Tools and Strategies for Using Cognitive Behavioral Therapy for Psychosis within ACT Teams

Sarah L. Kopelovich, PhD
Associate Professor | Professor of Cognitive Behavioral Therapy for Psychosis
Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

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SPEAKER AFFILIATIONS

University of Washington

- Department of Psychiatry & Behavioral Sciences
  - Supporting Psychosis Innovation through Research, Implementation, & Training (SPIRIT Lab)
  - Northwest Mental Health Technology Transfer Center (Northwest MHTTC)
  - Center for Mental Health, Policy, and the Law (UW CMHPL)

Washington State Center of Excellence in Early Psychosis

North American CBT for Psychosis Network

Disclosure

No financial relationships relevant to this presentation to disclose.

Learning Objectives

1

Provide

a rationale for CBTp as a Standard of Care

2

Highlight

how CBTp can be optimized when provided by a multidisciplinary team

3

Illustrate

a team-based CBTp approach

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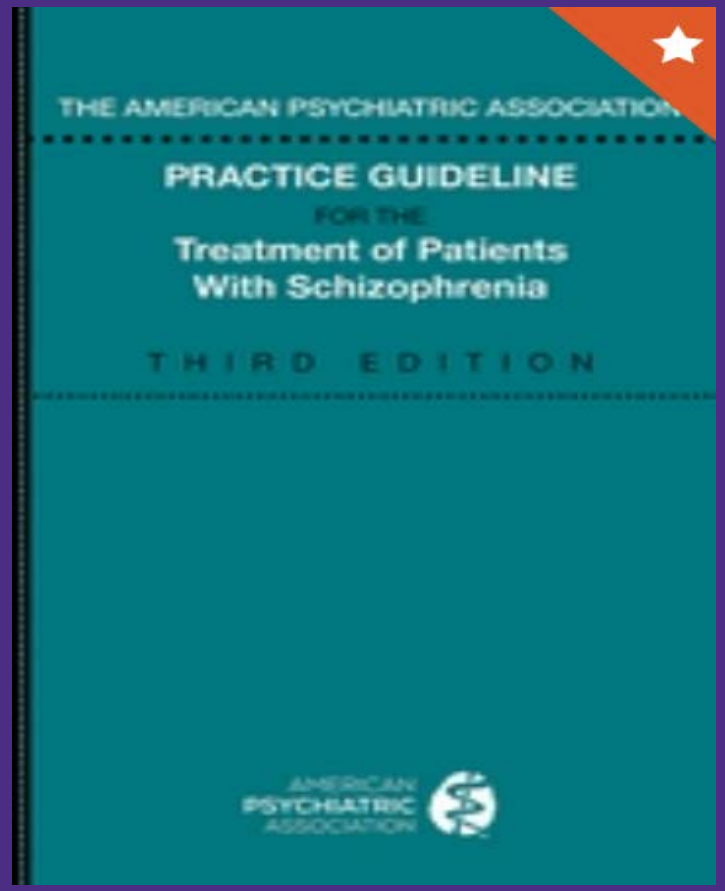
“When you identify hearing voices with illness and try to kill the voices with neuroleptic medication, you miss the personal problems that lay at the roots of hearing voices – and you will not help the person solving those problems. You just make a chronic patient.”

— Marius Romme,
The Voice Inside: A Practical Guide For and About People Who Hear Voices

ACTion Mary

APA Psychosis Care Guidelines



Psychosocial Treatment

- Psychosocial programs and therapies, both in individual and group format, help the patient manage symptoms and develop recovery skills, such as setting and achieving goals. The choice of specific strategies will depend on a patient's unique needs and on what is available in the community.
- Medications are a complement to psychosocial treatment and an equally important part of the overall care process.

Recommended Psychosocial Treatments and Programs:

- **Coordinated Specialty Care:** incorporates medication, talk therapy, and other treatment into one program. Receiving these treatments together can be more helpful than receiving each treatment separately.
- **Cognitive behavioral therapy for psychosis:** helps the patient learn to monitor thoughts, feelings, perceptions, and behaviors and the ways they contribute to symptoms.
- **Psychoeducation:** provides education about the disease and its treatment as well as how to manage it.
- **Supported employment services:** provides job training, job support, and mental health treatment to assist in finding and keeping employment.
- **Assertive community treatment:** uses a team-based approach to give individualized care outside of a formal clinical setting, including home, workplace, or other locations in the community.

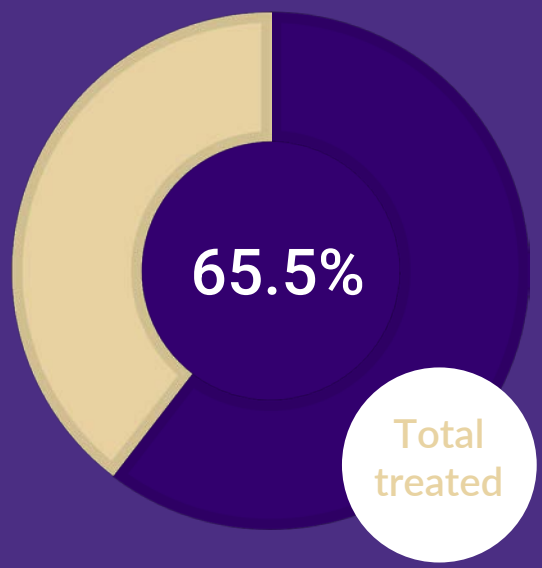
Suggested Programs and Therapies:

- Help and support for family members and those involved in care
- Training programs to help with attention, multi-tasking, memory, and other areas of thought that are important to daily life, also called cognitive remediation
- Social skills training programs

Clinical Practice Guidelines | psychiatry.org

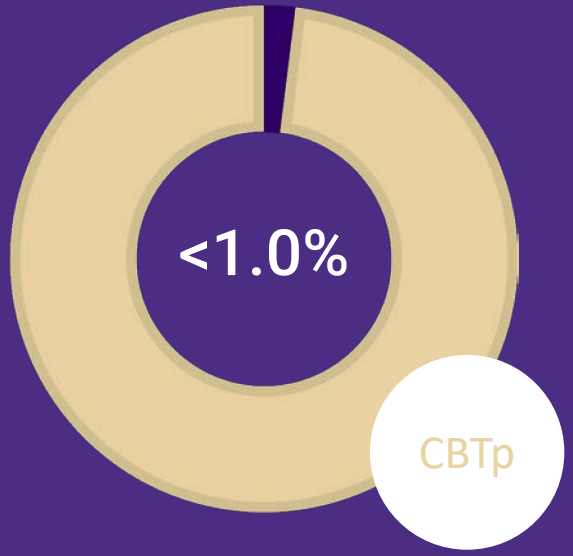
Access to EBTs for SMI

(most recent data available)



