HOT TOPICS IN MENTAL HEALTH & LAW: CIVIL COMMITMENT

"An Academic-State-Community Partnership to Create a CBT Continuum of Care for Involuntary Committees in Washington State"

Presented by Sarah Kopelovich, PhD, ABPP

March 4, 2025

CENTER FOR MENTAL HEALTH, POLICY & THE LAW
UNIVERSITY of WASHINGTON

ABOUT THE CENTER FOR MENTAL HEALTH, POLICY & THE LAW

The Center for Mental Health, Policy, and the Law (CMHPL) is housed within the University of Washington (UW) Department of Psychiatry and Behavioral Sciences in the UW School of Medicine.

The CMHPL's mission is to address the most urgent issues arising at the interface of mental health and the law, in order to help justice-involved people with mental illness lead full and productive lives.

Learn more on our website: https://cmhpl.psychiatry.uw.edu/

HOT TOPICS IN MENTAL HEALTH & LAW: CIVIL COMMITMENT

November 12, 12:00–1:00 p.m. PT
"Civil Commitment 101: Overview of History and Current Practices"
Shadoe Jones, JD

December 13, 12:00–1:00 p.m. PT
"Civil Commitment Through the Ethics Lens: How We Got Here"
Philip Candilis, MD

January 7, 12:00–1:00 p.m. PT
"Designated Crisis Responders and the Involuntary Treatment Act in Washington State"
Dawn Macready-Santos, LICSW and Laura Pippin, MSP

February 4, 12:00–1:00 p.m. PT
"Lived Experiences with Civil Commitment"
Carolynn Ponzoha, Karen Schilde, Laura Van Tosh

March 4, 12:00–1:00 p.m. PT
"An Academic-State-Community Partnership to Create a CBT Continuum of Care for Involuntary Committees in Washington State"
Sarah Kopelovich, PhD, ABPP

April 1, 12:00–1:00 p.m. PT
"Navigating Juvenile Involuntary Commitment in Washington State"
Shawgi Silver, MD

May 13, 12:00–1:00 p.m. PT
"Policy Perspectives on Washington's Continuum of Care for Severe Mental Illness"
Manka Dhingra, JD

June 10, 12:00–1:00 p.m. PT
Final panel and Q&A
Manka Dhingra, Shadoe Jones, Sarah Kopelovich, Dawn Macready-Santos, Laura Pippin, Shawgi Silver, Laura Van Tosh

Learn more and register: bit.ly/cmhpl

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RECORDINGS & CONTINUING EDUCATION

- The recording and presentation slides will be made available on our website within 1 week. We will email attendees with the link.

- Continuing education is only available for attendees who attend the live Zoom session, not for those who watch the recording.

- Certificates of attendance will be available for attendees who indicated interest. You will receive an email from cmhpl@uw.edu with additional details.

- Continuing Medical Education is available:
  - UW faculty and staff ONLY: You received an email from cmhpl@uw.edu with instructions and will need to sign-in via text by 2:00 p.m. PT.
  - For non-UW learners, we will track attendance via Zoom. You do not need to log in or update your name on Zoom, as attendance is tracked with your unique Zoom link.

DISCLOSURES

Today's speaker, Sarah Kopelovich, has no financial relationships with an ineligible company relevant to this presentation to disclose.

None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

QUESTIONS

To submit a question, please click the Q&A icon on Zoom.

Reminder: The series will conclude with a panel discussion and Q&A on June 10, 2025.

FINAL LOGISTICS

- The opinions expressed herein are the views of the speakers, and do not reflect an official position of the CMHPL or the UW. No official support or endorsement of the opinions described in this presentation from the CMHPL or the UW is intended or should be inferred.
- Automated captions are available. In the meeting controls toolbar, click the Show Captions icon. CC
- Please complete the evaluation poll at the end of this session.

SARAH KOPELOVICH, PHD, ABPP

Sarah Kopelovich, PhD, ABPP, is a forensically-trained clinical psychologist in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She is an associate professor; a core faculty member at the Center for Mental Health, Policy, and the Law; and holds the first Professorship of Cognitive Behavioral Therapy for Psychosis (CBTp).

Dr. Kopelovich is a principal and co-investigator on federal-, state-, and county-funded initiatives to implement evidence-based mental health practices, including cognitive behavioral therapy for psychosis, coordinated specialty care, and digital mental health interventions.

She is a founding member and current president of the North America CBT for Psychosis Network, the mission of which is to advance the dissemination of high-quality CBTp across North America.

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AN ACADEMIC-STATE-COMMUNITY PARTNERSHIP

to create a Continuum of Cognitive Behavioral Therapy for Involuntary Committees in Washington State

Sarah Kopelovich, PhD, ABPP
Associate Professor and Professorship in Cognitive Behavioral Therapy for Psychosis
Department of Psychiatry & Behavioral Sciences
University of Washington School of Medicine

LEARNING OBJECTIVES

As a result of participating in this presentation, learners will be able to:

1. Cite at least one research finding related to Cognitive Behavioral Therapy (CBT) for serious mental illness;

2. Articulate the benefits of incorporating CBT for serious mental illness into the standard of involuntary treatment;

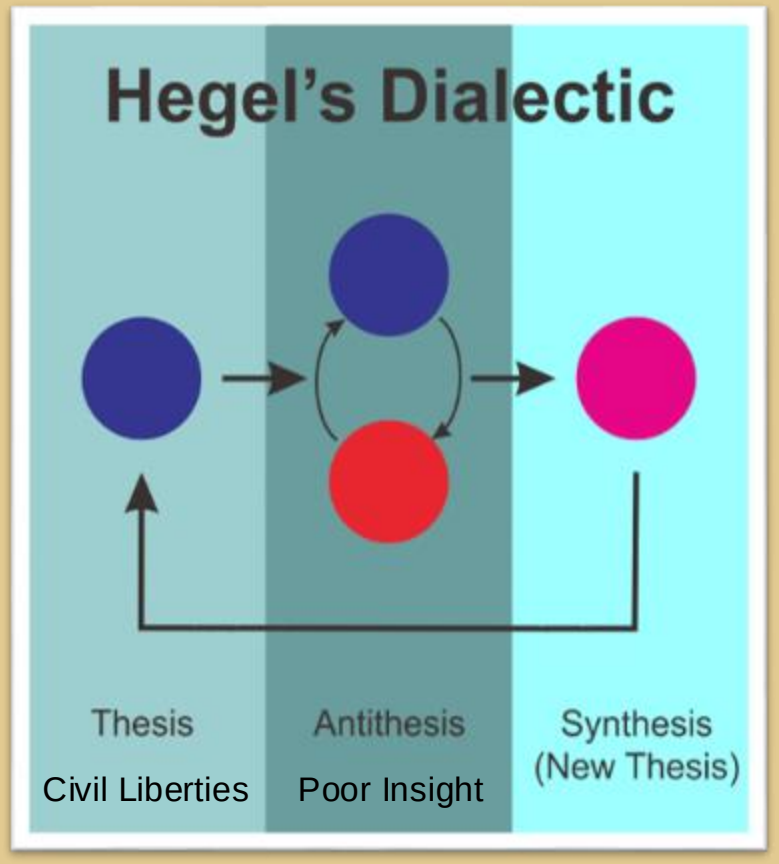
3. Describe the efforts underway in Washington to enhance CBT care continuity across inpatient, outpatient, and specialty care settings.

