Positive Practices for Working with Psychosis: training inpatient psychiatry staff in CBT for psychosis informed interventions

PI: Kate Hardy, Clin.Psych.D
Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences

I. Specific Educational Aims

Although evidence-based practices exist for working with psychosis there are no existing models specifically for staff, including nurses and psychiatrists, utilizing brief interventions within an inpatient setting where, it could be argued, the need is the highest. This proposal aims to:

- Develop a Positive Practices for working with Psychosis (PPP) training manual for in-patient staff
- Create filmed role-play vignettes demonstrating the use of key skills to augment training
- Test a fidelity tool to assess the impact of the training on clinical practice
- Implement the manual and vignettes with a training cohort of staff on the Stanford inpatient unit
- Engage in preliminary evaluation of the training on staff knowledge, confidence, and use of skills

II. Project rationale

Cognitive Behavioral Therapy for psychosis (CBTp) has a strong evidence base[1,2] and is recommended as a treatment for psychotic disorders [3,4]. There is increasing recognition that the skills associated with CBTp can be of benefit to 'front line providers'. As such, CBT informed interventions have been developed that are applicable to providers working within community or long term residential settings [5,6] but not, to date, within an acute inpatient setting.

Recognizing a unique need in this area the Stanford inpatient unit commissioned a training in CBT-informed interventions. The training, named "Positive Practices for working with Psychosis (PPP)", aimed to disseminate CBT skills in five key domains (FIRST model). This model was developed to guide staff, not formally trained in CBT, through skills known to be essential to CBTp practice[7]. Box 1 lists these five key areas including the core CBT skill in parentheses. Given the *diversity* of patients on the unit, it was important to consider culturally appropriate interventions. The FIRST model trains clinicians to understand the presenting behavior within a simplified formulation including consideration within a cultural context.

Box 1: FIRST model

- **F**orm a relationship (Befriending)
- **I**nquire Curiously (Socratic Questioning)
- **R**eview the information (Formulation)
- **S**kill Development (Intervention)
- **T**est out the skill (Homework)

Pilot data: 20 in-patient staff from the unit participated in a 12-hour multi-disciplinary PPP training over two different cohorts. The initial training was developed and led by the PI, in collaboration with the inpatient psychologists, with the following cohort led by the inpatient psychologists. Participants completed pre and post measures of their knowledge of CBT informed skills and confidence in using these and demonstrated statistically significant increases in scores using this measure suggesting increased knowledge of this approach and confidence in applying these skills following a 12-hour training. Qualitative data also indicated a positive response to this training. To support ongoing *sustainable implementation* a training manual and filmed clinical vignettes are needed. It is hypothesized that after the training participants will:

1. Demonstrate significant improvement in self-rated knowledge and confidence of the FIRST model
2. Report increased competency in recovery oriented approaches as measured by the Competency Assessment Instrument [8]
3. Show significant improvements in the identification of key skills from the FIRST model through pre and post-training review of clinical vignettes rated with the FIRST fidelity scale

III. Approach

Initial Development

Initially filmed clinical vignettes, and a PPP training manual based on existing didactic materials, will be developed. The filming will include *collaboration* with in-patient staff representing the different

disciplines from the unit and incorporate feedback from the previous trainings. During this initial period the PI will develop a FIRST fidelity tool. After initial development, two experts in the field of CBT dissemination and implementation will be asked to review the tool and provide feedback. The revised tool will be sent out to CBTp experts along with the filmed vignettes. These experts will review the tool, and rate the vignettes, using the scale to establish preliminary face and content validity.

Implementation

The PPP training manual, and filmed role-plays, will be used by the inpatient psychologists to lead the next cohort of training under the supervision of the PI. The training will be open to all staff on the unit and has previously comprised of Psychiatry, OT, Social Work, and Nursing. Each training cohort will be asked to provide feedback and this information will be used to make adjustments to the manual.