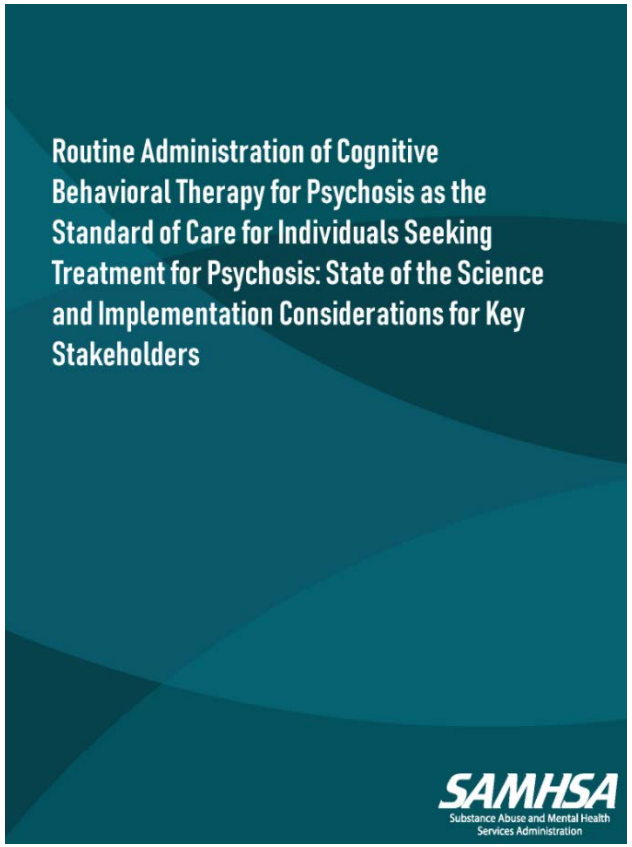
Adults (>18) with SMI any treatment

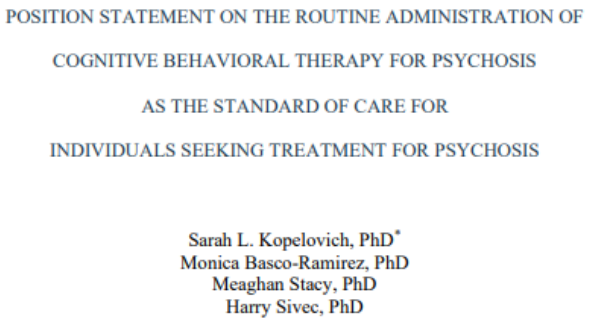
NIMH (2018)



Adults (>18) with psychosis treated with CBTp

Kopelovich et al. (2021)





POSITION STATEMENT ON THE ROUTINE ADMINISTRATION OF

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS

AS THE STANDARD OF CARE FOR

INDIVIDUALS SEEKING TREATMENT FOR PSYCHOSIS

Sarah L. Kopelovich, PhD*
Monica Basco-Ramirez, PhD
Meaghan Stacy, PhD
Harry Sivec, PhD

Policy Advances

“Consistent with SAMHSA’s ‘no wrong door’ policy, CBTp should be implemented within our mental health systems, and CBTp-informed care at a minimum should be implemented in primary care, correctional, forensic, and educational settings.”

SAMHSA (2021). Routine Administration of Cognitive Behavioral Therapy for Psychosis as the Standard of Care. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, p. 6.

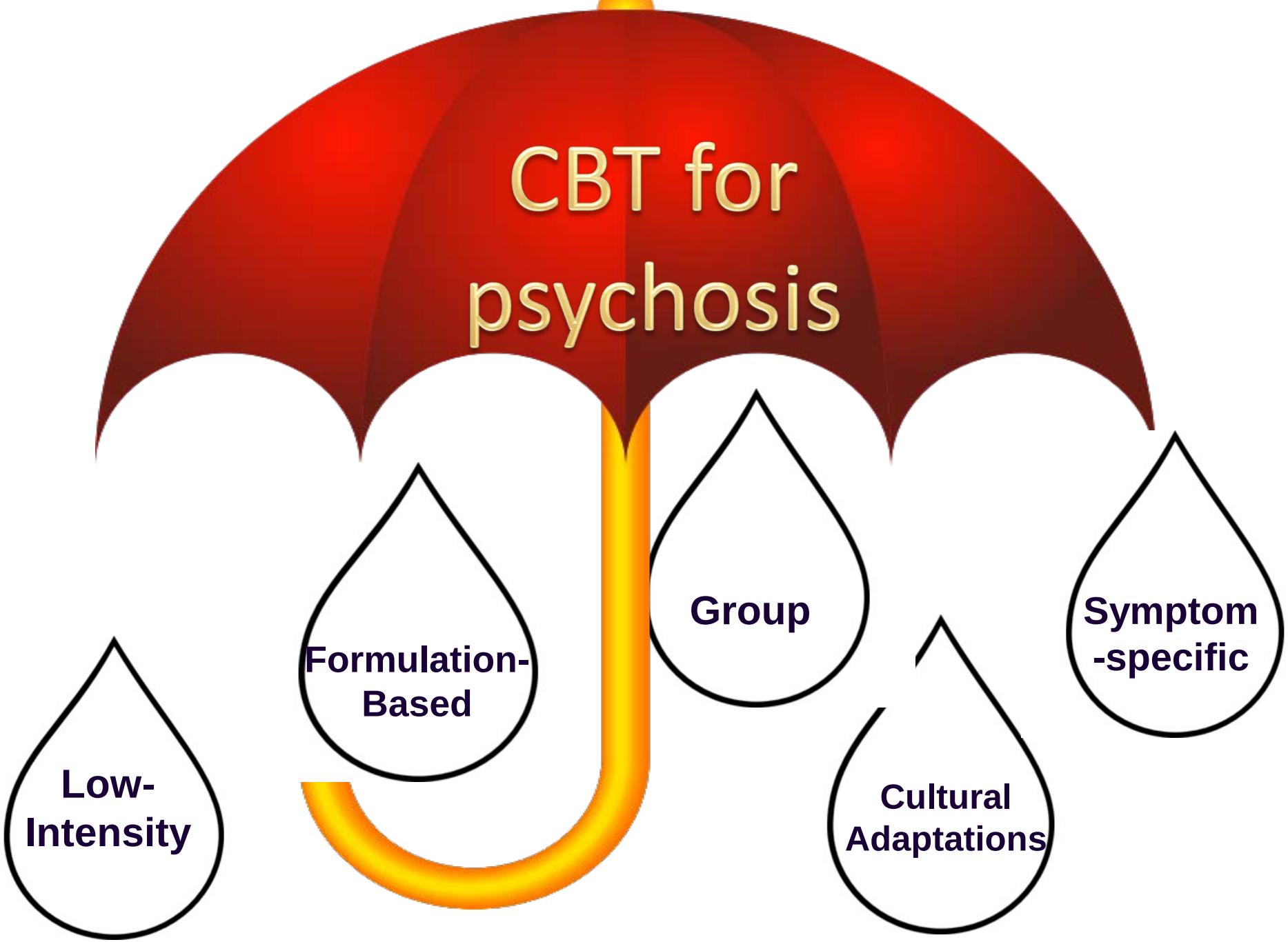
Why focus on CBT for psychosis?