LEVEL SETTING: MY LENS



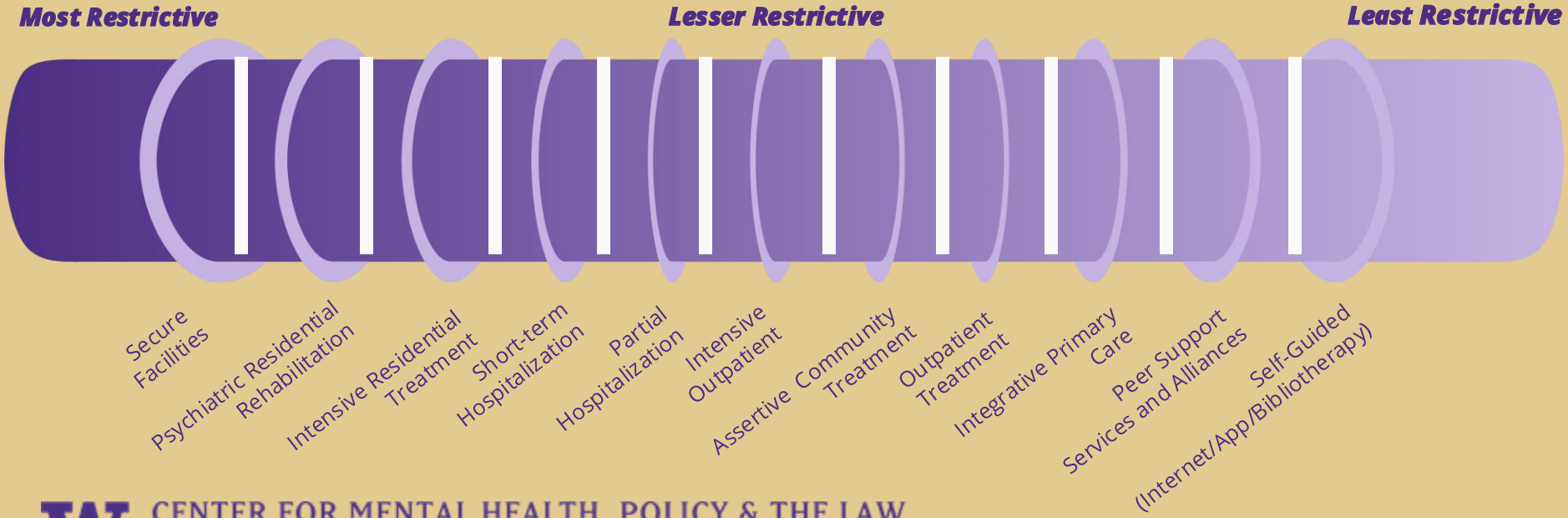



LEVEL SETTING: FRAMING THE ISSUE



LEVEL SETTING: FRAMING THE ISSUE

CARE (DIS)COORDINATION ACROSS THE PSYCHIATRIC CARE CONTIUUM



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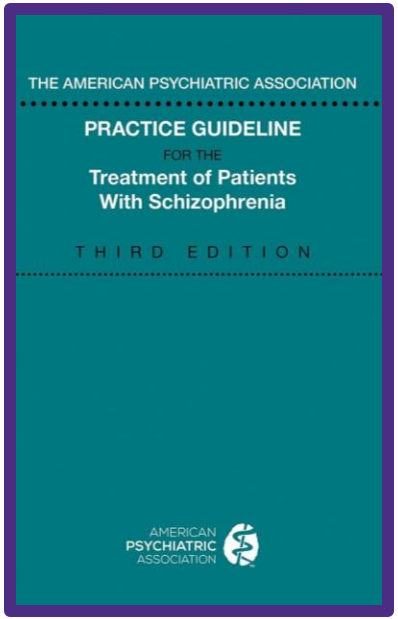
NATIONAL SCHIZOPHRENIA TREATMENT GUIDELINES (APA, 2020)



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
- Supportive psychotherapy

Psychosocial Treatment

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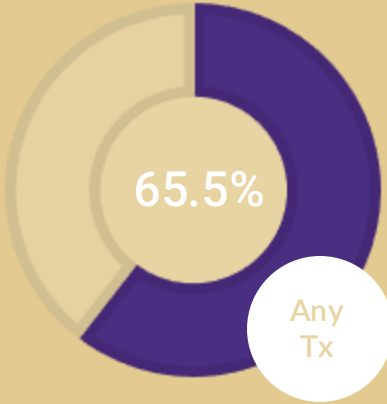
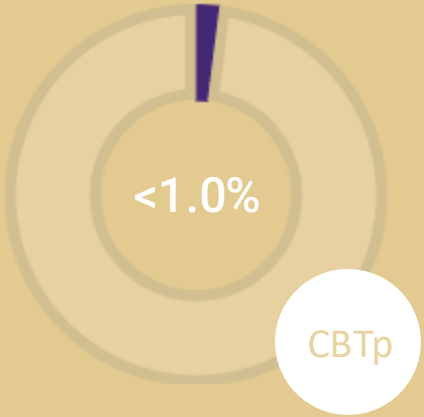
STATE OF THE FIELD IN THE UNITED STATES: ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS



Estimated access to any treatment for SMI
NIMH (2018)



