DHS-Oregon Office of Mental Health and Addiction Services

Application for an Evidence-Based Practice Review

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6. Signature of Executive Director or CMHP Director (optional)	
7. Practice Title	Cognitive Therapy for Schizophrenia and other Psychotic Disorders
8. Author(s)	Aaron T. Beck, MD; David G. Kingdon, MD; Douglas Turkington, MD;
9. Author(s) Contact Information	Aaron T. Beck, MD Department of Psychiatry, University of Pennsylvania School of Medicine, 3535 Market Street, Rm. 2032 Philadelphia, PA 19104 215-898-4102 becka@landru.cpr.upenn.edu David G. Kingdon, MD, Department of Psychiatry, Royal South Hants Hospital, Southampton, UK SO170YG dgk@soton.ac.uk Douglas Turkington, MD Department of Psychiatry, Royal Victoria Infirmary, Newcastle upon Tyne douglas.turkington@ncl.ac.uk
10. Population by sub-categories: Age, ethnicity, gender	Adults of both genders. There are no studies yet in people under 16 or over 60. Research to date has been done predominantly in the UK, and there remain questions about whether this therapy is effective as currently developed cross-culturally.

11. Practice Type (Mental health/substance abuse/prevention)	Mental Health
12. Proposed Evidence Level (I-VI)	I
13. Training/TA (Experts in and out of state and contact information)	Ron Unger LCSW, 1770 Augusta, Eugene, Or 97403; 541-513-1811 Ronunger@efn.org Also contact authors, above, for training opportunities.
14. Brief Description (Include essential components)	Therapy focuses on the psychotic experience and a person's attempt to understand it. Delusions and hallucinations are seen as existing on a continuum with normal beliefs and perceptions, and the content of psychotic symptoms are seen to mirror everyday concerns such as the fear of being excluded, demeaned, or attacked. Early sessions emphasize the development of the therapeutic relationship through gentle questioning and guided discovery. Therapist and client develop a joint understanding of the psychotic experience that involves normalizing it and reducing stigma. Goals are mutually agreed upon, with the aim of reducing the client's distress. As in cognitive therapy for other conditions, underlying beliefs about the self, others, and the world are identified and linked with the client's past and present difficulties, in the process of developing a "formulation." Working with delusions involves gentle questioning aimed at drawing out the client's own rational process, rather than direct confrontation, as the latter has been shown to strengthen rather than weaken conviction in delusional beliefs. Working with auditory hallucinations focuses on beliefs about the voices, especially beliefs about the power of the voices, rather than on the primary experience itself. Negative symptoms are approached in much the same way as is depression in standard cognitive therapy, with special attention paid to reducing pressure on the client in the short term.
15. Limitations of Practice (Related to particular populations or diagnoses)	Research has been done mostly with individuals diagnosed with schizophrenia spectrum disorders, such as schizophrenia itself, schizophreniform disorder, delusional disorder, and schizoaffective disorder. Evidence is less for using it to manage psychotic symptoms that may complicate other conditions such as depression, obsessive-compulsive disorder, posttraumatic stress disorder, and borderline personality disorder. Most studies exclude individuals with co-occurring substance abuse problems, although one study has shown benefits from an intervention using motivational interviewing along with cognitive therapy for psychosis. Most research participants were taking medications at the time of the study. Patients with organic brain pathology have generally been excluded from studies.

The practice will be reviewed based on operational criteria from the OMHAS Operational Definition for Evidence-based Practices. Please describe the practice in terms of each of the following attributes. See the following page for definitions.

16. Transparency:	Published in peer reviewed research journals.

17. Research: (List literature references, including abstracts; submit articles if possible)	For a meta-analysis of much existing research, see Gould, Robert A; Mueser, Kim T; Bolton, Elisa; Mays, Virgina; Goff, David. **Cognitive therapy for psychosis in schizophrenia: An effect size analysis.** ***Schizophrenia*** *Research. Vol 48(2-3) Mar 2001, 335-342.* A listing of some of the research: **Sensky, T., Turkington, D., Kingdon, D.,** ***et al*** **(2000)** A randomized controlled trial of cognitive—behavioral therapy for persistent symptoms in schizophrenia resistant to medication. *Archives of General Psychiatry*, **57**, 165-172. Turkington, D., Kingdon, D.G., Turner, T., et al. (2002). The Insight Programme: Effectiveness of a brief cognitive—behavioural therapy intervention in the treatment of schizophrenia. *The British Journal of Psychiatry* 180: 523-527. Rector, N.A., Seeman, M.V., & Segal, Z.V. (2003) Cognitive Therapy of Schizophrenia: A preliminary randomized controlled trial. *Schizophrenia Research*, 63, 1-11. Tarrier, N., Yusupoff, L, Kinney, C., et al. (1998) Randomized controlled trial of intensive cognitive behavioral therapy for patients with chronic schizophrenia. *British Medical Journal*, 317, 303-307. Drury, V., Birchwood, M., Cochrane. R., MacMillan, F., (1996) Cognitive therapy and recovery from acute psychosis: A controlled trial. *British Journal of Psychiatry* 169, 593-607.
18. Standardization: (Include manual or references)	David G. Kingdon, Douglas Turkington (2005) *Cognitive therapy of schizophrenia* (Guides to Individualized Evidence-Based Treatment.) New York : Guilford Press
19. Replication:	Yes
20. Fidelity Tool: (Include tool or references)	Haddock, Gillian; Devane, Sheila; Bradshaw, Tim; McGovern, John; Tarrier, Nicholas; Kinderman, Peter; Baguley, Ian; Lancashire, Stuart; Harris, Neil. (2001) An investigation into the psychometric properties of the Cognitive Therapy Scale for Psychosis. *Behavioural and Cognitive Psychotherapy.* Vol 29(2), 221-233. The CTS-Psy demonstrated excellent inter-rater reliability and good validity in ability to rate all standards of therapy and all types of patient sessions in the sample studied.
21. Outcomes associated with the practice:	Cognitive therapy for psychosis has been shown to significantly impact both positive and negative symptoms of schizophrenia spectrum disorders. The magnitude of the effect of this therapy is similar to the effects of the newest anti-psychotic medication – average reductions in symptoms of 20-40%. The meta-analysis by Gould et al found a mean effect size for change in psychotic symptoms of .65, and they found that clients continued to improve when observed past 6 months posttreatment, with a combined mean effect size of .93.