- CBTp includes components of other indicated psychosocial i/v
- CBTp can be incorporated into other interventions
- Beliefs mediate recovery
- CBTp is well-researched
- CBT is transdiagnostic

International Evidence Base (1994 – present):

- 50+Randomized Clinical Trials
- 20 meta-analyses
- 5 systematic reviews

- positive psychotic symptoms,
- mood symptoms,
- reducing hospitalization,
- improving medication adherence,
- maintain treatment gains, and
- enhancing forms of insight
- negative symptoms (especially when combined with Social Skills Training)



Thomas (2015). What's really wrong with cognitive behavioral therapy for psychosis? *Frontier Psych, 6*, 323.

What is CBT?

C Psychological problems are based, in part, on inaccurate or unhelpful ways of thinking

B Psychological problems are based, in part, on learned patterns of unhelpful behavior

T Psychotherapeutics can help reduce suffering by teaching different ways to approach problems

CBTp: Core Components

- Structured
- Time limited
- Present-focused
- Collaborative and transparent
- Goal-oriented
- Active
- Experimental empiricism
- Measurement-based
- Therapist holds CBT-consistent beliefs

Even adding just 5-10 minutes of CBTp to a contact can:

Prevent crisis visits and hospitalizations

Improve medication and treatment adherence

Enhance the therapeutic alliance

Pinninti, Stolar, & Temple (2005). 5-minute first aid for psychosis. *Current Psychiatry, 4*(1).

THE SOLUTION...

CBT BECOMES THE PRIMARY LANGUAGE ACROSS THE CARE SYSTEM

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Shifting the model of care

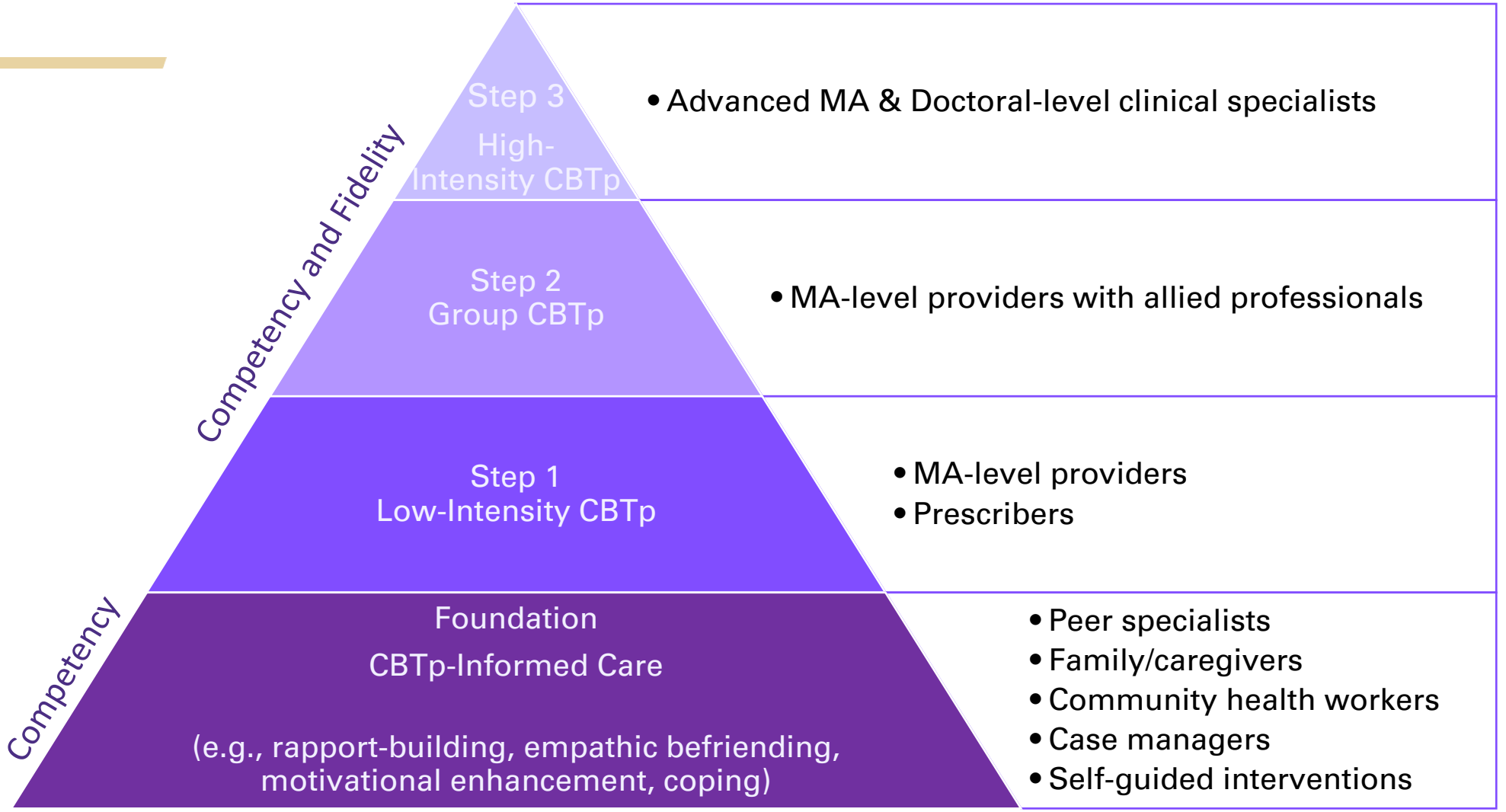
The Crisis in Psychiatric Hospital Care: Changing the Model to Continuous, Integrative Behavioral Health Care

Alex Clarke, M.D., and Ira D. Glick, M.D.

Inpatient psychiatric hospital services, as they currently exist, have little to no evidence base. Deficits in the current system represent a critical missed opportunity to improve the trajectory of patients' lives and long-term outcomes. The authors posit that a fresh approach to hospitalization is needed, one that incorporates distinct, measurable goals tied to a comprehensive, individualized treatment plan tailored to address a patient's lifetime course of illness. A structured approach can ultimately improve care quality and continuity by allowing for rigorous testing of each aspect of the assessment and care provision process, improving patient outcomes and care engagement while shortening average lengths of hospital stays, and accelerating the movement of care to cost-effective, need-specific settings. In an effort to move the field toward establishing a systematic, evidence-based protocol for hospital-based psychiatric care, the authors describe a new model, called the S.E.T.U.P. approach.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201900259)

Stepped Care Implementation Model
(Kopelovich et al., 2018; Kopelovich et al., 2022)



Family Intervention

CBTp-informed caregiving (Psychosis REACH)

Peer Support

Case Management

Low-Intensity CBT
CBT-informed CM

Employment Services

Psychotherapy

Formulation-Based CBTp
(with/without digital augmentation)

