



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

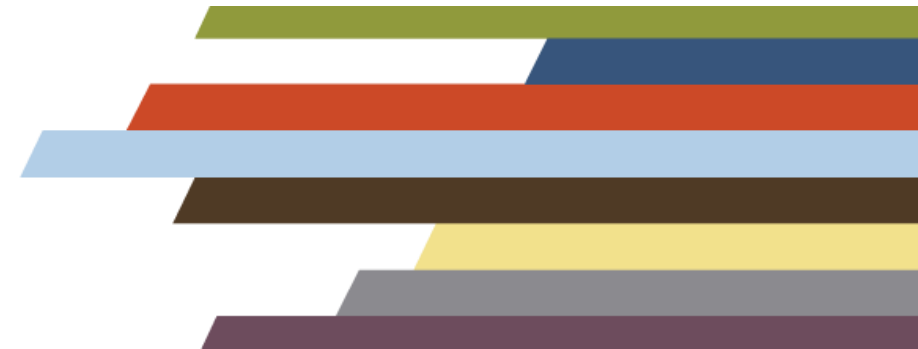
Clinical Innovations in Telehealth Learning Series: Telehealth and Cognitive Behavioral Therapy for Psychosis (CBTp)

Sarah Kopelovich, PhD, University of Washington, Northwest MHTTC

SAMHSA
Substance Abuse and Mental Health
Services Administration



Building Telehealth
CAPACITY



CLINICAL INNOVATIONS IN TELEHEALTH LEARNING SERIES



MHTTC

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

► 4 SESSIONS

► STARTING TUESDAY, MAY 19

► EVERY TUESDAY, 10-11am PT / 1-2pm ET

► REGISTER AT <https://bit.ly/mhttc-telehealth>

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Network Coordinating Office

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Connect with Your MHTTC - www.mhttcnetwork.org

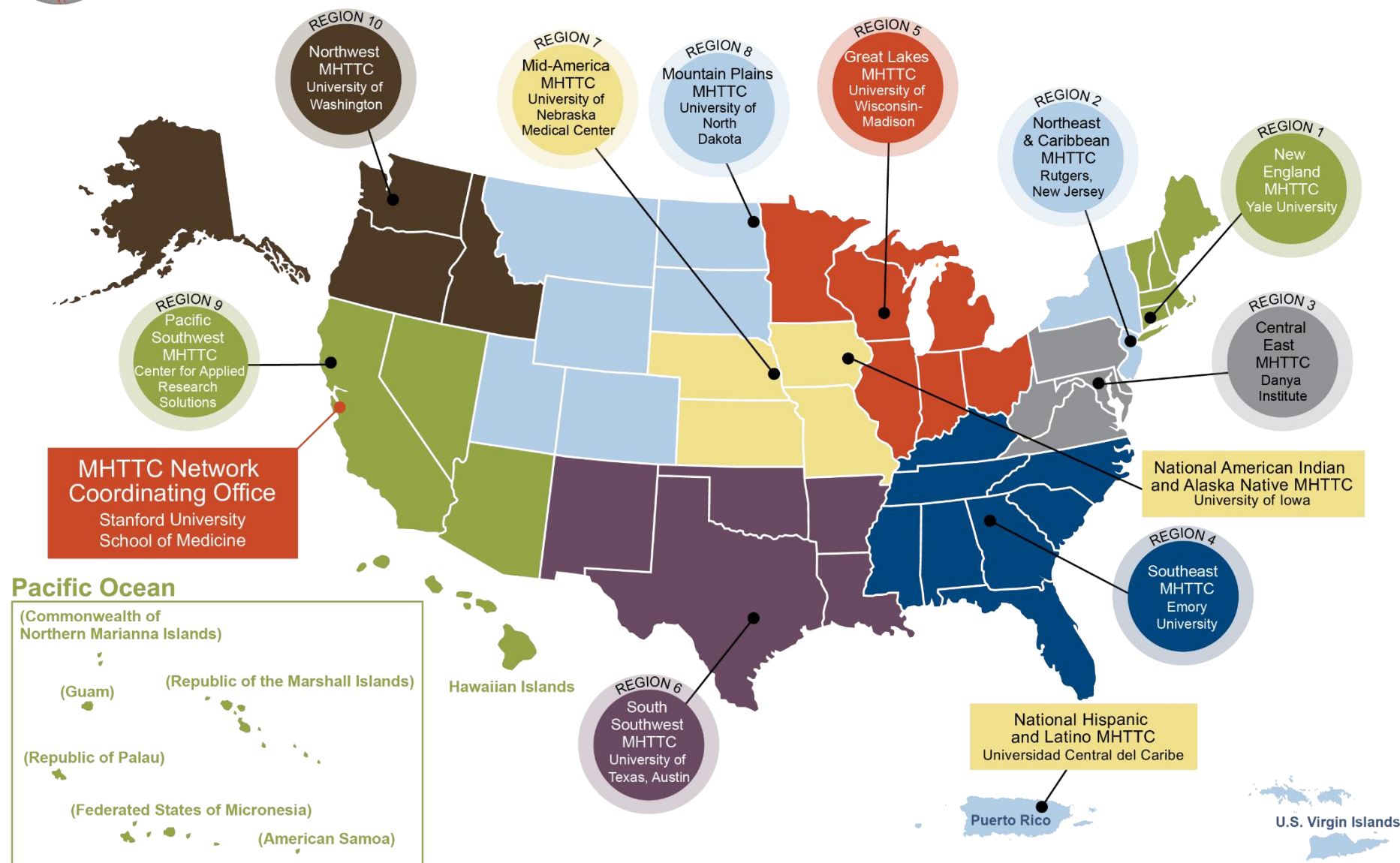


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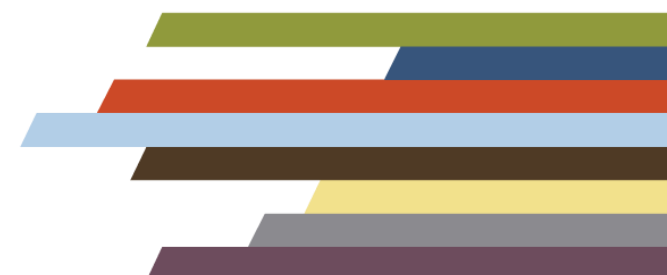
MHTTC Network



Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- You will receive an email following the presentation on how to access a certificate of attendance
- Follow us on social media:   @NorthwestMHTTC

