

Cognitive behavioral therapy (CBT) for prodromal psychosis

Adult Mental Health: Serious Mental Illness

Literature review updated September 2016.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Studies in this review examined cognitive behavioral therapy in help-seeking adolescents and young adults identified as being prodromal, or at high-risk for developing psychosis. The primary purpose of treatment was to prevent or delay onset of psychosis. Treatments typically involved offering six months of weekly individual therapy, and focused on stress management, helping patients understand and cope with symptoms, and crisis management. In this review, cognitive behavioral therapy is compared with either assessment and monitoring only, or non-specific supportive therapy.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Anxiety disorder	2	101	-0.195	0.246	22	-0.195	0.427
Major depressive disorder	2	116	0.101	0.663	22	0.101	0.878
Global functioning	3	142	0.121	0.229	22	0.121	0.597
Hospitalization (psychiatric)	1	59	-0.326	0.397	22	-0.326	0.411
Psychosis symptoms (positive)	2	54	-0.311	0.294	22	-0.311	0.290
Psychiatric symptoms	3	180	-0.287	0.172	22	-0.287	0.096
Psychosis symptoms (negative)	2	46	0.165	0.290	22	0.165	0.571
Psychosis onset	5	344	-0.653	0.275	22	-0.653	0.018

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

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For further information, contact:
(360) 664-9800, institute@wsipp.wa.gov

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