High-Yield Cognitive Behavioral techniques

Pharmacotherapy

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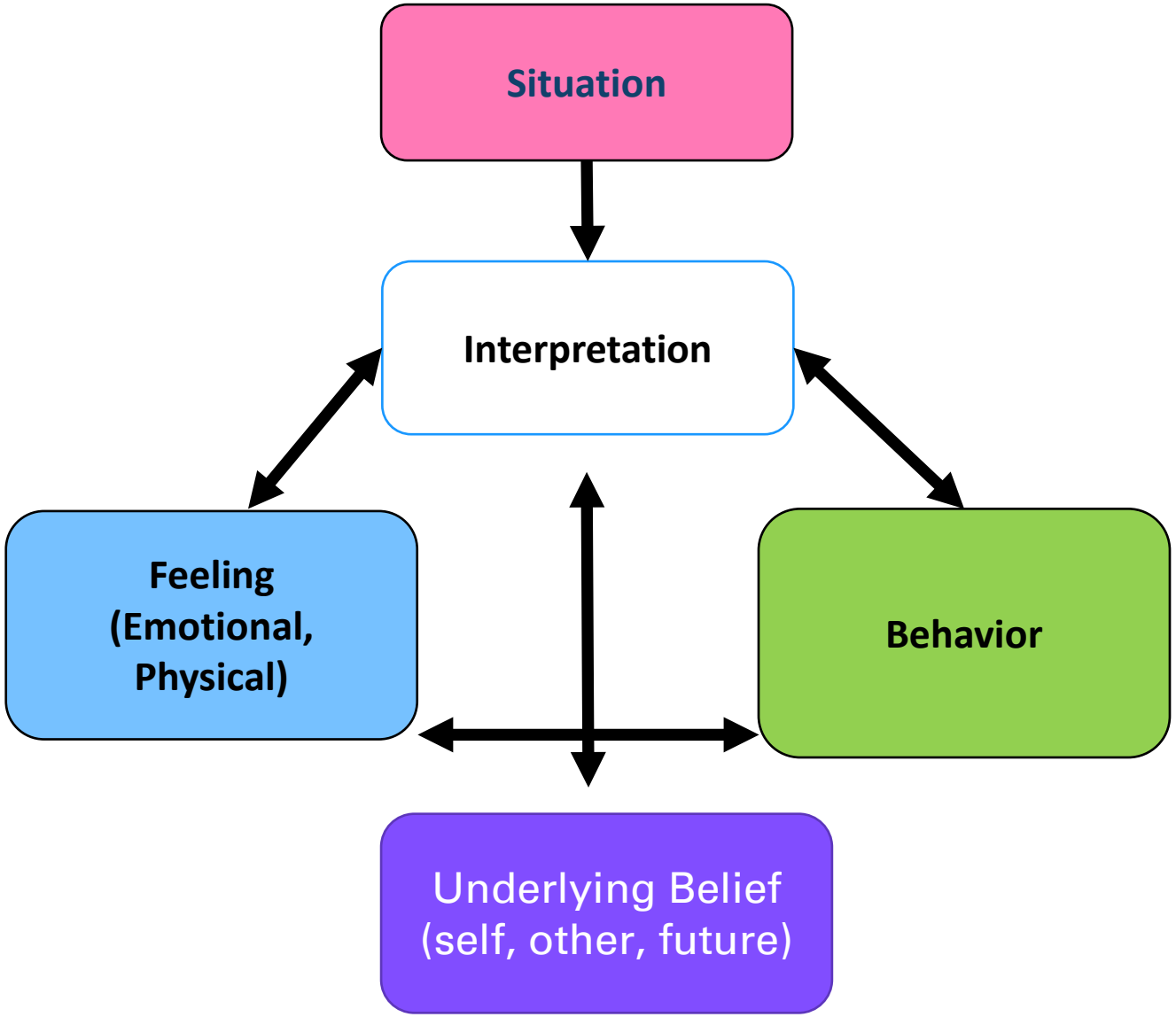

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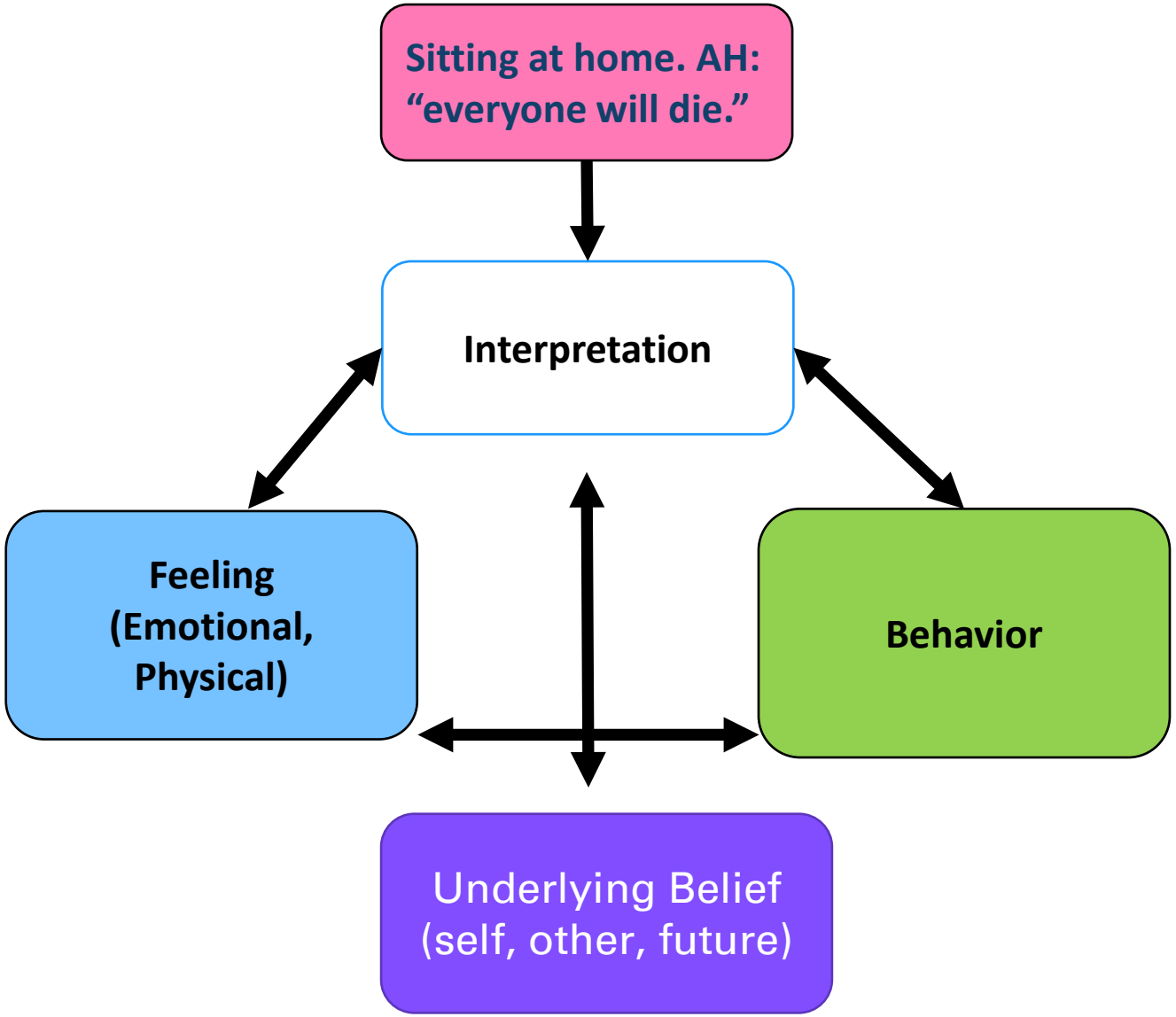

