,p6): <https://store.samhsa.gov/sites/default/files/pep20-03-09-001.pdf>

How is CBTp implemented?

CBTp delivery is flexible, allowing therapists to meet patients where they are most comfortable. Treatment can occur in traditional in-person settings like offices or inpatient units, in the community, or with specialty care teams like Assertive Community Treatment. CBTp can be delivered as either a group intervention or as an individual intervention. Telehealth options provide accessibility for those who prefer or require remote sessions. CBTp can even be further enhanced by incorporating empirically supported smartphone apps, providing patients with on-the-go psychoeducation and CBT strategies.

Intention & Commitment

CBTp is ideally delivered by a licensed mental health professional who has received qualified training in CBT and specialized training in CBTp. Practitioners who are not licensed can learn to deliver cognitive, behavioral, and motivational techniques for psychosis (sometimes referred to as CBTp-informed care). CBTp training should be comprehensive and consist of didactics, behavioral rehearsal with feedback, and follow-along clinical supervision or consultation until the practitioner achieves proficiency. Practitioners' treatment fidelity should be assessed by a trained CBTp rater. Ongoing professional development should be obtained to ensure that CBTp therapists are able to competently deliver CBTp to a range of clients experiencing psychosis. Additional information about CBTp Competency Standards can be found on the [North America CBT for Psychosis Network website](#).

Funding & Staffing

Resources needed to deliver CBTp depend on the needs of the setting. Keep in mind the following key areas when implementing CBTp in your setting:

- Referral and care pathways
- Measuring response to treatment
- Clinical supervision
- Incentivizing CBTp delivery (e.g., Value-based Care, incentives for delivering CBTp and/or disincentives for delivering treatments that are not empirically supported)
- Continuing professional development in CBTp or CBTp-informed care

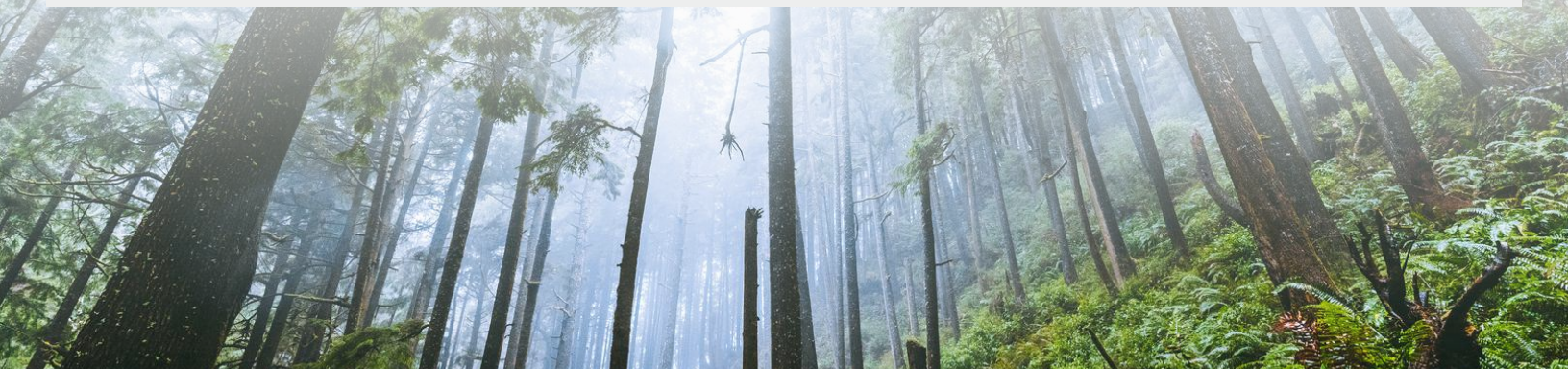
Training & Fidelity

Training in CBTp should be tailored to learners' roles and scopes of practice. Common elements of training include:

- Workshops (typically between 2-5 days).
- Longitudinal case-based consultation (typically between 6-12 months)
- Self-paced learning (i.e., CBTp ePrimer online course, reading seminal texts)
- Performance-based feedback (more frequent during training period)
 - Clinical consultation or supervision (e.g., live observation, role plays)
 - CBTp session fidelity reviews by a trained rater

Annual assessments of therapists' treatment adherence and competence can help ensure that clients are receiving high-quality CBTp. Assessments can come in the form of a psychometrically validated rating scale (gold standard) or standardized behavioral rehearsals.

Kopelovich, S., Nutting, E.*, Blank, J.*, Buckland, H. T., Spigner, C. (2021). Prevalence and Patterns of Cognitive Behavioral Therapy for Psychosis Training in the U.S. and Canada: Results from a Pilot Point-Prevalence Survey. *Psychosis: Psychological, Social and Integrative Approaches*, 14(4), 344-354. [doi: 10.1080/17522439.2021.1971744](https://doi.org/10.1080/17522439.2021.1971744)



Our Work Supporting EBPs

The Northwest MHTTC provides specialized training in EBPs for psychosis. Our team is a dynamic group of faculty and staff in the SPIRIT (Supporting Psychosis Innovation through Research, Implementation & Training) Center within the University of Washington's Department of Psychiatry & Behavioral Sciences.