Estimated access to CBTp
Kopelovich et al. (2021)

3x forensic or CJ settings*

*Updated prevalence estimate underway
Steadman et al. (2009)

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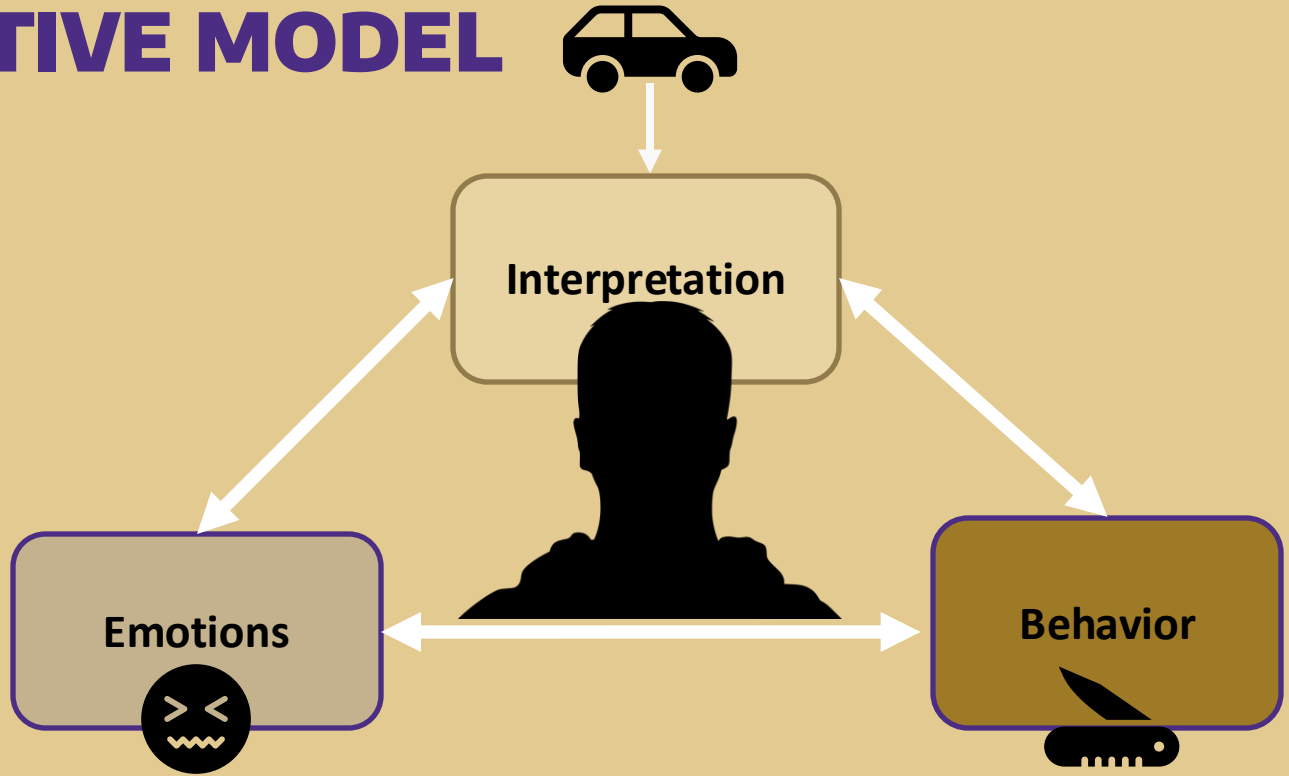
WHAT IS CBT FOR PSYCHOSIS?

COGNITIVE MODEL



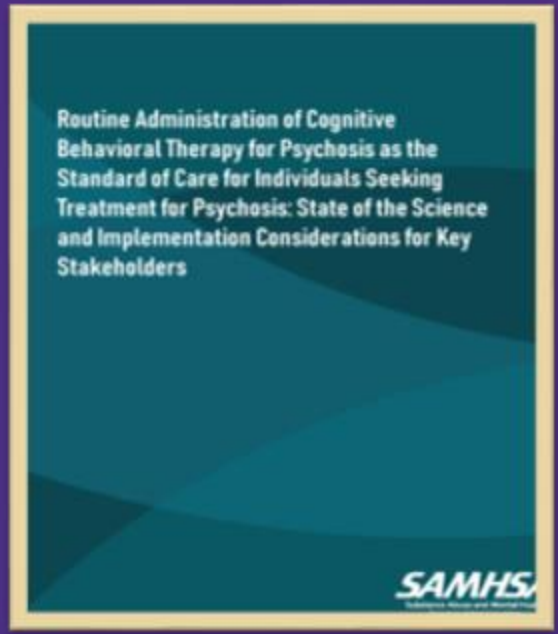
EVIDENCE BASE

- CBTp is the most well-researched psychological intervention for psychosis
  - 30+ years of empirical evidence for psychosis alone
- CBTp associated with significant improvements in:
  - Delusional conviction/preoccupation
  - Hallucinations
  - Illness awareness
  - Medication non-adherence
  - Negative symptoms

McDonagh, M., Dana, T., Kopelovich, S., Monroe-DeVita, M., Grusing, S., Blazina, I., Bougatsos, C., & Selph, S. (2021). Psychosocial interventions for adults with schizophrenia: An overview and update of systematic reviews. *Psychiatric Services*. https://doi.org/10.1176/appi.ps.202000649

CBT FOR PSYCHOSIS IS NOW THE PRESCRIBED STANDARD OF CARE

> *"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. (p. 6)"*



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INCENTIVES AT THE SYSTEMS LEVEL

1. Aligns with the mission & values of the system of care
2. Good economic value
3. Critical to a recovery-oriented system of care
4. Compatible with measurement-based care
5. Valued by service users and families
6. Enhances core competencies among practitioners