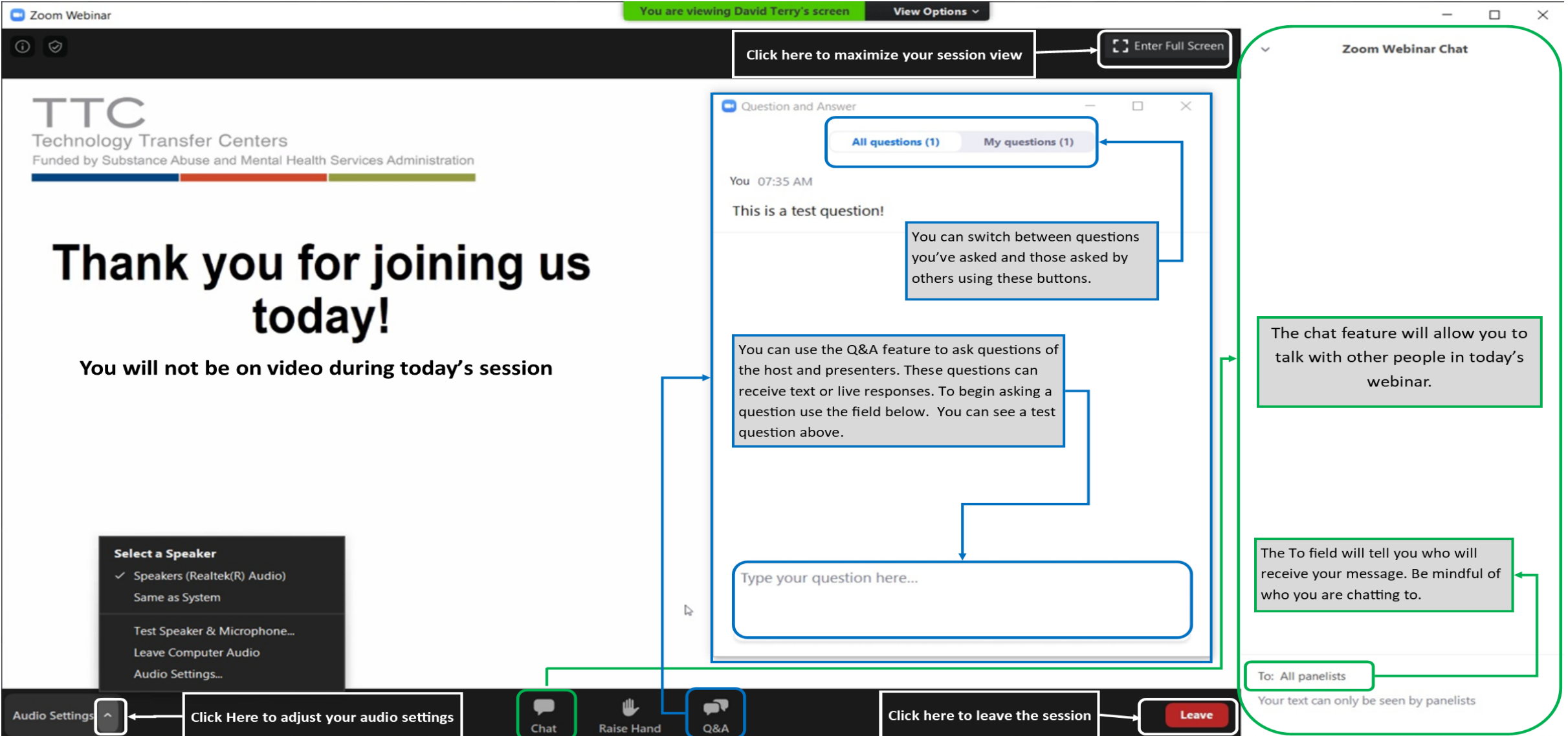
Please Note:
The session recording and slide deck will be posted on our website within a few days.



Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot displays the Zoom Webinar interface with several key components and annotations:

- Top Bar:** Includes the Zoom Webinar title, a status bar indicating "You are viewing David Terry's screen", and a "View Options" dropdown.
- Main Content Area:** Displays the TTC (Technology Transfer Centers) logo and a large "Thank you for joining us today!" message. A note states, "You will not be on video during today's session".
- Question and Answer (Q&A) Window:** A floating window titled "Question and Answer" with tabs for "All questions (1)" and "My questions (1)". It shows a test question: "This is a test question!". Annotations explain that users can switch between questions and use the Q&A feature to ask questions of the host and presenters.
- Zoom Webinar Chat:** A side panel titled "Zoom Webinar Chat" showing a message: "The chat feature will allow you to talk with other people in today's webinar." It includes a "To: All panelists" field and a note: "Your text can only be seen by panelists".
- Bottom Bar:** Contains controls for "Audio Settings" (with a "Click Here to adjust your audio settings" annotation), "Chat", "Raise Hand", "Q&A", and a "Leave" button (with a "Click here to leave the session" annotation).

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

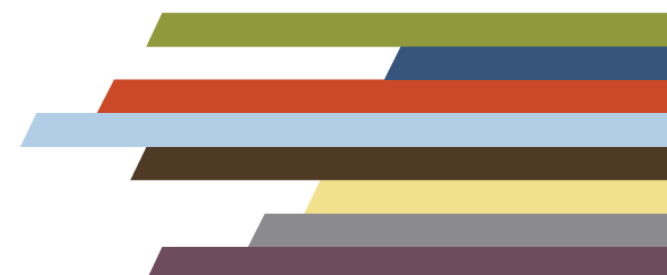
 **PEOPLE FIRST.** 

The MHTTC uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Evaluation Information

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At the end of today's training please take a moment to complete a **brief** survey about today's training.

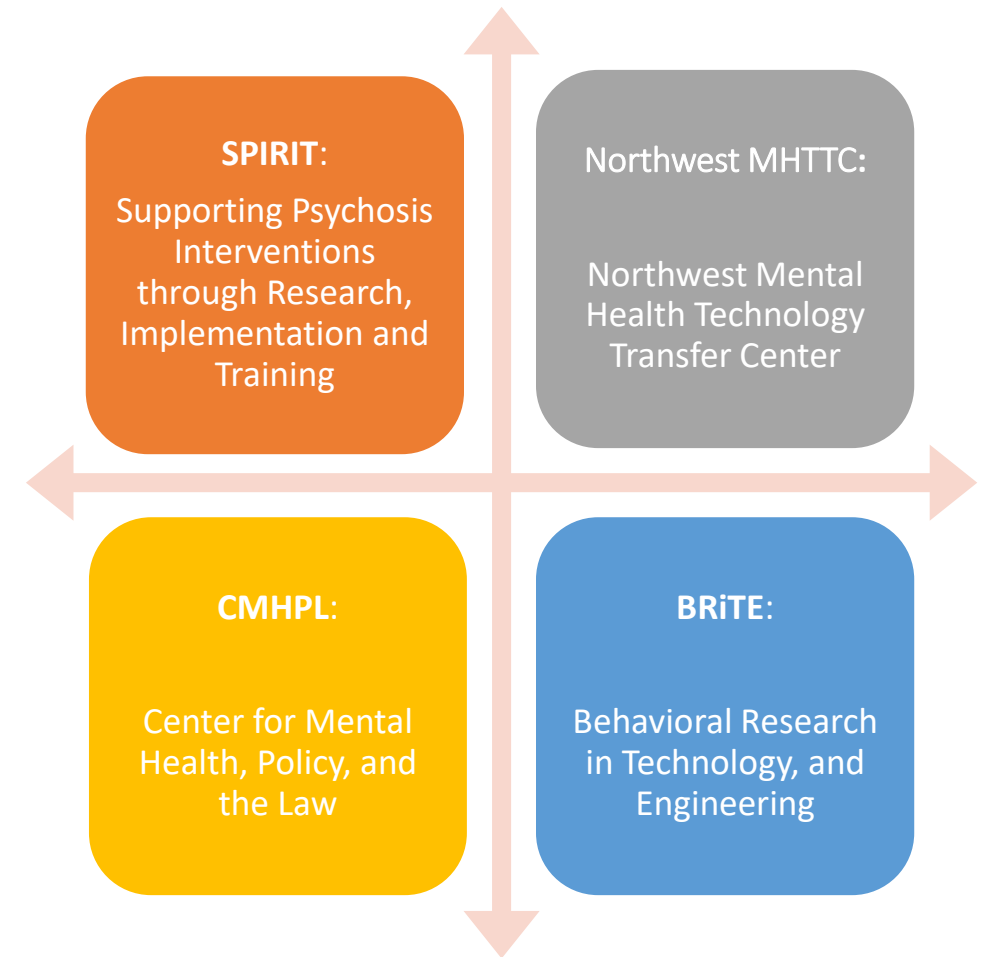


Sarah Kopelovich, PhD

Assistant Professor

Professor of Cognitive
Behavioral Therapy for
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Department of
Psychiatry & Behavioral
Sciences,
University of Washington