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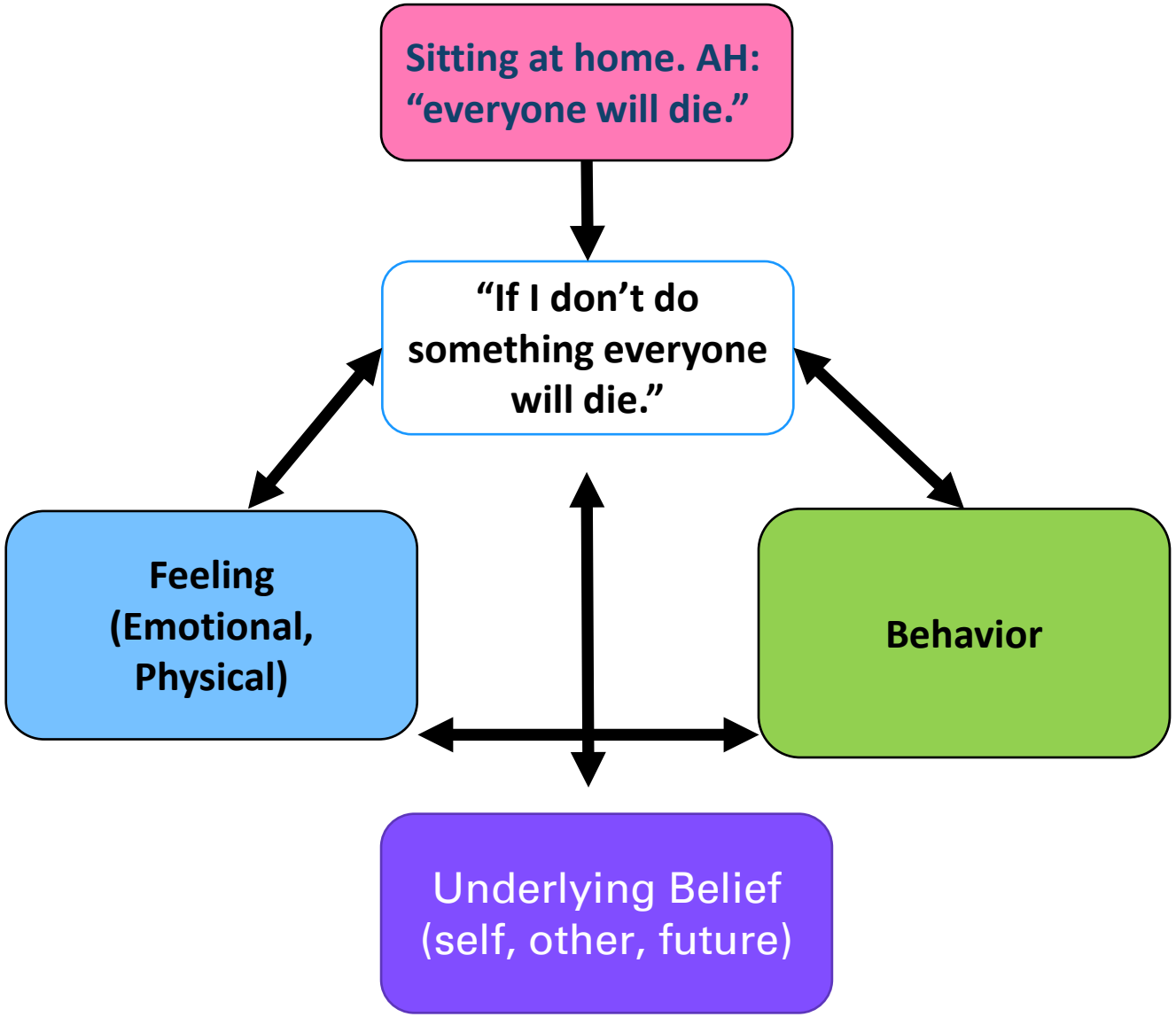

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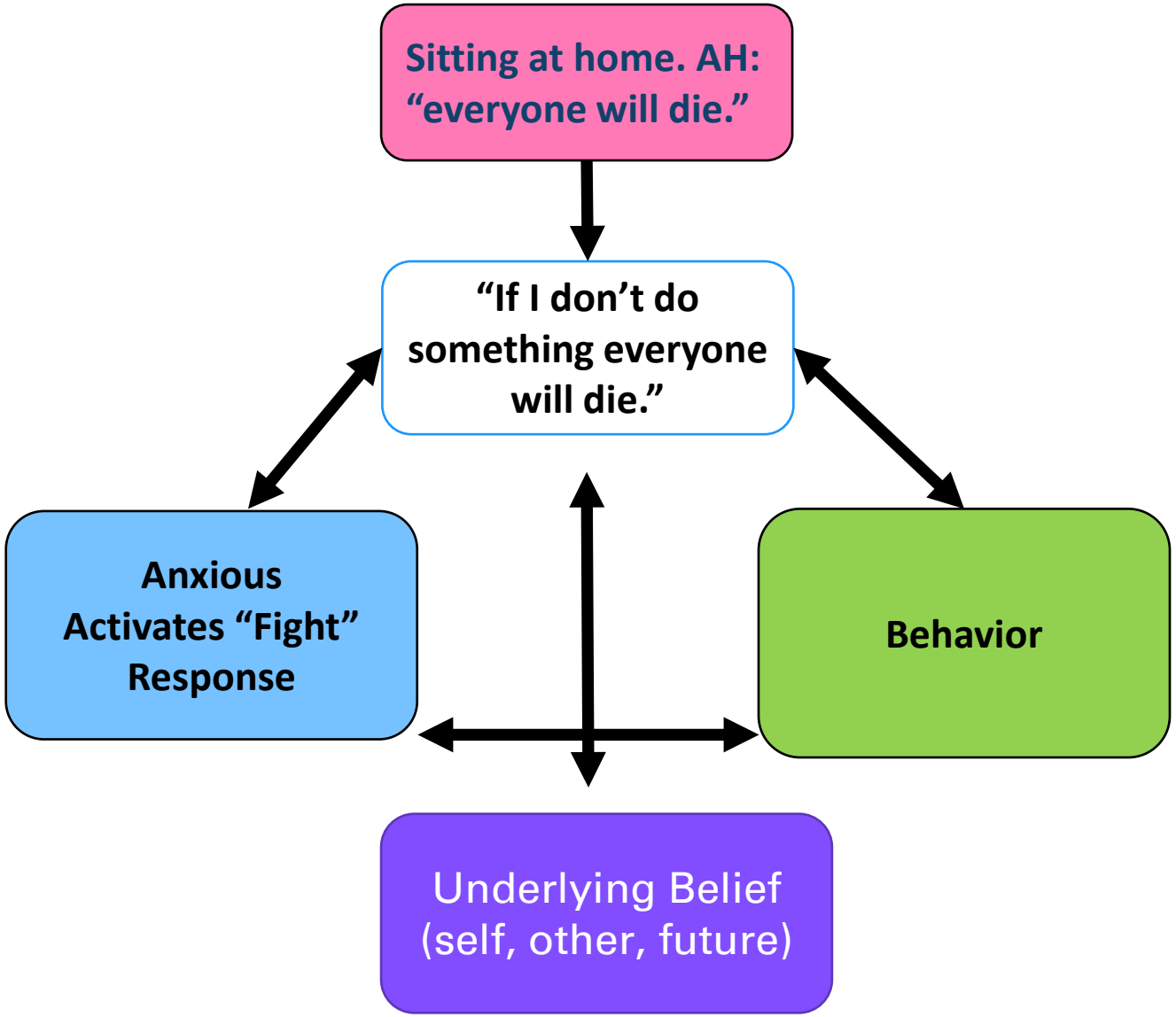