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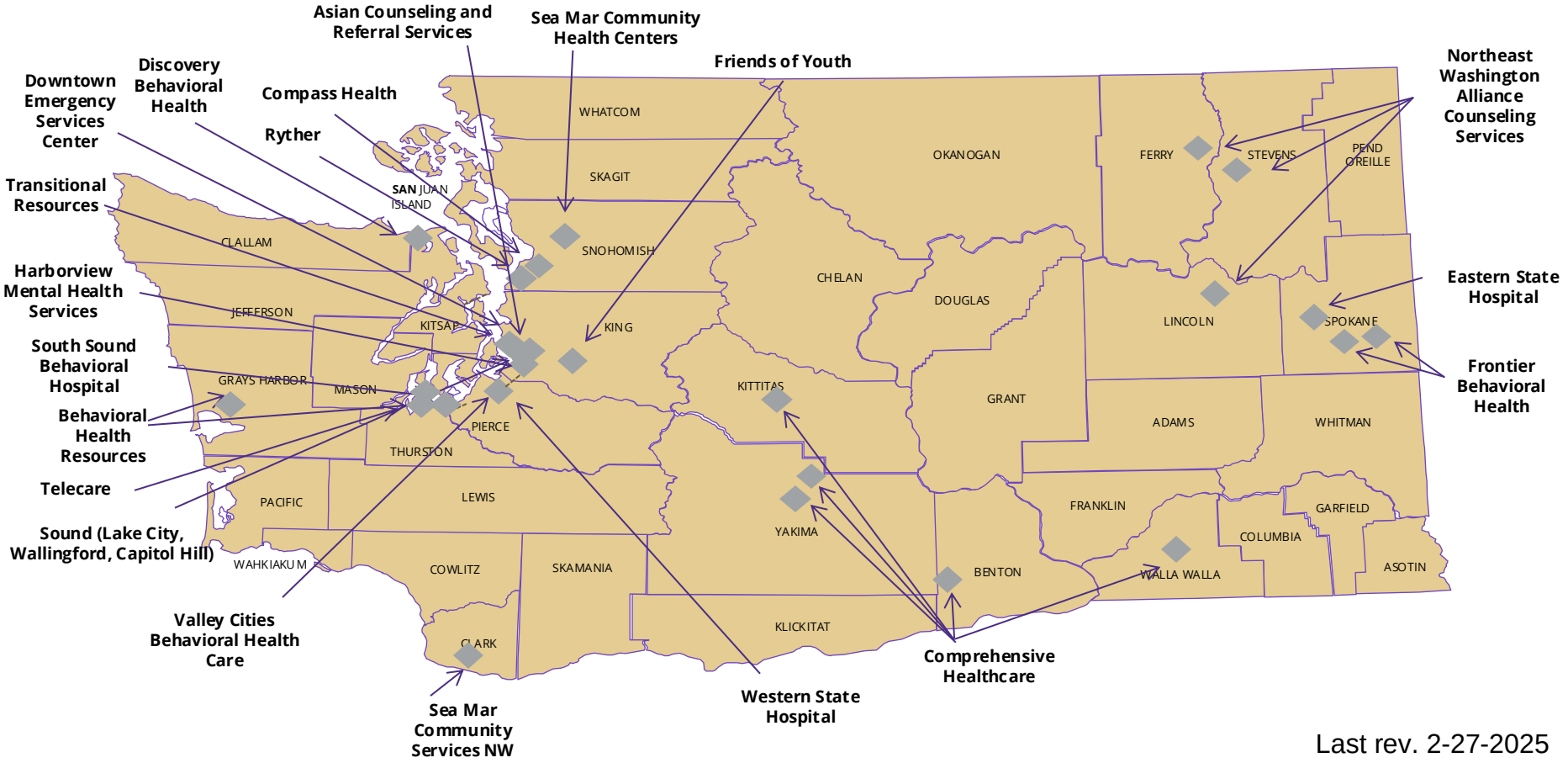
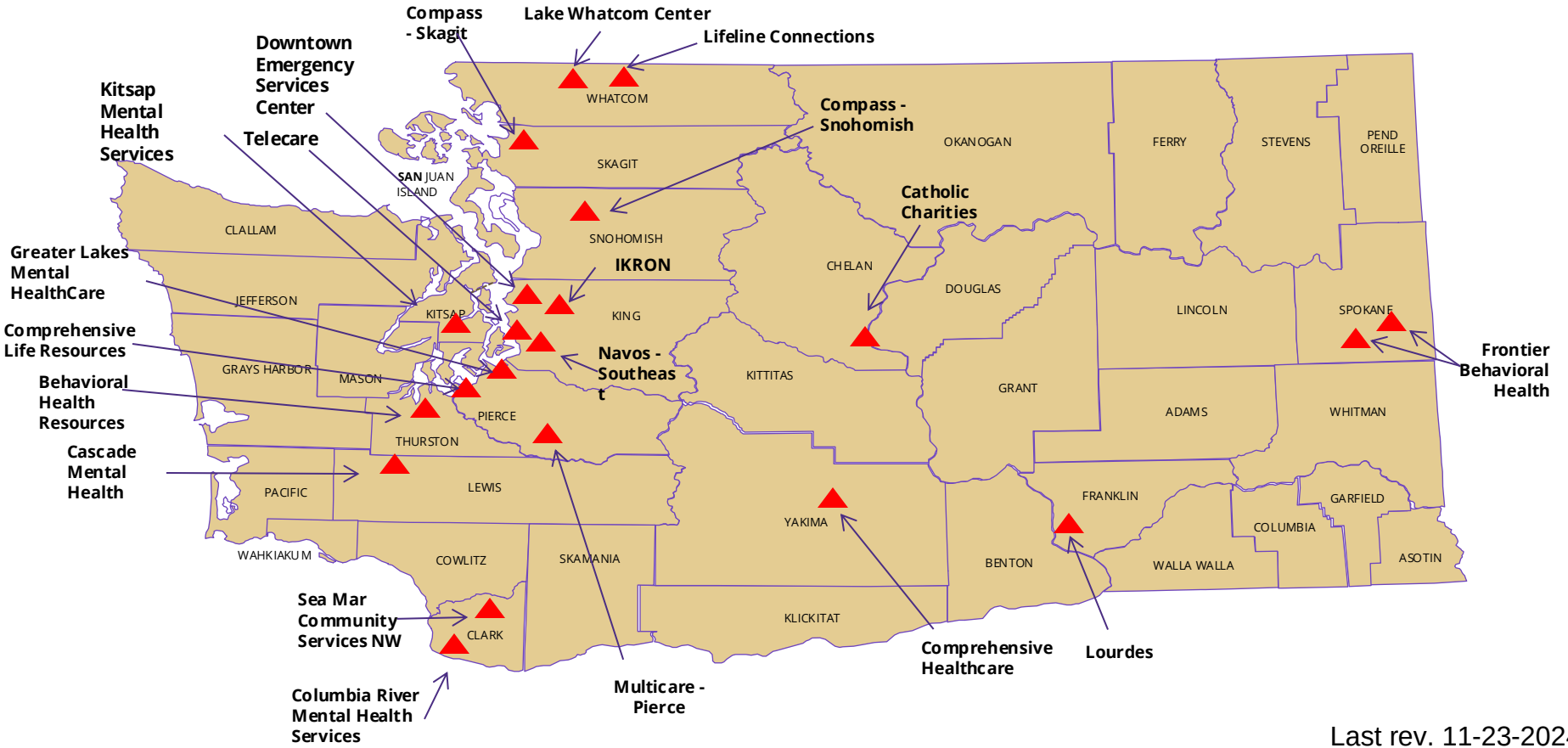
CBTp-Trained Agencies in Washington State