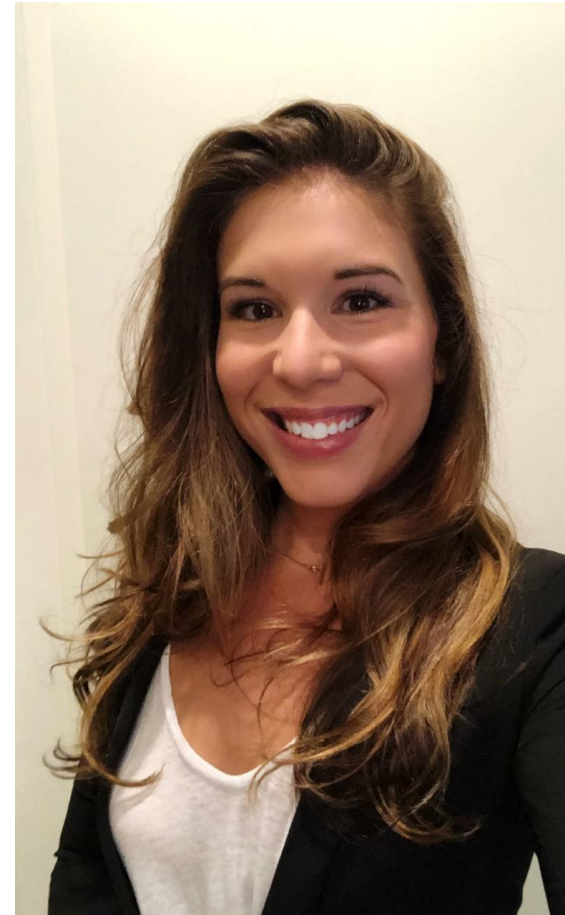
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Psychosis Treatment
& Recovery

Department of Psychiatry
& Behavioral Sciences

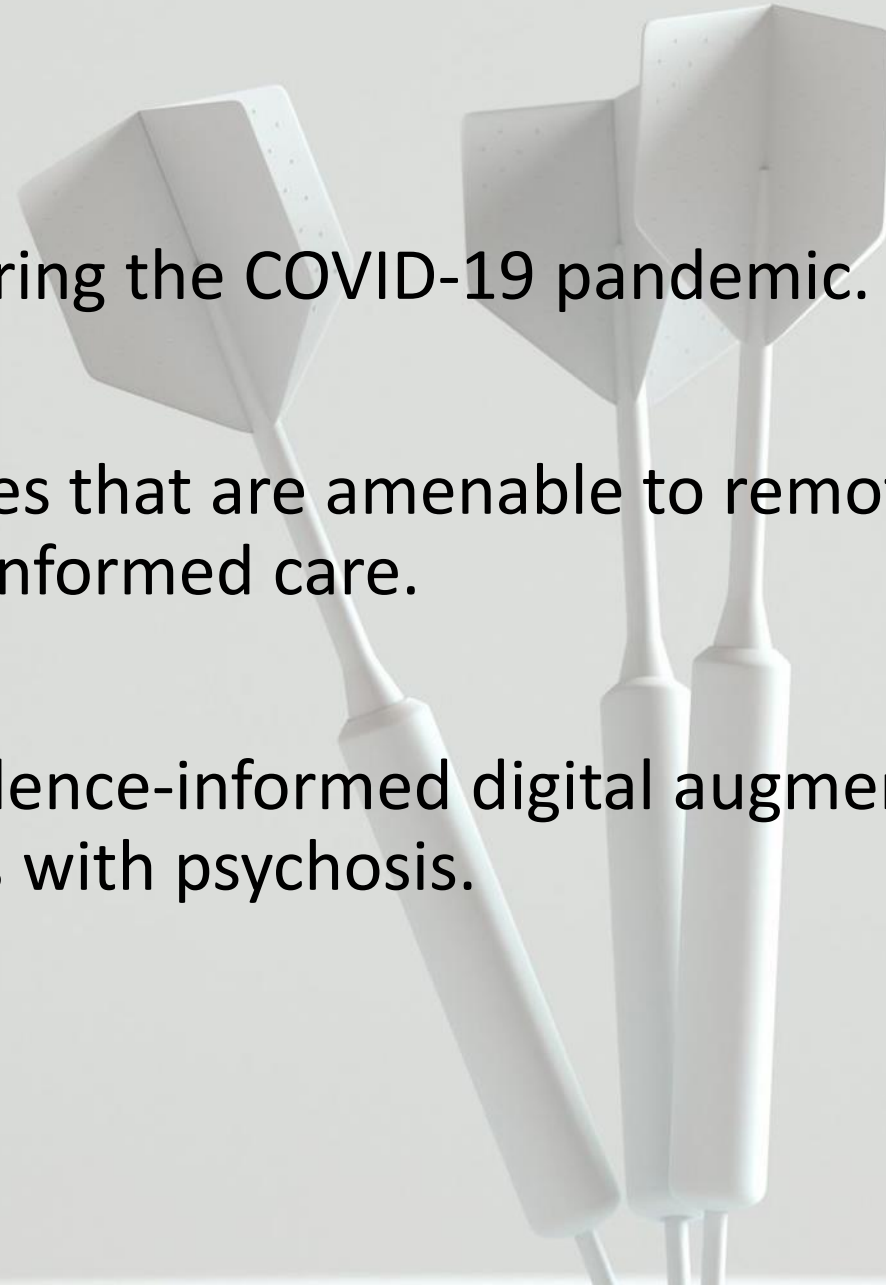
University of Washington



CONTACT INFORMATION: jmaura@uw.edu

Learning Objectives

- Identify key psychosis drivers during the COVID-19 pandemic.
- Walk through high-yield strategies that are amenable to remote administration of CBTp or CBTp-informed care.
- Discuss evidence-based and evidence-informed digital augmentation of clinical services for individuals with psychosis.



What this webinar will not address...

- Orientation to cognitive behavioral theories or therapies
 - Visit the [Academy of Cognitive and Behavior Therapies](#) or [The Beck Institute](#) for online training programs
- Orientation to cognitive behavioral therapy for psychosis
 - Visit [SMI Adviser](#) for a 1-hour orientation
 - Visit [NW-MHTTC Products page](#) for a link to 3-hour e-Primer course
 - Visit [North American CBTp Network](#) for information and training resources

The uncertainty and anxiety surrounding the COVID-19, as well as the increasing isolation, has had a major impact on the mental health of millions. Additionally, with the implementation of "stay home" policies, many people may be facing increased challenges in helping their loved ones manage symptoms of serious mental illness. Likely, these loved ones are also feeling increased distress in light of the circumstances, with less access to mental health services.

