Table 2: CBTp Competencies	
Additional Engagement Factors and Required Knowledge	∗ Communication of hope about recovery ∗ Recognition of the importance of client choice ∗ Awareness of the impact of stigma and of the impact of prior experiences of mental health services ∗ Sensitivity to the manner in which clients make sense of their illness and difficulties and the language that they use, as well as sensitivity to cultural considerations ∗ Ability to respond appropriately to situations in which symptoms of psychosis (e.g., paranoia or voice content) may involve, or be activated by, the clinician or within sessions ∗ Knowledge of psychosis, including understanding of the heterogeneity in presentation of psychotic symptoms and comorbidities, knowledge of the role of trauma, basic knowledge of pharmacotherapy, and knowledge of mental health legislation
Normalization	∗ Use of normalization strategies (e.g., appropriate self-disclosure, discussion of the experience of others) to reduce stigma and increase engagement ∗ Awareness of prevalence of psychotic experiences in general population ∗ Recognition of psychotic experiences as existing on a continuum
Additional Considerations with Formulation	∗ Understanding of cognitive formulation of each of the following: Voices and other hallucinations Paranoia Delusions Negative symptoms Thought Disorder ∗ Recognition of the manner in which core beliefs typically effect experience of psychotic symptoms, and that these symptoms can often “make sense” in the context of an individual’s learning history ∗ Ability to identify factors that serve to drive and maintain the distress associated with symptoms of psychosis ∗ Ability to differentiate coping behaviors (those with sustained positive benefits) from safety behaviors (those with long term negative effects) ∗ Understanding of the role of trauma in psychosis ∗ Understanding of cognitive formulation of common comorbidities (e.g., depression, social phobia, obsessive-compulsive disorder, sleep disturbance, substance use, low self-esteem) ∗ Ability to develop an individualized formulation of each client based on consideration of their history, symptoms, comorbidities, goals, values and level of insight and cognitive function

	* Ability to communicate these formulations to clients in a clear and understandable manner
Treatment Planning	* Awareness of formulation and treatment plans for positive and negative symptoms of psychosis (e.g., voices and other hallucinations, paranoia, delusions, negative symptoms and thought disorder) * Awareness of adaptations to treatment planning that may be necessitated due to cognitive deficits and/or thought disorder * Ability to develop a culturally competent and individualized treatment plan based on consideration of client symptoms, goals and comorbidities
Selection and Application of CBT Skills	* Competence in a provision of all of the general CBT skills listed in Table 1, as well as a variety of CBTp-specific skills and strategies, including: Provision of specific psychoeducation (e.g., regarding psychotic symptoms, recovery ,stress vulnerability) Self-monitoring tools (e.g., voices, paranoid thoughts) Building Coping Skills (e.g., switching attention, increasing activity, positive self talk, etc.) Addressing Avoidance Behaviors and Social Withdrawal Examining Pros and Cons of experience of, and beliefs about, voices and paranoid or unusual thoughts Cognitive Restructuring Techniques (specifically applied to psychotic experiences and paranoid or unusual thoughts), for example: Exploring and Shifting Beliefs About Voices Exploring and Shifting Voice Content Exploring alternative explanations for paranoid or delusional thinking Reality checks
Metacompetencies	* Clinical judgment and flexibility to adjust treatment and session planning based on response to client needs * Ability to determine appropriate application and pacing of CBTp skills (for example, awareness of implication of challenging delusional beliefs directly vs. challenging more peripheral evidence that supports delusional beliefs at various points in treatment)