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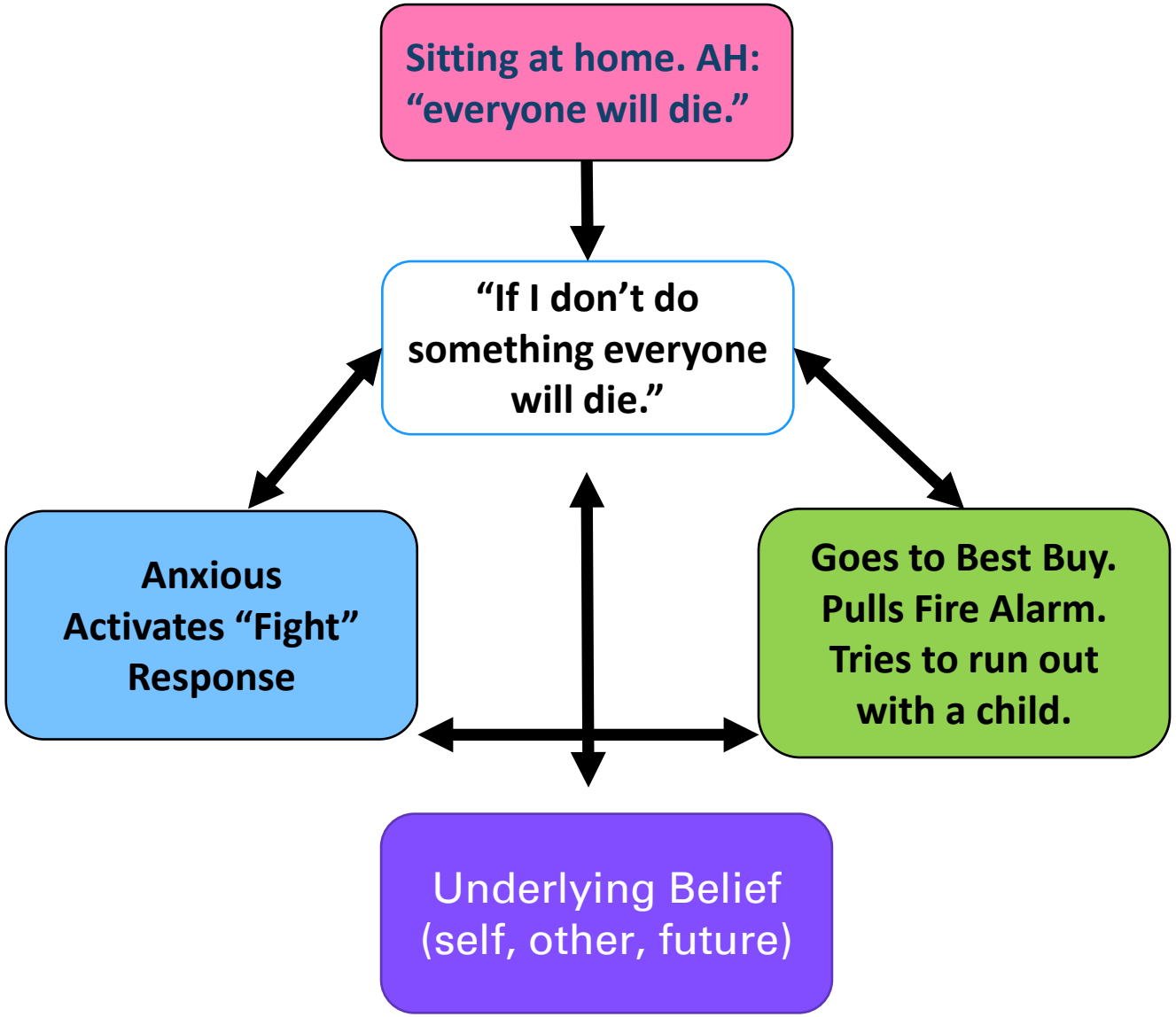