Recognizing this, the UW Evidence Based Practices for Adults lab has compiled below a list of resources to aid family members and caregivers in taking care of themselves and their loved ones. These resources range from support groups, mobile applications promoting mental wellness, and educational tools in a variety of modalities.

FINANCIAL SUPPORT

1. [United Way](#) providing at-risk families with financial support

SUPPORT LINES AND SUPPORT GROUPS

1. [Parent hotline: The Boys Town National Hotline](#) (800-448-3000) free resource and counseling service that assists youth and parents 24/7, year-round, nationwide
2. [Washington State Warm Line](#): 1-866-427-4747
3. [Peer Service Offerings](#) via (led by Familiar Faces Peer trainers) Please view this link for instructions on signing into groups (<https://www.peerworkforcealliance.org/covidwebinarsaccess>)
 - Monday: Monday Motivations with Stephanie Lane 6:00-7:30 pm [Join Weekly Here](#)
 - Tuesdays: Trauma Informed Tuesdays 6:00-7:30 pm [Join Weekly Here](#)
 - Wednesdays: Wellness Wednesdays 6:00-7:30 pm [Join Weekly Here](#)
 - Thursdays: Recovery in Isolation 6:00-7:30 pm [Join Weekly Here](#)
 - Family Fun Fridays: Family Hacks for Quarantined Times 6:00-7:30 pm [Join Weekly Here](#)
 - Saturday Stories: Inspirational Stories of Resilience 10:00-11:30 am [Join Weekly Here](#)
 - Saturday Night: Jams, Comedy, Slam Poetry, Musical Jam Sessions 7-9 pm [Join Weekly Here](#)
 - Sunday Morning: Sandra Kozlowski Singing Bowls and Meditation 10:00-11:30 am [Join Weekly Here](#)
4. [NAMI Support Groups](#)

depts.washington.edu/ebpa

The COVID-19 pandemic has resulted in numerous changes to our daily lives, including limited in-person interaction, increased psychiatric symptoms, and changes to mental health services. Included below are a number of resources that offer advice on how to continue to care for yourself (both physically and mentally) during this stressful time. Additionally, there are many online support groups available allowing individuals with similar experiences to continue to meet and support each other virtually.

Reach out to your mental health provider to see what resources are available in your area in addition to the resources below. If you feel that you are in need of immediate services or in danger of harm, call 911 or visit your local emergency room. You can also call the National Suicide Prevention Lifeline at 1-800-273-8255.

Support Lines

1. [Boys Town Hotline](#) -- (800-448-3000)
2. [Washington State Warm Line](#): 1-866-427-4747
3. Crisis Text Line: text TALK to 741741 or visit www.crisistextline.org
4. To quit smoking:
 - 1-800-QUIT-NOW (1-800-784-8669)
 - 1-800-LUNG-USA (1-800-586-4872)
 - National Cancer Institute (877-44U-QUIT (877-448-7848))

Support Groups

1. [Online Support for People with Mental Health Conditions](#)
2. [Virtual Recovery Resources](#)
3. [Digital Support Resources](#)
4. [Hearing Voices Network](#)
5. [Schizophrenia and Related Disorders Alliance of America](#)
6. [SMART Recovery](#)

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CLINICAL TIP SHEET

Supporting Our CBT Clients During the COVID-19 Pandemic PART 1: Best Practices in TeleCBTp

The COVID-19 outbreak has had a profound impact on our daily lives, including increased isolation as physical distancing measures have been put in place. As a result, many clinicians now rely on telehealth encounters to sustain contact, engagement, and treatment during this stressful time. To help with this transition, the [UW CBTp Implementation Team](#) has generated tips and strategies for the remote delivery of CBT for psychosis (CBTp).



What does the research say about the use of telehealth for service users with serious mental illness?

- Both via telephone and videoconferencing are feasible and acceptable to clients^{1,2}
- Emerging evidence suggests that telehealth improves client outcomes³
- Therapeutic alliance is not affected when individuals receive CBTp via telephone vs. in-person sessions⁴
- Using telemedicine post discharge from an inpatient unit resulted in greater treatment compliance, adherence, and satisfaction than those receiving conventional discharge services⁵
- The use of videoconferencing is associated with good clinical outcomes comparable to those seen in in-person sessions⁶

Setting up the Therapy Environment

Client space

- Safe, private location (important to know where client is located in case of emergency)
- Well lit (both for client and for clinician)

Therapist space

- Secure, private, well-lit
- Visible space is tidy
- Limit interruptions
- Ensure webcam is offering quality video

Camera set-up

- If possible, cameras should be placed at the same elevation as the eye with the face clearly visible



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The COVID-19 pandemic has had a global impact on healthcare services that extends beyond care directly related to symptoms of the illness. Psychiatric and behavioral health providers have had to adapt rapidly to continue to provide services despite disruptions in daily operations. Additionally, the stress of a pandemic can create or exacerbate psychiatric distress, and many persons diagnosed with serious mental illness are at heightened risk for infection or disease-related complications.

Recognizing this, the UW Evidence Based Practices for Adults lab has compiled below a list of resources to aid in meeting the unique challenges posed by the COVID-19 pandemic, ranging from policy guidance, disease education, and clinical tools in a variety of modalities.

Consultation

1. [Have a clinical questions about COVID-19 and SMI?](#) Request a confidential and free consultation from national experts.
2. Our training and technical assistance team at the [Evidence Based Practices for Adults SPIRIT](#) lab are providing remote consultation and training to our CBT for psychosis Provider Network, New Journeys First Episode Psychosis teams, and Programs for Assertive Community Treatment (PACT) teams. Please email ebpa@uw.edu if you need the ECHO Clinic calendar or would like to set up an individual consultation call with a member of our team.

Policy Guidance

1. [General Guidance from the HCA](#): Information about COVID-19, WA State Health Care Authority
2. [General Guidance from the DOH](#)
3. [HIPAA and Telehealth Guidance](#)
4. [Telepsychiatry Toolkit](#) (The toolkit covers topics from history, training, practice/clinical, reimbursement and legal issues from leading psychiatrists.)
5. [COVID-19 Telehealth Coverage Policies](#)

Webinars/Didactics

1. [COVID-19 and Mental Health](#): Caring for the Public and Ourselves
2. [Recovery-Oriented Cognitive Therapy](#): Telehealth during isolation
3. [Recovery-Oriented Cognitive Therapy](#): Suspiciousness and Paranoia during the Isolation
4. [Recovery-Oriented Cognitive Therapy](#): Self-Care and Mental Wellness During COVID-19

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CLINICAL TIP SHEET

Supporting Our CBT Clients During the COVID-19 Pandemic PART 2: Key Intervention Targets and CBTp Strategies

The COVID-19 pandemic has increased isolation, and for many, feelings of anxiety and helplessness. Not only does this have the potential to affect our own mental health, it's also likely to impact the health of our families, friends, coworkers, and our clients experiencing serious mental illness. This handout, developed by the [UW CBTp Implementation Team](#), is intended to highlight key intervention targets and CBTp-informed strategies that you can use to better support your clients. Customization based on a cognitive behavioral formulation will optimize treatment response.

Activating Our Clients

- Keep agenda manageable (e.g. select one skill to work on together)
- Prioritize what the client wants to work on
- Maintain structure but narrow focus and adjust pace
- Get active together (e.g., walking check-in, music, videos, both making tea together)
- Establish safe ways to stay active

Psychoeducation

- Revisit the stress bucket and cognitive triangle
- Can't control all stress but can control our response to it



Normalization

- Communal stress
- Normalize emotional range of experiences that are relevant to your client
- Don't be afraid to use appropriate self-disclosure

CBTp Strategies to Target Anxiety and Isolation

Befriending

- We are all in this together
- There are still things we can do to feel better
- Call on their values!