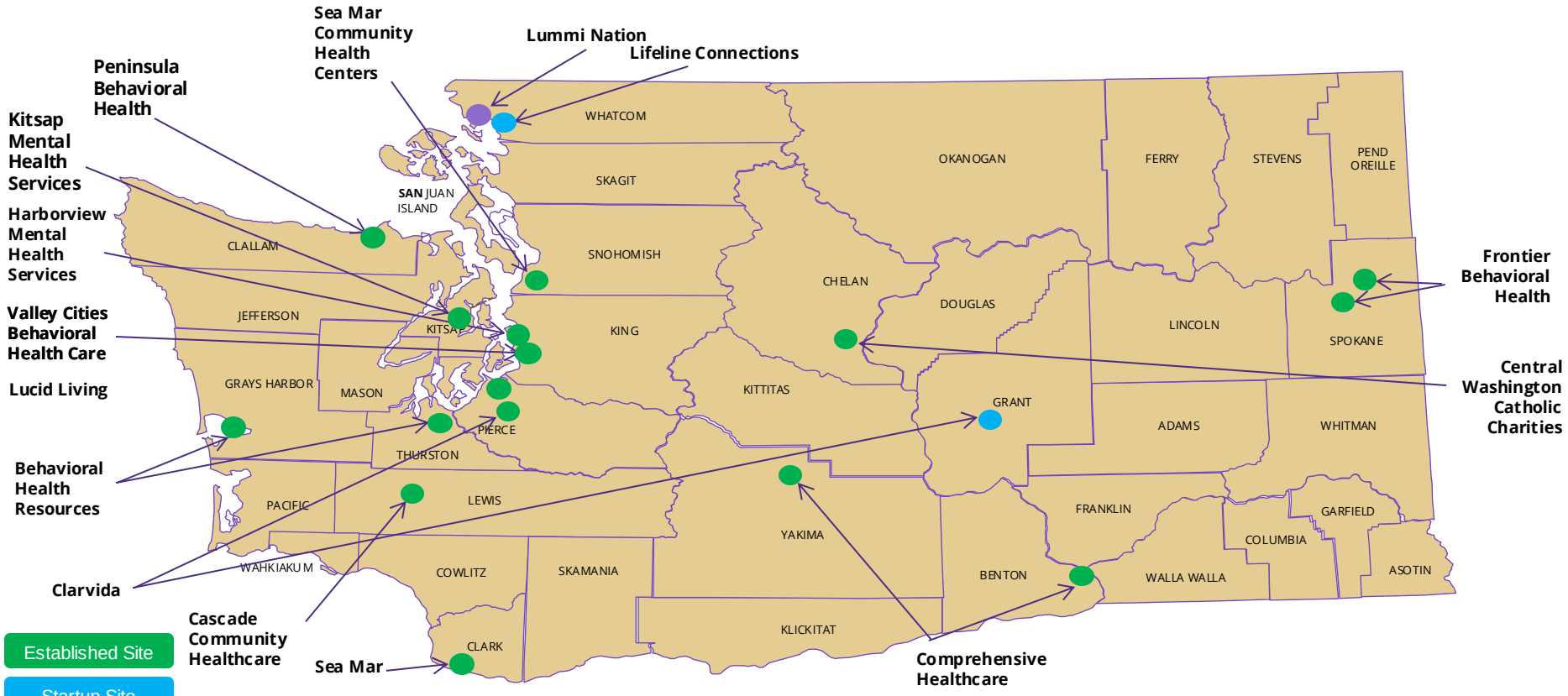
Last rev. 2-27-2025

CBTp-Trained PACT Teams in Washington



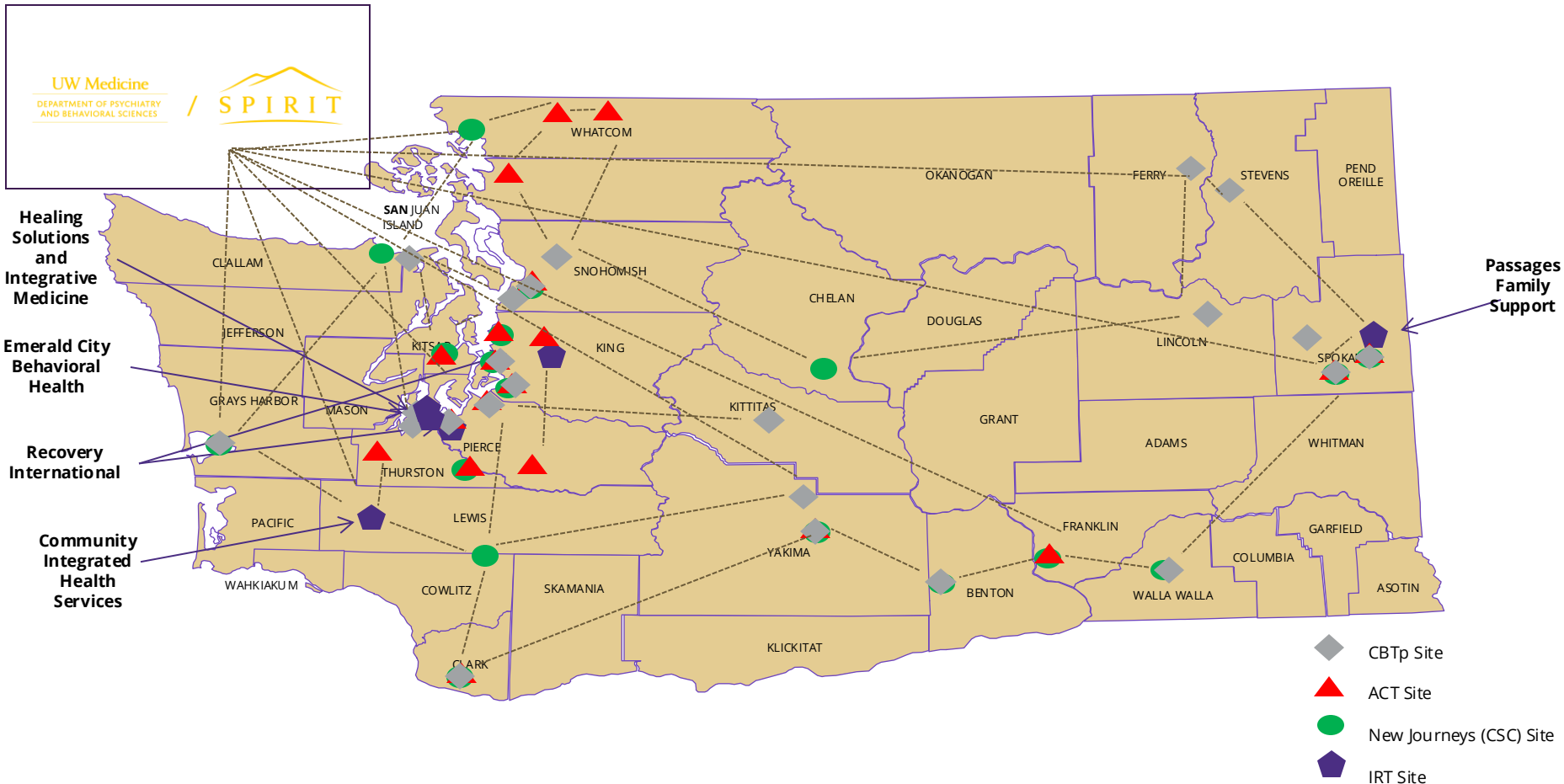
Last rev. 11-23-2024

CBTp-Trained New Journeys Teams in Washington



Last rev. 2-27-2025

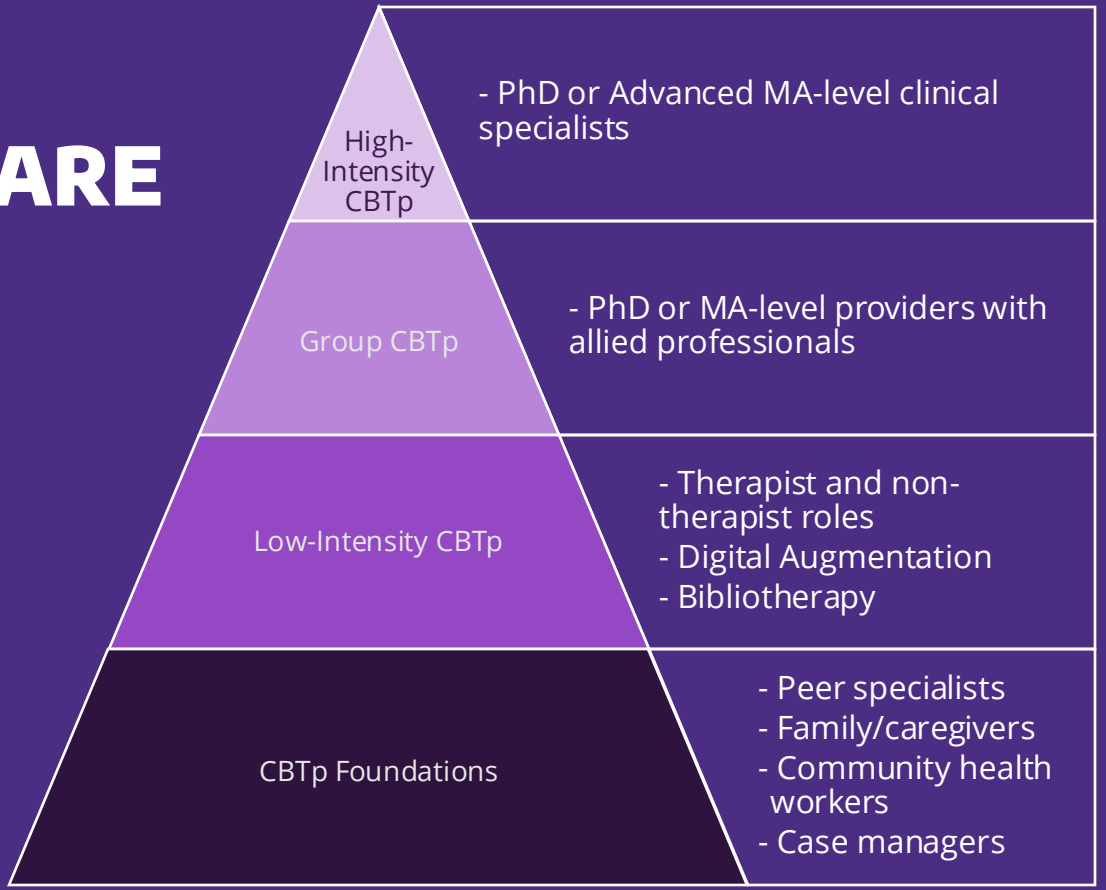
Intensive Residential Treatment Teams in Washington State



Who gets trained?

What CBT interventions we are training them in?

CBTp STEPPED CARE



Kopelovich et al. (2019). Stepped Care as an implementation and service delivery model for cognitive behavioral therapy for psychosis. *Community Mental Health Journal, 55*(5), 755-767. doi: 10.1007/s10597-018-00365-6.

Kopelovich et al. (2022). Sequential mixed method evaluation of the acceptability, feasibility, and appropriateness of cognitive behavioral therapy for psychosis stepped care. *BMC Health Serv Res 22*, 1322. https://doi.org/10.1186/s12913-022-08725-5

CBTp STEPPED CARE IMPLEMENTATION OUTCOMES

Reach
- 3-fold increase in providers trained
- +3-fold increase in clients treated

Fidelity
- 80% were able to attain CBTp competence 12 months.