IV. Timeline and plan for implementation

Table 1: Project Timeline

Activity	*2017*					*2018*				
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
Planning & Preparation										
Develop filmed vignettes										
Develop fidelity scale										
Manual Development										
Inpatient Training										
Analyze results										
Write up & dissemination										

V. Anticipated work product

1. Positive Practices for Working with Psychosis training manual
2. Creation of multi-disciplinary filmed clinical vignettes demonstrating the implementation of skills
3. FIRST fidelity scale

The PI is a nationally recognized CBTp trainer and receives multiple requests each year for training in these models. It is anticipated that these products will be disseminated within the Stanford inpatient psychiatry unit, outpatient psychiatry, and the broader community with the ultimate aim of publishing both the manual and fidelity tool.

VI. Evaluation Plan

Evaluation of the training

Data will be collected from participants to evaluate the impact of the training on the following:

Area	Measure	Time point
Provision of recovery oriented care	CAI[8]	Pre and post
Awareness of FIRST skills	FIRST Fidelity check list	Pre and post
Self-perceived knowledge and confidence using the FIRST skills	FIRST Knowledge and Confidence scale	Pre and post
Experience of the training	Qualitative feedback	Post workshop

The project team intends to use this pilot data to apply for further grant funding, following conclusion of this pilot, to conduct additional evaluation of the impact of the training and fidelity tool.

VII. Dissemination of results

The PI is a regular attendee at the International CBT for psychosis meeting, which will be held in Oxford, United Kingdom, in May 2018. This annual invitation-only meeting brings together international experts in CBTp. The PI will present the preliminary results from the evaluation of the study, the impact of the video vignettes, and the fidelity tool. In addition, the PI will work with the project team to write up the results for publication in a relevant journal. Finally, the results will be reported to the leadership team of the inpatient unit as well as the participants of the study.

VIII. Budget and justification

	Item	Justification	Amount
Compensation	.05% FTE	PI's time to develop fidelity tool, plan, coordinate, and edit clinical vignettes, and disseminate project	$7,700.00
		Total Comp:	**$7,700.00**
Non-Compensation			
	1 stipend x $750	Stipend for student to collect, enter, and analyze data	$750.00
	Flight and accommodation	Attendance at International CBTp conference in Oxford, United Kingdom to disseminate initial results and present fidelity tool	$2,000.00
	2 stipend x $500	Stipend for CBT experts to review and trial fidelity tool	$1,000.00
	6 stipends x $500	Stipends for clinicians to role play for clinical vignettes	$3,000.00
	EdTech videographer	2 days of filming and sound plus editing	$5,000.00
	10 Amazon gift cards x $25	Reviewers will be offered $25 amazon gift card for their time	$250.00
		Total non-comp:	**$12,000.00**
		Total request:	**$19,700.00**

Appendix

1. Wykes, T., Steel, C., Everitt, B. & Tarrier, N. Cognitive behavior therapy for schizophrenia: Effect sizes, clinical models, and methodological rigor. *Schizophr. Bull.* **34,** 523–537 (2008).

2. Burns, A. M. N., Erickson, D. H. & Brenner, C. a. Cognitive-Behavioral Therapy for Medication-Resistant Psychosis: A Meta-Analytic Review. *Psychiatr. Serv.* 1–7 (2014). doi:10.1176/appi.ps.201300213

3. Buchanan, R. W. *et al.* The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. *Schizophr. Bull.* **36,** 71–93 (2010).

4. National Collaborating Centre for Mental Health. Psychosis and schizophrenia in adults: treatment and management. *Nice* Feb 54 Clinical Guidelines n° 178 (2014).

5. Turkington, D. *et al.* High-yield cognitive behavioral techniques for psychosis delivered by case managers to their clients with persistent psychotic symptoms: an exploratory trial. *J. Nerv. Ment. Dis.* **202,** 30–4 (2014).

6. Chang, N. A., Grant, P. M., Luther, L. & Beck, A. T. Effects of a Recovery-Oriented Cognitive Therapy Training Program on Inpatient Staff Attitudes and Incidents of Seclusion and Restraint. 415–421 (2014). doi:10.1007/s10597-013-9675-6

7. Morrison, A. P. & Barratt, S. What are the components of CBT for psychosis? a delphi study. *Schizophr. Bull.* **36,** 136–142 (2010).

8. Chinman, M. *et al.* An instrument to assess competencies of providers treating severe mental illness. *Ment. Health Serv. Res.* **5,** 97–108 (2003).