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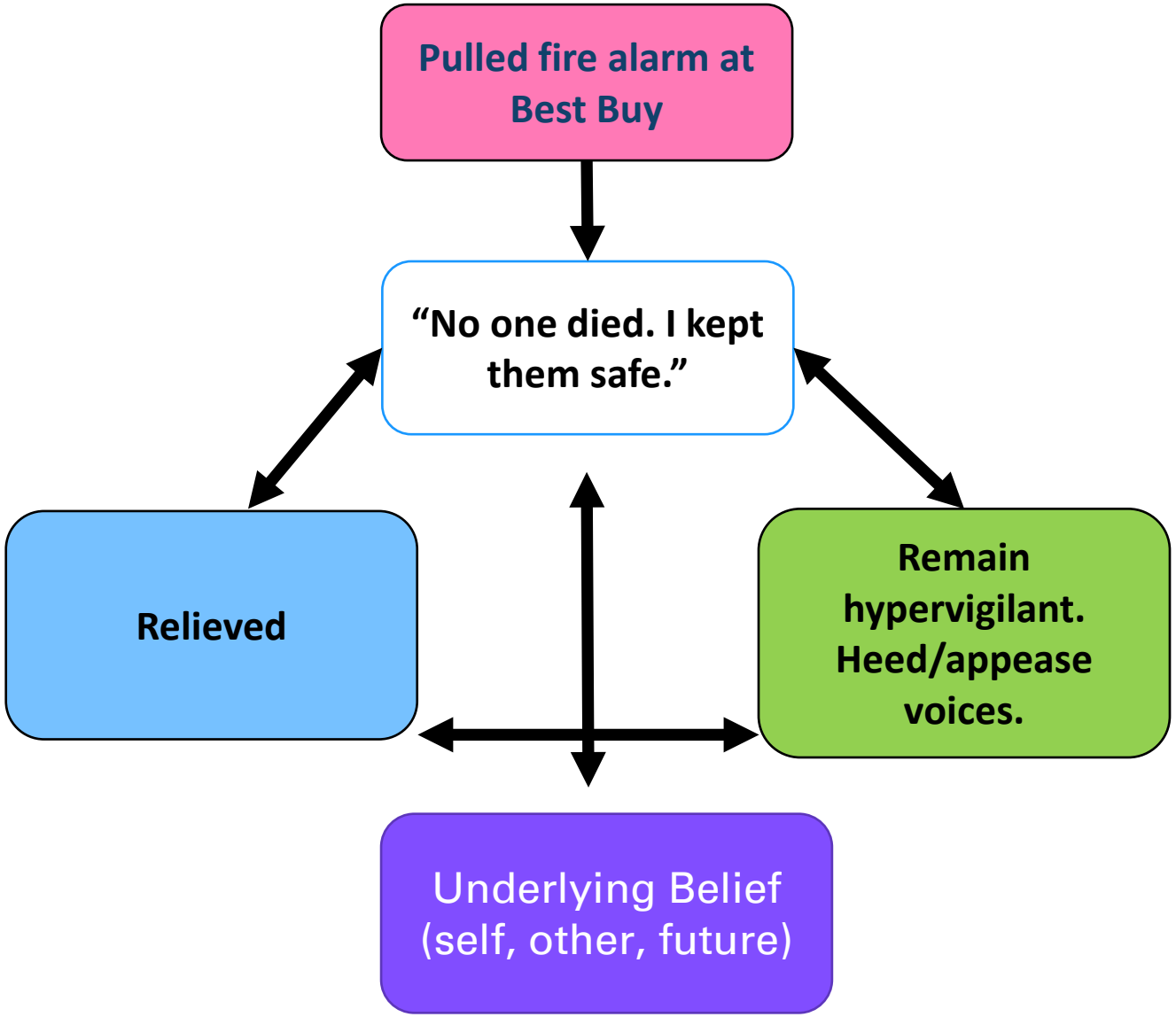

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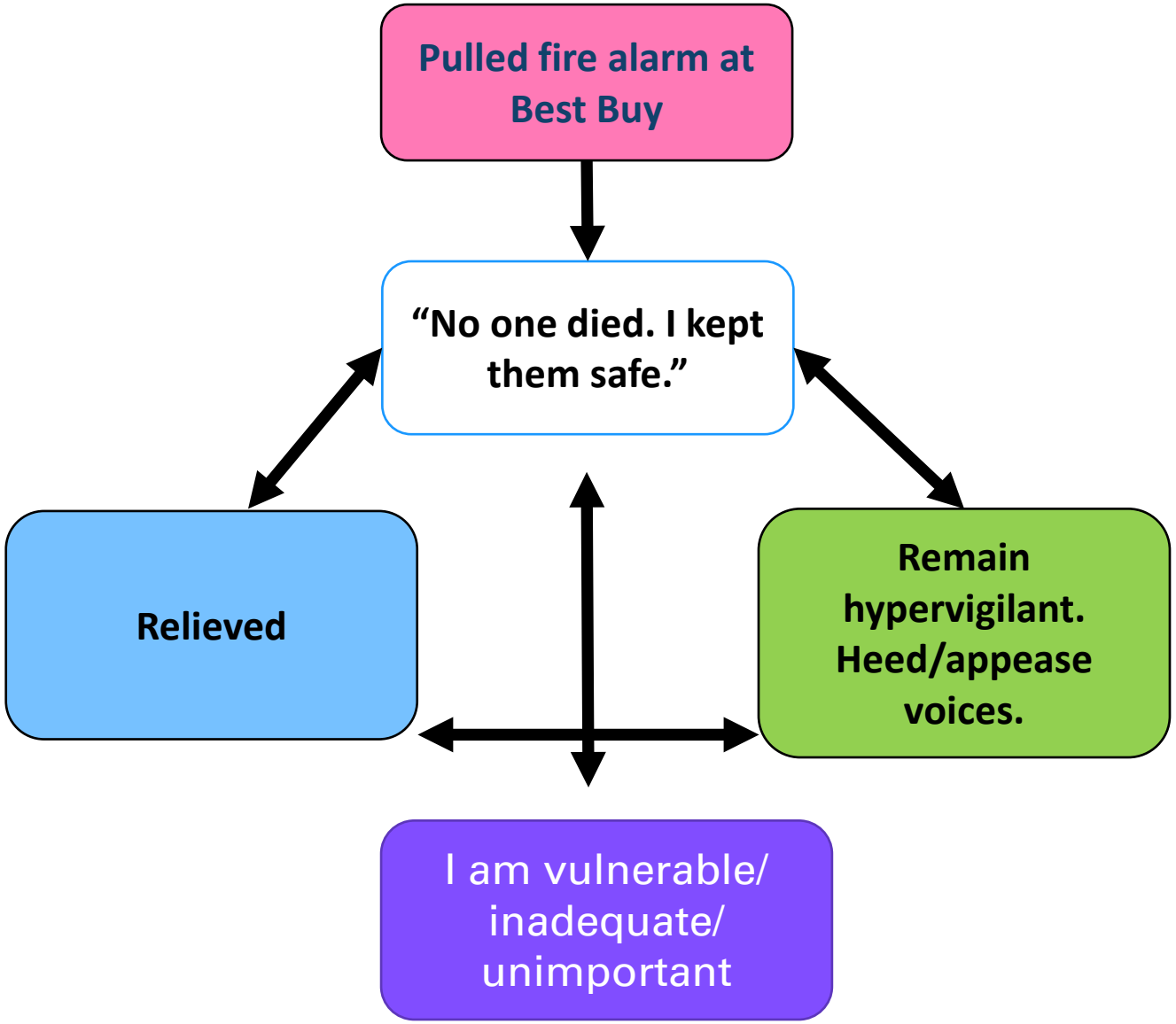
A little history on Mary…