Sustainment
- 4 of 4 CBTp-trained agencies have sustained all three levels of care.
- 81% of those trained are delivering CBTp.

Acceptability:
- 93% acceptable
- no differences between groups

Feasibility:
- 85% feasible to implement
- no differences between groups

Appropriateness:
- 91% appropriate for settings
- no differences between groups

Kopelovich et al. (2022). Sequential mixed method evaluation of the acceptability, feasibility, and appropriateness of cognitive behavioral therapy for psychosis stepped care. *BMC Health Serv Res 22*, 1322. https://doi.org/10.1186/s12913-022-08725-5

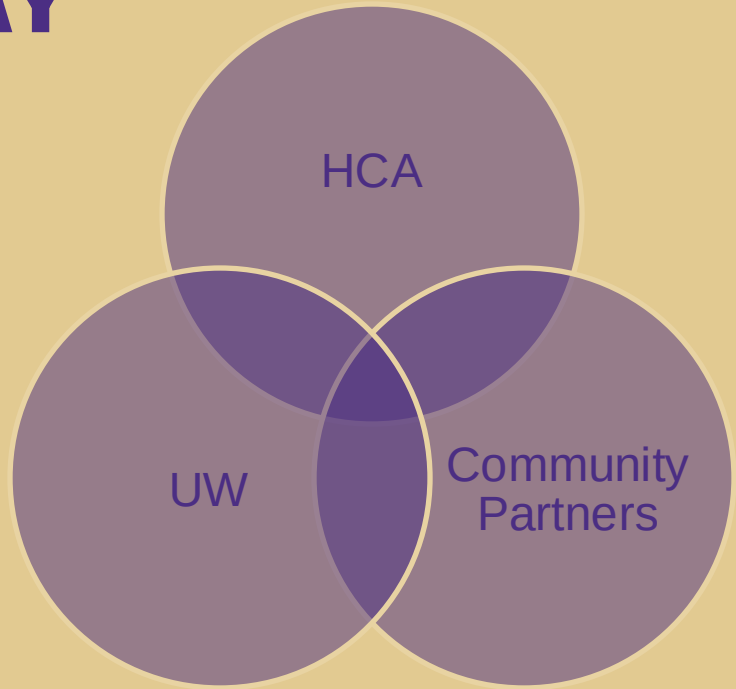
The CBT Care Pathway is intended to enhance QUALITY of care for civil committees and the CONTINUITY of care.

Vigod et al. (2013). Transitional interventions to reduce psychiatric readmissions in adults: A systematic review. *British Journal of Psychiatry, 202*, 187-194.

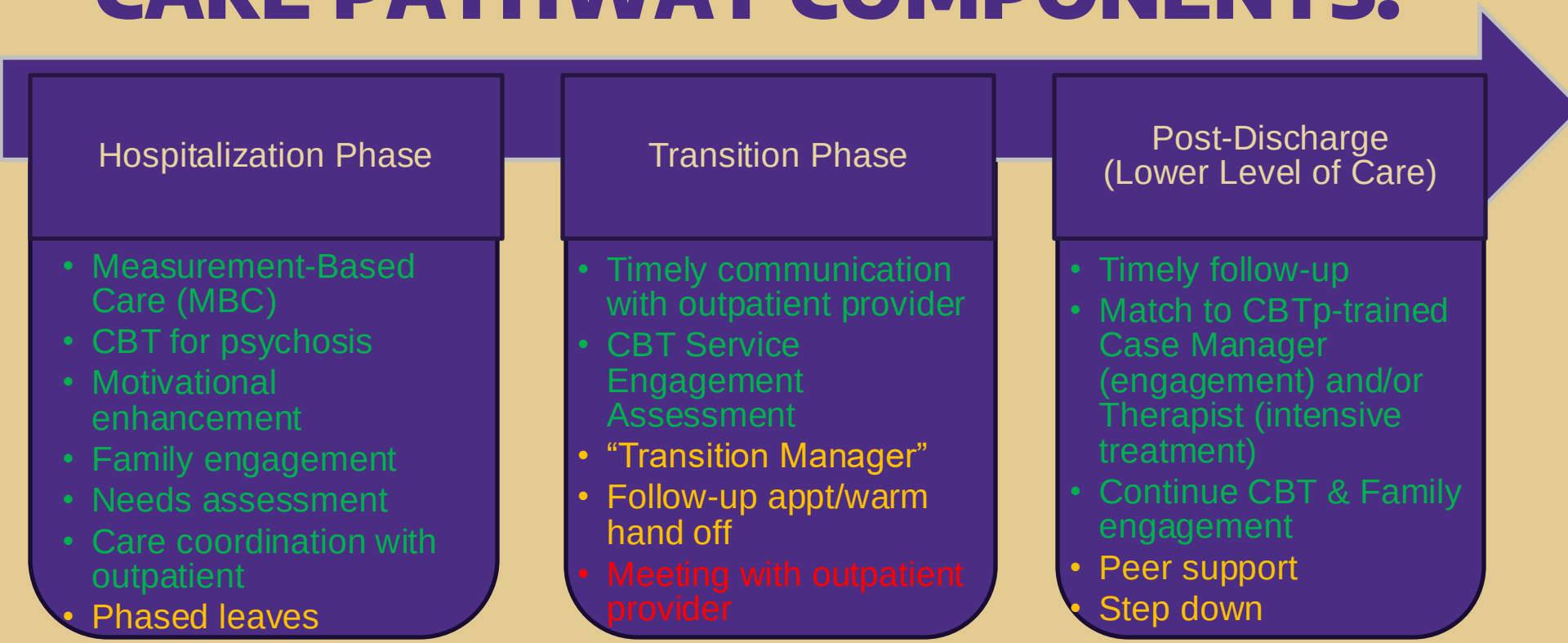
CBT CARE PATHWAY GOALS

1. Enhance access to CBT for psychosis for WA civil committees.
2. Support the successful transition from inpatient to outpatient care.
3. Enhance continuity of care for individual patients that transition from one setting to another.
4. Reduce 30-day rehospitalizations.