Lydia Chwastiak, MD, MPH



Dr. Chwastiak's clinical and research interests have focused on the intersection of chronic medical illness and serious mental illness. She has adapted and implemented evidence-based integrated care models for low-resource settings in the US and in Southeast Asia.

Maria Monroe-DeVita, PhD



Dr. Monroe-DeVita's expertise is in implementation and services research related to EBPs for adults with serious mental illness, particularly ACT. She has served as Principal Investigator in development, implementation, and fidelity assessment of 10 new ACT teams. She is the lead author of the ACT fidelity tool (TMACT) which has been disseminated and piloted in several U.S. states and countries.

Sarah Kopelovich, PhD



Dr. Kopelovich holds a Professorship in Cognitive Behavioral Therapy for Psychosis (CBTp). Her research aims to enhance implementation and dissemination strategies for psychosocial interventions for individuals with Psychotic Spectrum Disorders. She leads the nation's first CBTp provider network, which was founded in 2015 in the Pacific Northwest.

Akansha Vaswani-Bye, PhD

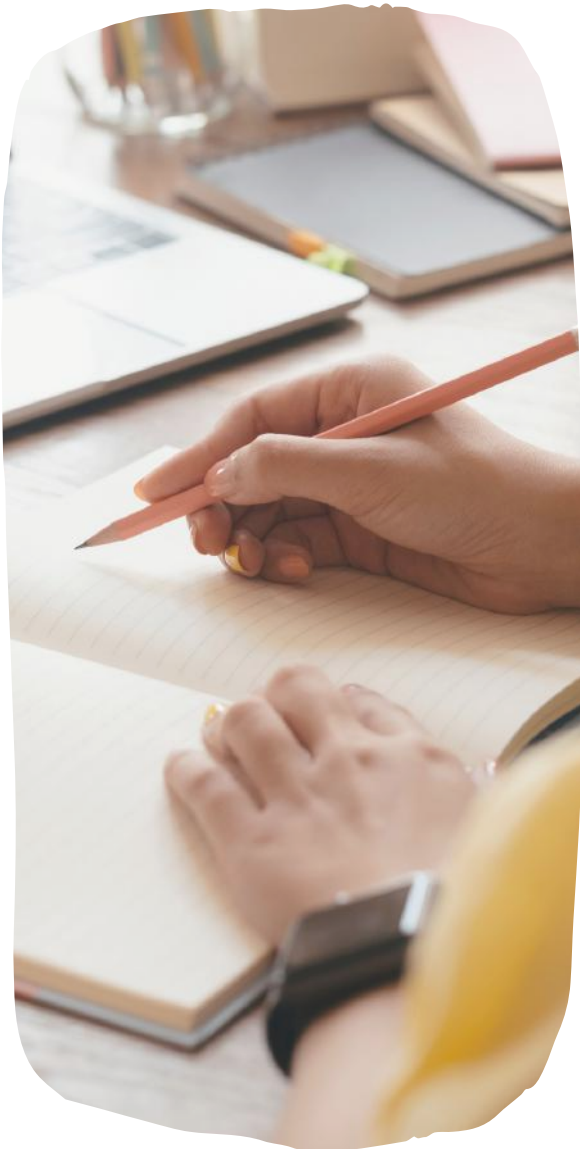


Dr. Vaswani-Bye's research and implementation work is focused on supporting communities impacted by psychosis, building the family peer workforce, and developing and disseminating culturally responsive principles and practices. She is interested in non-pathologizing interventions and interventions that account for structural and social determinants of health.

Continue Your Learning

Northwest MHTTC Resources

- Cognitive Behavioral Therapy for Psychosis (CBTp) | [ePrimer](#)
- Best and Promising Practices: CBTp | [Read](#)
- The Importance of Human Relationships, Ethics, and Recovery-Orientated Values in the Delivery of CBT for People with Psychosis | [Read](#)
- Cultural Considerations: Applying CBT to Racial & Ethnic Minority Groups with SMI | [Read](#)
- Group CBTp by Teletherapy | [Watch](#)
- Telehealth and Cognitive Behavioral Therapy for Psychosis (CBTp) | [Watch](#)
- Involving Natural Supports in Cognitive Behavioral Therapy for Psychosis | [Watch](#)
- CBT for Psychosis: Evidence-based Training Program for Family and Caregivers | [Watch](#)



Other Resources

- Routine Administration of CBTp as the Standard of Care for Individuals Seeking Treatment for Psychosis | [Read](#)
- North America CBT for Psychosis Network | [Visit](#)
- CBTp Training, University of Washington SPIRIT Center | [Learn More](#)
- EPICENTER Ohio State University Psychosis Speaker Series | [Watch Recordings](#)
- CBTp Techniques and Resources for Family and Caregivers | [Visit](#)
- Introduction to CBT-Informed Skills, Psychosis REACH for Families | [Watch](#)
- Resource List for Psychosis REACH Trainees | [Learn more](#)
- Family Interventions in Psychosis | [Read](#)
- Development and Evaluation of a Family-Focused, Culturally Informed Therapy for Patients with Schizophrenia | [Watch](#)



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