Recovery-Oriented Cognitive Therapy

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October 30, 2018

THE NATIONAL ASSOCIATION OF MENTAL HEALTH PROGRAM DIRECTORS (NASMHPD) FORENSIC DIVISION AND THE SOUTHERN REGION STATE MENTAL HEALTH DIRECTORS
Philosophies of Treatment
Disagreement in Approach

- Patient Driven
  - Freedom
  - Empowerment
  - Warmth
  - Meeting needs
  - Empathy
  - Client driven

- Rules Driven
  - Following rules
  - Reaching objectives
  - Responsibility
  - Strong boundaries
  - Adherence to concrete
Collaborative Treatment

- Targeting achievement of aspirations
- Shared understanding of the obstacles
- Obstacles viewed in the context of aspirations
- Shared decision making about treatment
- Multiple treatment options considered

FORENSIC CONCERNS viewed in the context of treatment
Policy Points

1. Recovery extends to all
2. A collaborative approach reduces refusal and increases creative solutions.
3. Symptom reduction occurs secondary to increased functioning and aspiration focused action.
4. A change in culture is required, away from punishment or permissiveness to collaboration and pragmatism.
5. Focusing on recovery in forensic settings creates a more durable stabilization
6. More emphasis on continuity of care and training paradigm will lead to financially responsible implementation
7. An Evidence-based approach can be successfully implemented in a state mental health system to increase capacity and improve outcomes
What is Recovery Oriented Cognitive Therapy

- Fusion of Cognitive Therapy and Recovery
- "helping the patient draw on his own problem-solving apparatus" (Beck, 1976)
- Extension of CBT for psychosis
- Traditional cognitive therapy has compatible components with recovery:
  - Long-term aspirations
  - Collaboration
  - Engagement
  - Emphasis on positive assets
The Research
Clinical Trial of Recovery-Oriented Cognitive Therapy

Randomized Trial to Evaluate the Efficacy of Cognitive Therapy for Low-Functioning Patients With Schizophrenia

Paul M. Grant, PhD; Gloria A. Huh, MSEd; Dimitri Perivoliotis, PhD; Neal M. Stolar, MD, PhD; Aaron T. Beck, MD

ARCH GEN PSYCHIATRY PUBLISHED ONLINE OCTOBER 3, 2011 WWW.ARCHGENPSYCHIATRY.COM
Summary of CT-R Clinical Trial

Compared to the Standard Treatment (ST) patients, CT+ ST patients had:

- Better functioning \((d = 0.56)\)
- Reduced avolition-apathy \((d = -0.66)\)
- Reduced positive symptoms \((d = -0.46)\)

(Grant et al., 2014, Archives of General Psychiatry)
Cycle of recovery

Increased Motivation

Reduced Positive Symptoms

Improved Functioning
Six-Month Follow-Up of Recovery-Oriented Cognitive Therapy for Low-Functioning Individuals With Schizophrenia

Paul M. Grant, Ph.D., Keith Bredemeier, Ph.D., Aaron T. Beck, M.D.

**Objective:** The study examined six-month follow-up results and the impact of length of illness on treatment outcomes of recovery-oriented cognitive therapy (CT-R).

**Methods:** Sixty outpatients (mean age 38.4 years, 33% female, 65% African American) with schizophrenia or schizoaffective disorder and elevated negative symptoms were randomly

**Results:** Intent-to-treat analyses (hierachical linear modeling) at follow-up indicated significant benefits for individuals assigned to CT-R compared with standard treatment: higher global functioning scores (between-group Cohen’s d=.53), lower scores for negative symptoms (d=−.66), and lower scores for positive symptoms (d=−1.36). Length of illness moderated treatment effects on global functioning, such
Clinical trial follow-up

*Follow-up to Grant et al., 2012; N = 60

Gains maintained over the course of 6-month follow-up in which no therapy was delivered:

- Better Functioning ($d = 0.53$)
- Reduced Negative Symptoms ($d = -0.60$)
- Reduced Positive Symptoms ($d = -1.36$)
Clinical trial follow-up

NOTE: † p < .10, * p < .05, ** p < .01
CT-R: A Holistic Approach

• Activation and aspirations are the core.

• Individual sets the aspirations for recovery
  • Aspirations are broken down, steps are concrete.
  • Tangible action towards aspirations are the treatment target.
  • Obstacles are targeted as they impede action.
  • Conceptualization: key to understanding the obstacles.
  • Achieving goals reinforces the curative beliefs.
  • Adaptable to all levels of care for continuity. Medication Checks.
Recovery Oriented Cognitive Therapy

- Activation
- Aspirations
- Action
Experimental Study

• 35 SCZ with low neurocognitive scores are randomized
• Guided Success vs Control
• Guided Success sorted more cards, reported lower defeatist beliefs & more positive self-concept
• CT-R harness successful experiences to improve recovery in low functioning individuals with SCZ
1966

SOCIAL EXPECTATIONS, LANGUAGE, AND SCHIZOPHRENIA

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Withdrawal from social activities is so characteristic of schizophrenia that it has led such theorists as Fenichel (1945), Fromm-Reichmann (1950), and Arieti (1955) to conclude that one of the basic features of schizophrenia is a decline in sensitivity and responsiveness to social stimuli. Further assertions made by Cameron (1947) and Sullivan (1947) indicate that withdrawal from human activities is closely related to language pathology and that social isolation tends to inhibit the development of social roles.

Hence, according to these authorities, language peculiarities and role deficiencies are consequences of social withdrawal and isolation. However, the position taken here is that language and role disturbances are to some extent artifacts of a medical environment. The expression of pathological behavior may be the fulfillment of demands that are either explicit or implicit in a medical setting. Thus, a person who adopts the role of a patient may wish to fulfill the demands and expectations associated with that particular social position. According to Levinson (1961), a social structure may modify the personality of its
CT-R in a Forensic Hospital
Inpatient Missions

• “These people need to learn how to live in the real world”
• Shift missions
  o Day: Wake up and engage in the tasks of living
  o Evening: After-work activities
  o Overnight: recharge for the next day
  o Weekend: Explore passions, Social time, Chores
• Forensic work placed in the context of living
Clubs: Activating Environment
Fundamental Problem of Training a Hospital
Lessons Learned

- Continuity of Care
  - Across treatment settings
  - Within the hospital

- Training direct care staff
  - Embedded in new hire training
  - Mentors or dedicated coaches to augment learning

- Training all staff

- Staff turnover

- Program Evaluation
Where is CT-R
The Story of Georgia
One Case

Total Days in Hospital: 1337
Close Observation: 411

$1.4 Million Dollars
$197,964
Reaction to CT-R

“Y’all are right. CT-R is more work. It’s harder and takes time. But it’s the only thing we found that has helped these people so we might as well do it and do it well.”

- Christian Hildreth, PhD
Florida
Florida Implementation

• Three facilities in North Florida
• All sites including forensically involved patients
• Multi-Level Implementation
  o Direct Care Staff
  o Clinicians
  o Community teams
  o New Hire Orientation and retraining
• Program Evaluation
Upcoming Projects

• Florida State Hospitals
• Georgia Regional Hospital of Savannah
• Utah State Hospital and Community Clinicians
• Georgia: High Utilizer Maintenance Project
• Pennsylvania First Episode Psychosis Teams
• Massachusetts: First Episode Programs and The Bridge
• University of Pittsburgh Medical Center
Feedback from a Recipient
A very special thank you...
Contact with any questions:

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