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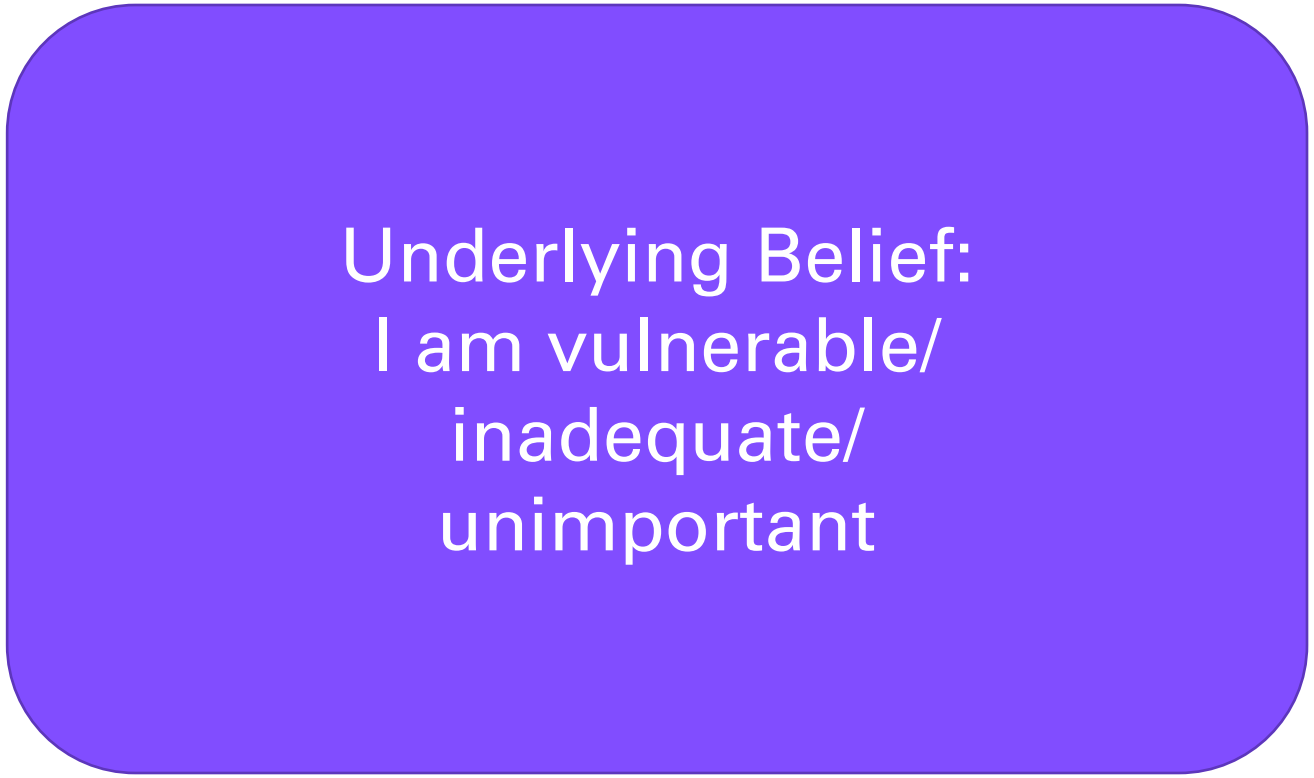

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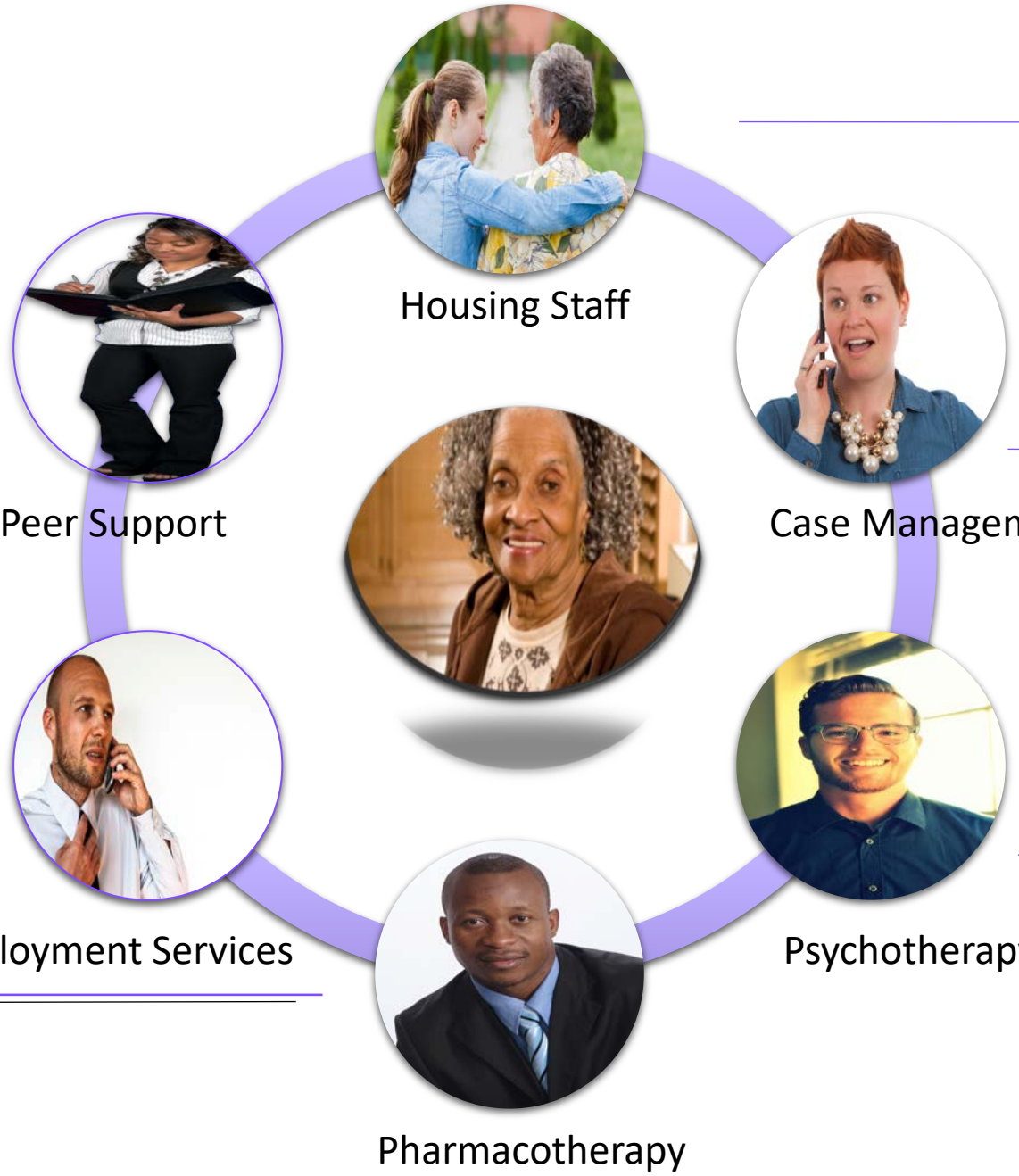

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CBT-informed CM

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High-Yield Cognitive Behavioral techniques

ACTion Mary

- After learning breath and imagery techniques, she started a stress group at her residential home. Using the techniques herself made her less susceptible to intrusive worry thoughts and voices.
- She became a peer mentor to a new resident with significant cognitive impairment
- She began using Voice and Worry Time and learned to set up boundaries with her anxious thoughts
- She learned to Catch, Check, and Change (with compassion) upsetting thoughts (e.g., “the commercial could have been talking about a sale)
- Behavioral experiments were key to shifting her belief that every intrusive thought was a genuine warning sign. She developed a Coping Card to help her decide whether to take action.

THANK YOU

Sarah Kopelovich, PhD
skopelov@uw.edu
@DrKope
UW SPIRIT Lab: www.uwspiritlab.org
@uwSPIRITlab
UW CMHPL: https://cmhpl.psychiatry.uw.edu
@UW_CMHPL