Relaxation Techniques:

- Stretching
- Progressive muscle relaxation
- Breathing exercises
- Autogenic training
- Imagery/positive self-talk
- Meditation/Mindfulness



Developed by the University of Washington CBT ECHO Clinic with funding from the Washington State Health Care Authority (HCA). Reproduction or distribution of content is by permission. Please email cbtecho@uw.edu

© Nothing significant happens until a pattern is broken.



Exciting things to come now that the e-mental health for SMI Genie is out of the Bottle!

New, improved, and user-informed tools for people with SMI are coming down the pike.

Let's use this time to develop new habits to help meet our clients where they are with evidence-based tools!

Ben-Zeev (In Press). The digital mental health genie is out of the bottle. *Psychiatric Services*.

Ben-Zeev, Buck, Kopelovich, & Meller (2019). A technology-assisted life of recovery from psychosis. *NJP Schizophrenia*.





Practice Catching up with Research

- Telephone and videoconferencing are feasible and acceptable to clients with SMI (Daker-White & Rogers, 2013; Santesteban-Echarri, Piskulic, Nyman, & Addington, 2020)
- Therapeutic alliance is not affected when individuals receive CBTp via telephone vs. in-person sessions (Mulligan et al., 2014)
- Telehealth improves client outcomes (Kasckow, 2014)

CBT is Team Sport



Key CBT Targets During the Pandemic

- 🎯 Inactivity and isolation
- 🎯 Disruption to sleep / diurnal schedule
- 🎯 Anxiety and stress sensitivity
- 🎯 Medication inconsistency
- 🎯 Drug and alcohol use
- 🎯 Harm ideation or behavior



Telehealth conducive CBTp strategies

- Telehealth conducive CBTp strategies to address increased anxiety, isolation and decreased connection and self-esteem:
 - [Befriending]
 - [Psychoeducation & Normalization]
 - Cognitive Strategies
 - Behavioral Strategies
 - Digital augmentation
 - Telehealth tips
 - Online resources
 - mHealth Apps



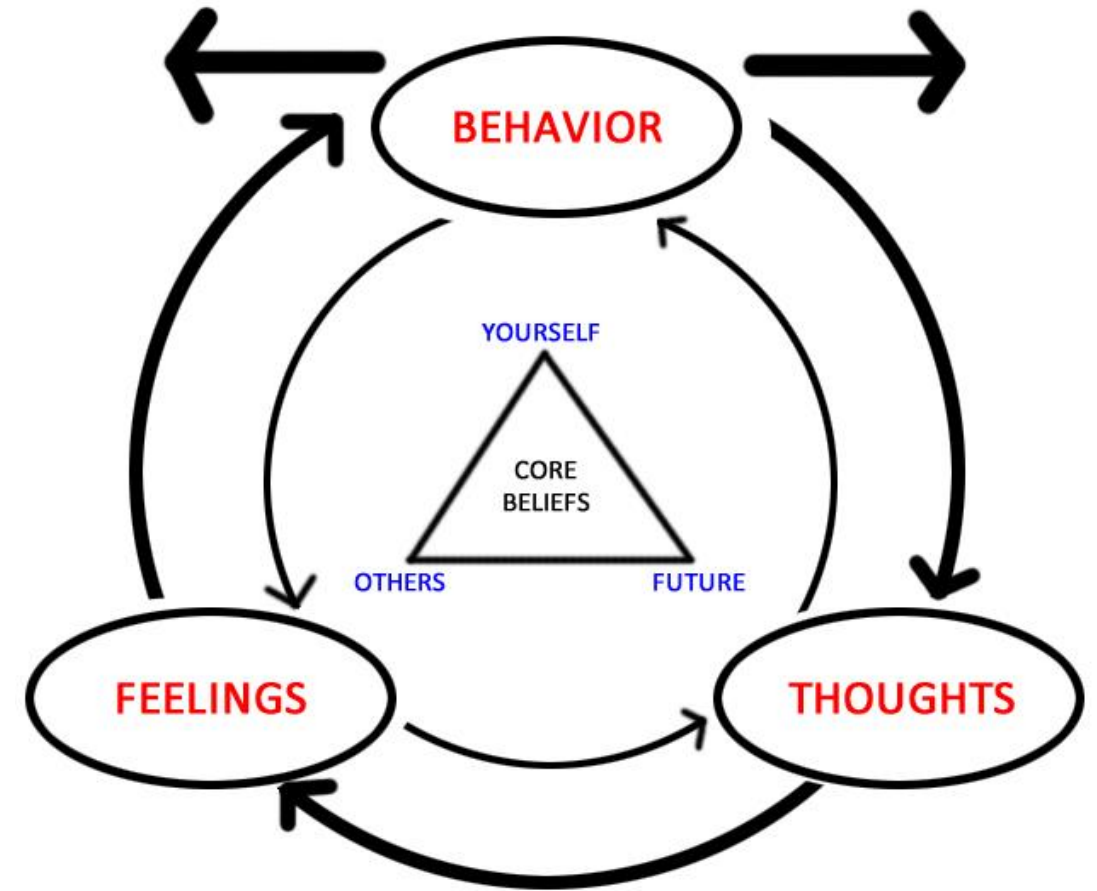
Telehealth conducive CBTp strategies.

- Cognitive Strategies
 - Assess, don't assume
 - Alternative explanations
 - Rational responses
 - Meaning-making
 - Payoff Matrix



Where do we start?

- Assess, don't assume.
- What have they heard?
- What have they noticed?
- What do they make of this?
- How are they feeling?
- What thoughts are leading them to feel this way?
- Which thinking styles are we observing?



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Generating Alternative Explanations

- Remember, our clients have tendencies to...
 - Jump to conclusions
 - Not look for, encode, or take into account disconfirming evidence
 - Not generate alternative explanations based on the info available to them
- Creates a negative loop that keeps people stuck
- The antidote to JTC starts with generating alternative explanations.
- Brainstorming...not right or wrong (or even how likely)

Practicing Rational Responses

- Shortcuts...get us through a tough moment when the “thinking brain” is offline.
- Can be incredibly helpful in responding calmly to voices.
 - *Just because I think it doesn't make it true*
 - *Just because you said it doesn't make it true*
 - *I can't control you, I can only control myself*
 - *We are all works in progress*
 - *This moment is a wave; I will ride the wave*
 - *The voices don't always get it right*
 - *I have taken steps to keep myself safe*
- Teach the broken record technique

Meaning Making

- Clients with psychosis particularly prone to meaning making
- Work to channel this into productive and adaptive pursuits!
 - *You are at a unique advantage. You are familiar with loneliness, isolation, boredom, feeling worried or paranoid.*
 - *Who can you help to cope better with these new experiences?*
 - *How will you help them?*
- *What does it say about you that you care about this?*
- *What matters to me? How can I use this time to my advantage?*

Payoff Matrix

PAYOFF MATRIX

INSTRUCTIONS: List the advantages and disadvantages of keeping your thought or belief versus changing it to a more accurate one. Be as specific as possible.