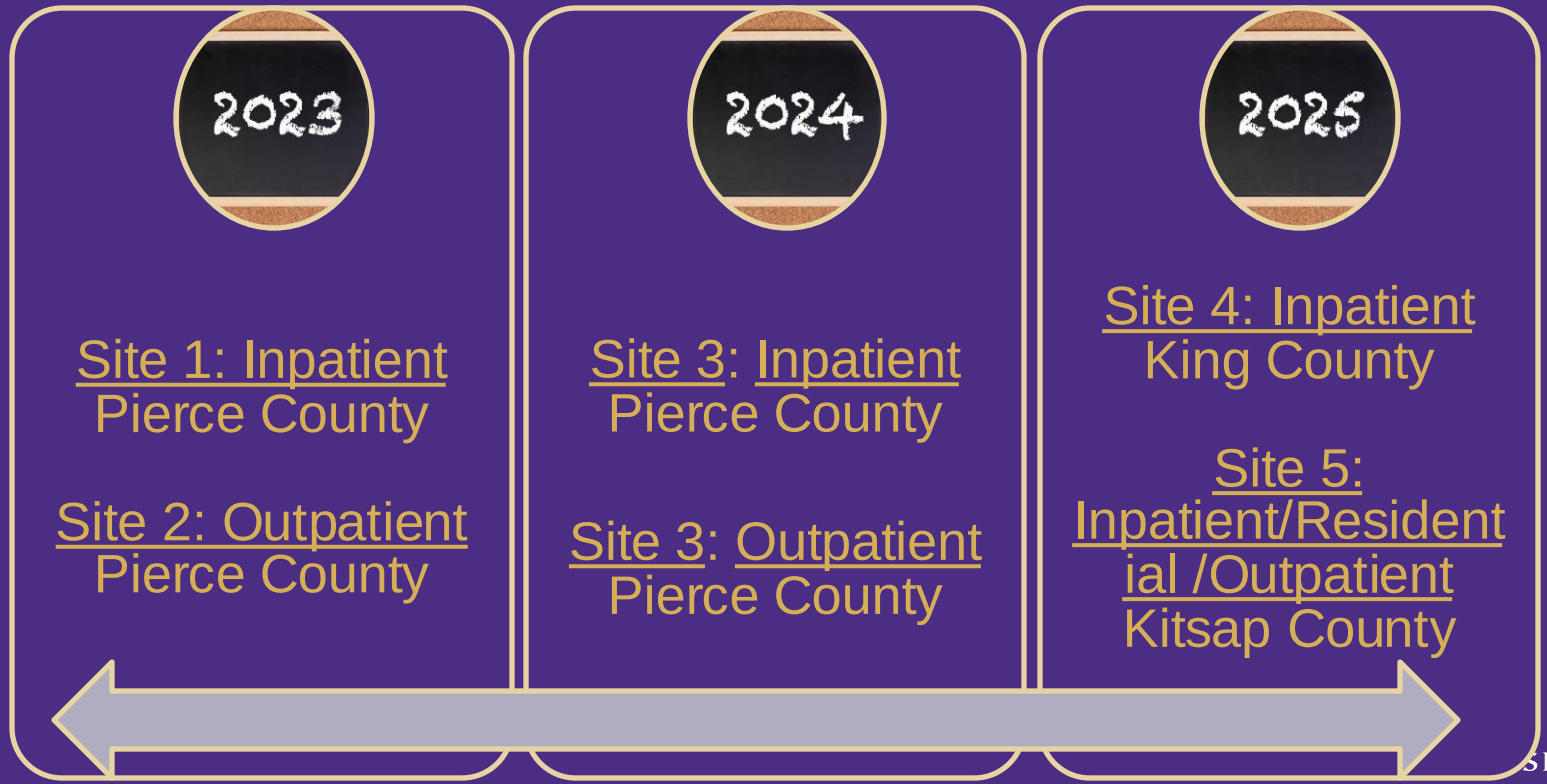
CO-PRODUCTION OF THE CBT CARE PATHWAY



CARE PATHWAY COMPONENTS:



CBT CARE PATHWAY PARTNERS



IMPLEMENTATION OUTCOMES (IN PROCESS)

Outpatient Site 2	Inpatient Site 1	Outpatient Site 3	Inpatient Site 3
Care Pathway adherent Now offering Group and Individual CBTp	Not Care Pathway adherent Now offering Group CBTp 5x week on 2 units	DROPPED	Not Care Pathway adherent Milieu CBTp No Group or Individual CBTp

IMPLEMENTATION OUTCOMES (IN PROCESS)

Inpatient Site 4	Outpatient Site 5	Inpatient Site 5
Care Pathway scheduled for FY26 Now offering Group and Individual CBTp	Care Pathway scheduled for FY26 Now offering Group and Individual CBTp	Care Pathway scheduled for FY26 Now offering Group and Individual CBTp

CAPSTONE REFLECTION

GRATITUDE TO SPONSORS & COLLEAGUES

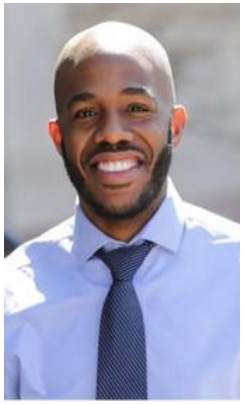
Washington State Health Care Authority

Shannon Stewart, LMHC

UW SPIRIT Center Trainer

Mel LaBelle, LMHC

UW SPIRIT Center Trainer



Stephen Smith, PhD

UW SPIRIT Center Trainer

Sydney McKinstry, BA

Program Coordinator

SPIRIT

WANT TO LEARN MORE?

Websites

cmhpl.psychiatry.uw.edu www.wa-CEEP.org www.psychosisREACH.org
www.uwSPIRITcenter.org www.naCBTp.org

Video

CBT for psychosis: When We Invest in the Workforce, We Invest in the Health of Our State

Podcast Episode

The Science and Experience of Cognitive Behavioral Therapy for Psychosis

Trainings

Upcoming CBT for psychosis trainings

NAVIGATING JUVENILE INVOLUNTARY COMMITMENT IN WASHINGTON STATE

April 1, 2025, 12:00–1:00 p.m. PT

Shawgi Silver, MD, MPHS

This presentation will explore the legal criteria, ethical dilemmas, and clinical considerations involved in committing minors for psychiatric care. Through case studies and real-world examples, attendees will analyze the challenges of balancing minor autonomy, parental authority, and state intervention.

Learn more and get Zoom link: bit.ly/cmhpl

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FEEDBACK

Post-event surveys are critical, and your feedback helps us to improve and develop future events.