<p>Advantages of <u>Keeping</u> Thought or Belief How does <i>holding onto</i> your thought or belief make your life seem more manageable, safer, or easier to handle? Does the thought or belief provide you with a sense of control, security, or predictability of the future?</p>	<p>Advantages of <u>Changing</u> Thought or Belief How could <i>changing</i> your thought or belief improve your life? Consider whether changing your thought or belief would reduce distressing feelings and free you of concerns about past events.</p>
<p>Disadvantages of <u>Keeping</u> Thought or Belief How does <i>holding onto</i> your thought or belief make your life more difficult? Consider the role of the thought or belief in creating upsetting feelings for you and in restricting you from doing things you would like to do.</p>	<p>Disadvantages of <u>Changing</u> Thought or Belief What are the possible disadvantages of <i>changing</i> your thought or belief? Would changing the thought or belief lead to your feeling less control, security, or ability to predict the future?</p>

Reality Testing

A hand holding a magnifying glass over the text. The magnifying glass is held by a thumb and index finger, with the lens positioned over the title and the first bullet point. The handle of the magnifying glass is black and the lens is clear.

- **Depend heavily on what stage of therapy you were at prior to transitioning to telehealth**
 - Early?...probe around the edges, focus on non-delusional ideation using the cognitive model to gain buy-in.
 - Mid-stream?...assess for distressing thoughts, approach them in a graded fashion.
 - Late intervention/Wellness Planning/Booster?...have the client lead you. Look for new ways to test the belief.
- **Keep it conversational**
 - Other explanations? What else?
 - Have you asked others for their thoughts on this situation?
 - What evidence supports this thought?
 - What evidence contradicts this thought?
 - How much do you believe this thought to be true?
 - Is this a common style of thinking?
 - How might we look into this further?
- **Reality testing can be tricky via telehealth.**
 - Make sure you know your client well when deciding whether and how to proceed.
 - Go for the lowest hanging fruit first.

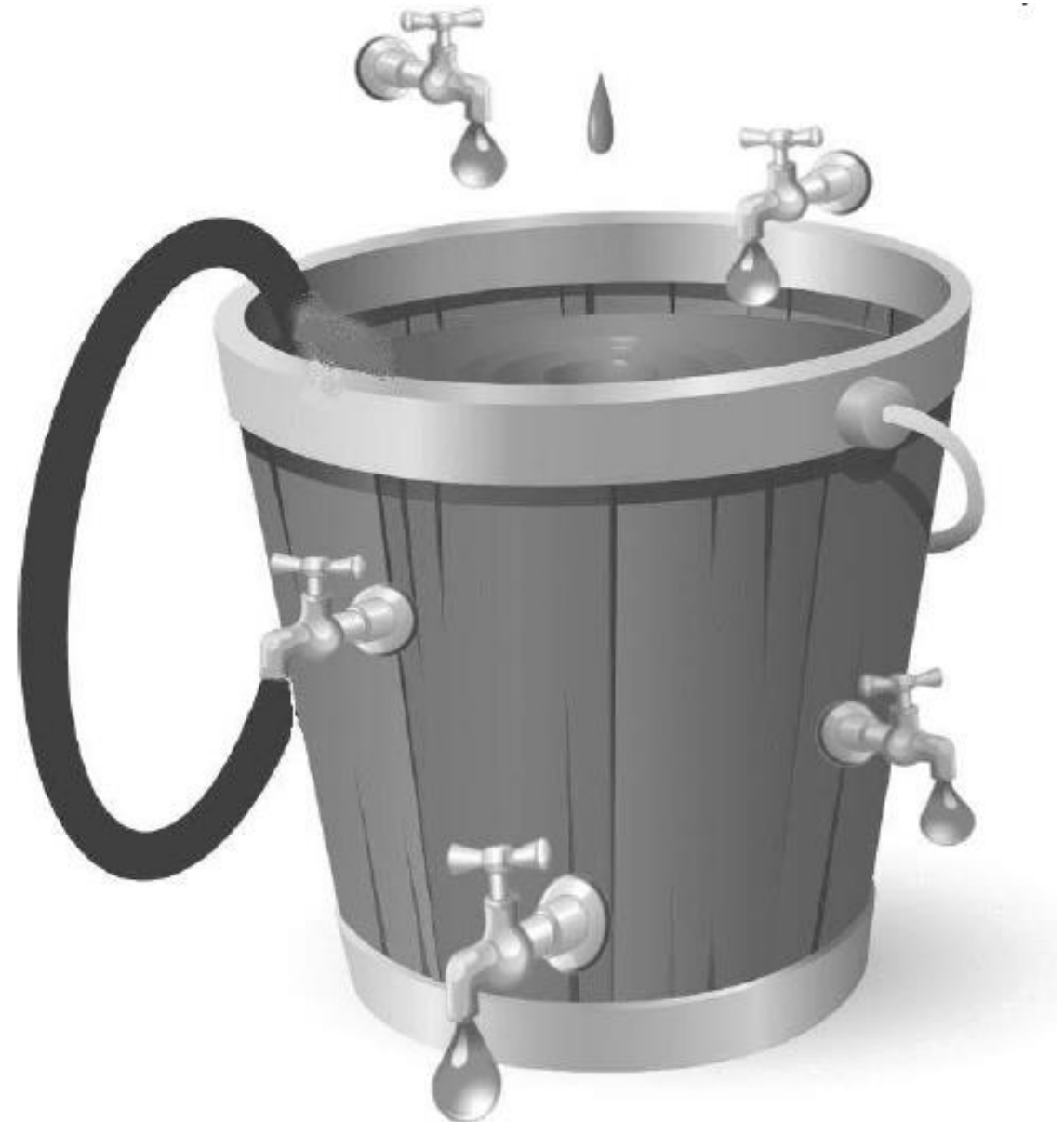
Telehealth conducive CBTp strategies.

- Behavioral Strategies
 - Stress bucket
 - Paced breathing
 - Activity scheduling
 - Sleep hygiene

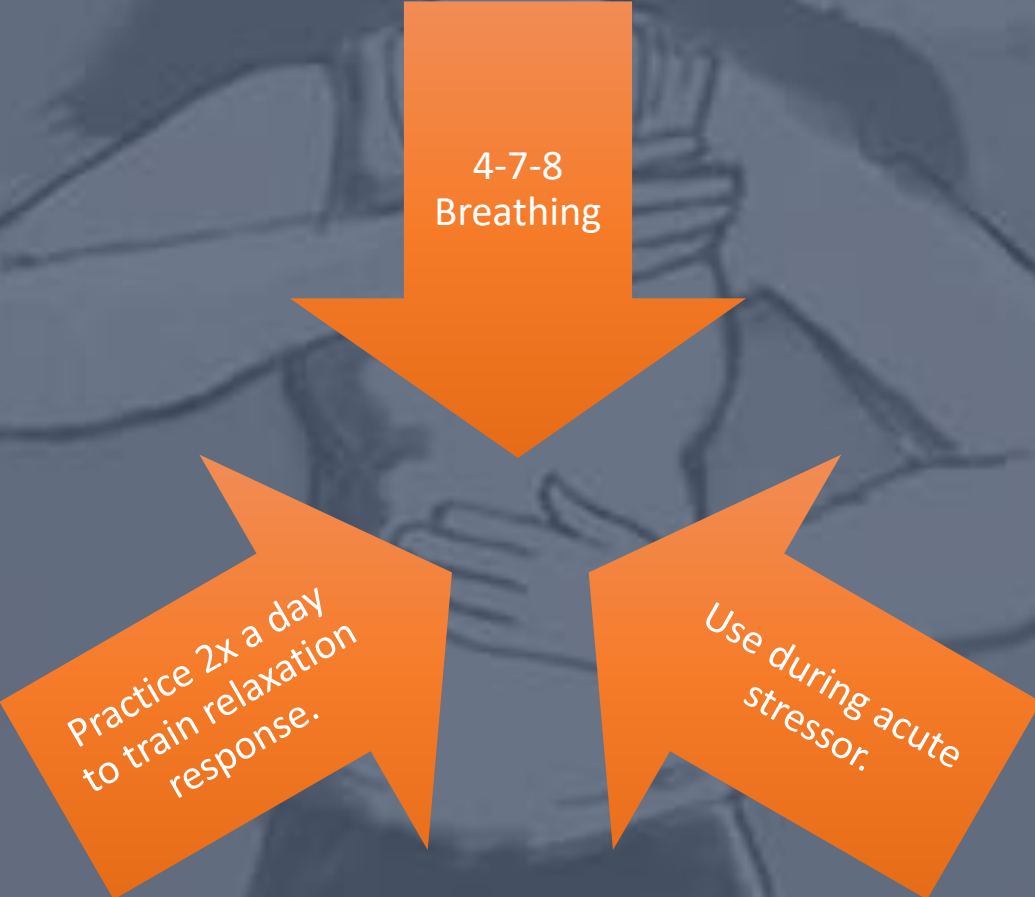


Build Motivation

- [Stress Bucket](https://www.youtube.com/watch?v=1KYC5SsJjx8):
<https://www.youtube.com/watch?v=1KYC5SsJjx8>
- We cannot control ALL stress, but we can control our response to stress
- What do new release valves look like?



Paced Breathing to treat chronic and acute stress



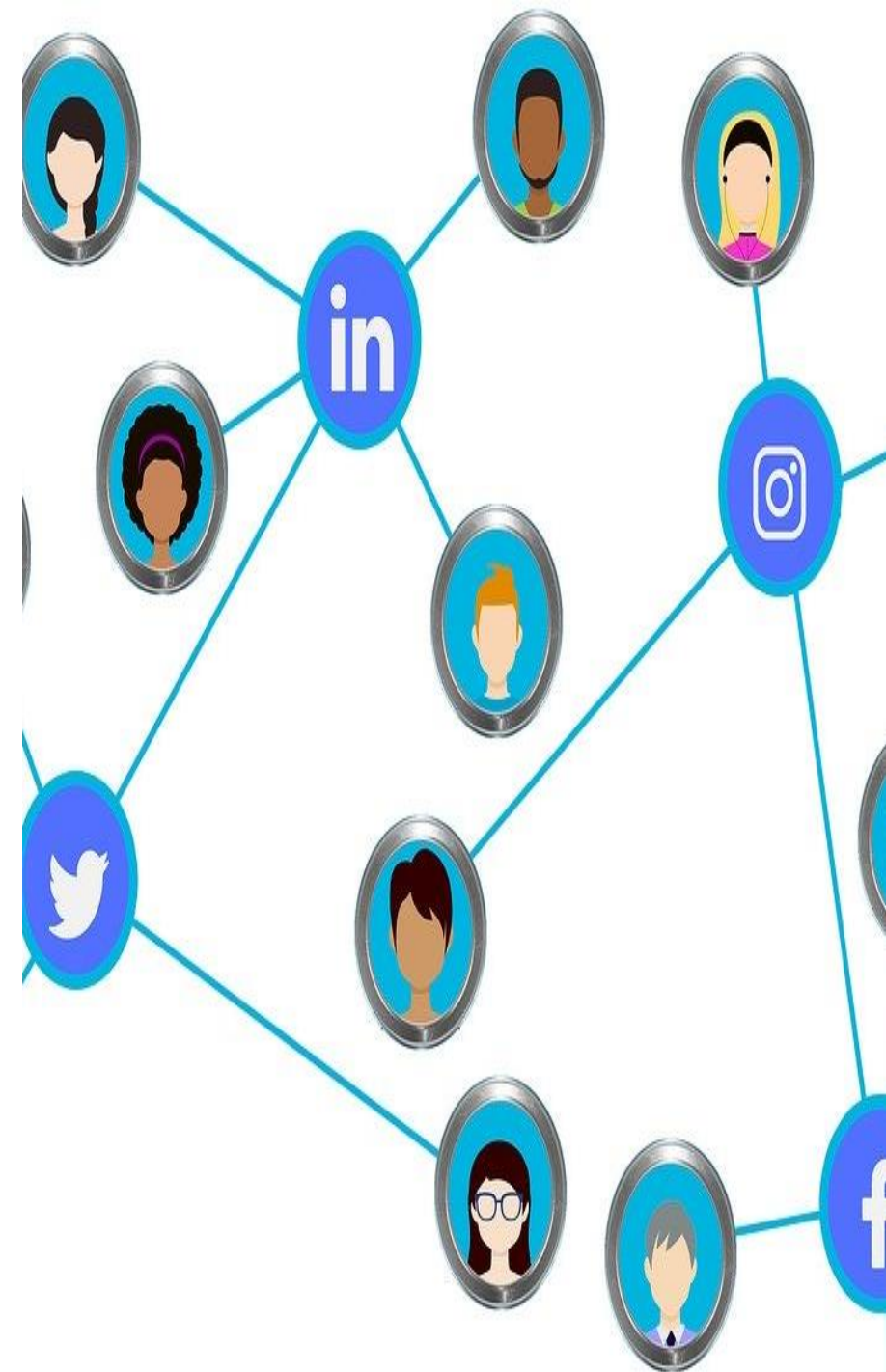
4-7-8
Breathing

Practice 2x a day
to train relaxation
response.

Use during acute
stressor.

Activity Scheduling

- Help to re-establish routine in their environment
- Detailed daily schedule
- Set up timers to stay on track
- Stop rumination in its tracks
- Alter clinical schedule
- Each day: 1 thing that promotes...
 - *Mastery*
 - *Pleasure*
 - *Connection*
 - *Contribution*
 - *Physical activity*
 - *Novelty/Creativity*
 - *Delusion-defusing*





Pleasurable

Ex: Living room dance party



Mastery/Success

Ex: Prepare a meal



Connection

Ex: Join a virtual community



Contributing

Ex: Pray for others; pay someone a compliment



Physical

Ex: Calisthenics, walks



Creativity

Ex: Play an instrument on your stoop



Delusion-defusing

Ex: Help grandchild with homework

Sleep hygiene

Free CBTi Resources: <http://freecbti.com/>

- Healthy sleep habits decline when daily routine/activity is lacking
- Encourage bedtime and waketimes
- Promote evening winddown routine
- Limit technology exposure in evening
- Avoid "unhelpful" activities in evening (reading news)
- Have coping skills identified for evening hours (often a time when symptoms are reported being highest)



Telehealth conducive CBTp strategies:

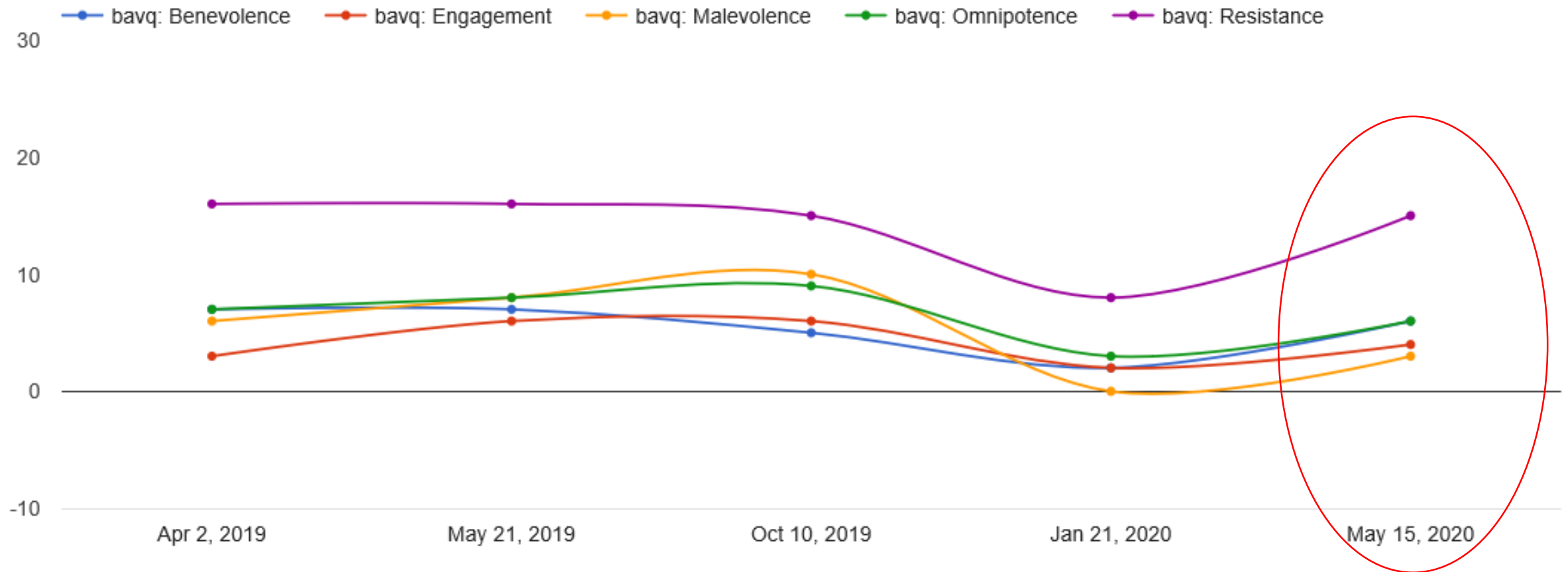
- TeleCBTp tips
- Digital augmentation



TeleCBTp Tips

- Zoom has a whiteboard feature
- Send assessments in advance through EHR or encrypted email
- If you can, use a data dashboard to help clients visualize progress and account for change

Beliefs About Voices Questionnaire



Psychosis Specific Mobile Health Applications

Up and Coming

SAVVy Project



Efficacy of PRIME, a Mobile App Intervention Designed to Improve Motivation in Young People With Schizophrenia FREE

Danielle A Schlosser ✉, Timothy R Campellone, Brandy Truong, Kevin Etter, Silvia Vergani, Kiya Komaiko, Sophia Vinogradov

R & D

Feasibility Testing Complete

RCT Complete

Developing the WorkingWell Mobile App to Promote Job Tenure for Individuals With Serious Mental Illnesses

Joanne Nicholson, Elizabeth A. Carpenter-Song, Lynn H. MacPherson, Justin S. Tauscher, T. Chris Burns, and Sarah E. Lord

Online First Publication, June 20, 2016. <http://dx.doi.org/10.1037/prj0000201>

Actissist

Commercially Available Mobile Apps



FOCUS



Catch It



MCT and More



Choices



Mood Coach

- **Focus:** (Soon to be released) Five major domains: medication use, coping with AH, managing mood, sleep difficulties, and social functioning: <https://www.mh4mh.org/>
- **Choices:** Based off *Overcoming Distressing Voices*; Four strategies for managing voices (Voice beliefs, core beliefs, assertiveness, and coping strategies)
- **Mood Coach:** Teaches and allows users to practice behavioral activation
- **Catch It**–Catch it, check it, change it
- **MCT and More**–Self-help exercises such as metacognitive strategies, mindfulness strategies, social-competence, and activating exercises

Mobile Applications to Support Mental Health— There's an App for That!

CBT in your Hand



STOPP app: The app aims to stop the cycles of depression with giving users the option to record their feelings as they feel them and stop to think the best course of action.



Catch it: The app uses CBT to help users deal with their emotions as they experience them through three different phases, Catch it, Check it, and Change it. When the three sections are completed the mood is added to the user diary and a short recommendation is provided.



CBT Tools for Healthy Living, Self-help Mood Diary: users record bothersome or problematic events and rate the level of distress the event caused. They list the thoughts that occurred during the event, the percentage of thoughts they believe, and the irrational beliefs they had. Users then identify the positive thoughts they and write positive feedback or outcomes from the event, before rating their distress again.



Choices By the Voices Clinic: Based off *Overcoming Distressing Voices* book, this app allows user to choose between four strategies for managing voices (Voice beliefs, core beliefs, assertiveness, and coping strategies)



Mood Coach: Teaches and allows user to practice behavioral activation by scheduling positive activities that map on to selected values, tracking progress and mood, and providing education about depression, PTSD, and behavioral activation. Also utilizes the PHQ-9 to track depressive symptoms



Focus: Focuses on five major domains including medication use, coping with auditory hallucinations (voices), managing mood (e.g., depression, anxiety), sleep difficulties, and enhancing social functioning. Includes resources such a written tips, audio tools, and role play demonstrations. (Will be available to the public soon! Stay updated by visiting mh4mh.org.)

Train your Brain



BrainHQ: web-based cognitive training intended for all types of users as it targets five categories of cognition: Memory, Attention, Speed, People Skills, and Intelligence. The program contains 19 exercises that address each category and adapt to users' skill level.

Mobile Applications for Clients

Q&A with our Presenter



Sarah Kopelovich, PhD is an Assistant Professor and holds an endowed professorship in Cognitive Behavioral Therapy for Psychosis in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. She directs the Northwest CBT for Psychosis Provider Network, and is a founding member of the North American CBT for Psychosis Network.

Kopelovich & Turkington (Under Review). Staying the Course in the COVID Era: Key Principles for Remote Delivery of Cognitive Behavioral Therapy for Individuals with Serious Mental Illness. *Community Mental Health Journal*.

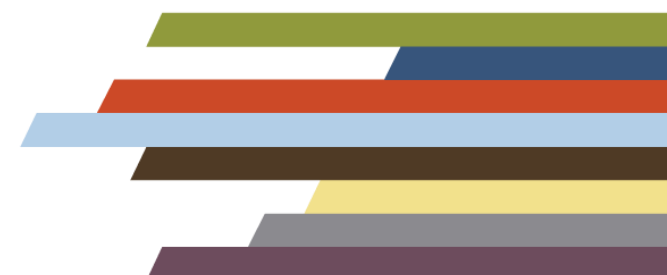
Kopelovich, Monroe-DeVita, Buck, et al....Chwastiak (Under Review). Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness.



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Upcoming Sessions:

**June 2: Providing Culturally Relevant
Telehealth Mental Health Services for
Latinos during a Pandemic**

**June 9: Telehealth and Treatment of PTSD in
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