Recovery-Oriented Cognitive Therapy (CT-R) for Schizophrenia and Serious Mental Health Conditions

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New Jersey Division of Mental Health & Addiction Services Quarterly Providers Meeting

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About Beck Institute

Beck Institute is a 501(c)3 nonprofit organization with the mission of **improving lives worldwide through excellence in CBT and CT-R**.

Disclosure Statement

Paul Grant, PhD receives royalties from Guilford Press.

Dedication

"There's nobody in the world that doesn't have aspirations, that doesn't like to think of making their life better. People come in discouraged, demoralized, and apathetic, and they are offered a new life, and they're able to go on and live the lives they've always wanted to, and that's what we have to offer."
-Aaron T. Beck

MEETING THE CHALLENGE

"There is the brutal reality that those suffering from serious mental illness have a life-span of 20 to 30 years less on average than the rest of us – and this is a mortality gap, moreover, that is increasing, not diminishing"

-Andrew Scull

Scull A (2021). American psychiatry in the new millennium: a critical appraisal. Psychological Medicine 1–9. https:// doi.org/10.1017/S0033291721001975

Epidemiology

- Primary causes are co-occurring medical conditions
  - Heart disease
  - Liver disease
  - Diabetes

Saha, S., Chant, D., & McGrath, J. (2007). A systematic review of mortality in schizophrenia: Is the differential mortality gap worsening over time? *Archives of General Psychiatry*, *64*(10), 1123–1131.
Lee, E. E., Liu, J., Tu, X., Palmer, B. W., Eyler, L. T., & Jeste, D. V. (2018). A widening longevity gap between people with schizophrenia and general population: a literature review and call for action. *Schizophrenia Research*, 196, 9-13.

Lisa Dixon

Schizophrenia Bulletin vol. 35 no. 4 pp. 696–703, 2009
doi:10.1093/schbul/sbp046
Advance Access publication on June 2, 2009

Disengagement From Mental Health Treatment Among Individuals With Schizophrenia and Strategies for Facilitating Connections to Care: A Review of the Literature

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Disengagement from mental health services can lead to devastating consequences for individuals with schizophrenia and other serious mental illnesses who require ongoing treatment. We review the extent and correlates of dropping out of mental health treatment for individuals with schizophrenia and suggest strategies for facilitating treatment engagement. Although rates vary across studies, reviews of the literature suggest that up to one-third of individuals with serious mental illnesses who have had some contact with the mental health service system disengage from care. Younger age, male gender, ethnic minority background, and low social functioning have been consistently associated with disengagement from mental health treatment. Individuals with co-occurring psychiatric and substance use disorders, as well as those with early-onset psychosis, are at particularly high risk of treatment dropout. Evidence that efforts to enhance client-centered communication and promote individuals' active involvement in mental health treatment decisions can also improve engagement in treatment.

Key words: treatment dropout/serious mental illness/ engagement strategies

Introduction

Schizophrenia and other serious mental illnesses generally require ongoing maintenance treatments over the long term to facilitate recovery. As evidenced by treatment recommendations and other clinical guidelines for schizophrenia published in the past decade, there are a number of psychopharmacologic and psychosocial treatments for schizophrenia for which there is consistent scientific evidence showing that they improve outcomes.[1,2] Although the lack of widespread availability of these evidence-based treatments is a significant problem in the United States, the current article will address another challenge that can seriously undermine the ef-

Treatment engagement of individuals experiencing mental illness: review and update

Lisa B. Dixon, Yael Holoshitz, Ilana Nossel

Columbia University Medical Center; Division of Mental Health Services and Policy Research & Center for Practice Innovations, New York State Psychiatric Institute, New York, NY, USA

Individuals living with serious mental illness are often difficult to engage in ongoing treatment, with high dropout rates. Poor engagement may lead to worse clinical outcomes, with symptom relapse and rehospitalization. Numerous variables may affect level of treatment engagement, including therapeutic alliance, accessibility of care, and a client's trust that the treatment will address his/her own unique goals. As such, we have found that the concept of recovery-oriented care, which prioritizes autonomy, empowerment and respect for the person receiving services, is a helpful framework in which to view tools and techniques to enhance treatment engagement. Specifically, person-centered care, including shared decision making, is a treatment approach that focuses on an individual's unique goals and life circumstances. Use of person-centered care in mental health treatment models has promising outcomes for engagement. Particular populations of people have historically been difficult to engage, such as young adults experiencing a first episode of psychosis, individuals with coexisting psychotic and substance use disorders, and those who are homeless. We review these populations and outline how various evidence-based, recovery-oriented treatment techniques have been shown to enhance engagement. Our review then turns to emerging treatment strategies that may improve engagement. We focus on use of electronics and Internet, involvement of peer providers in mental health treatment, and incorporation of the Cultural Formulation Interview to provide culturally competent, person-centered care. Treatment engagement is complex and multifaceted, but optimizing recovery-oriented skills and attitudes is essential in delivery of services to those with serious mental illness.

Key words: Engagement, recovery, schizophrenia, shared decision making, person-centered care, first episode psychosis, alliance

(World Psychiatry 2016;15:13–20)

Individuals living with serious mental illness are often difficult to engage in ongoing treatment, and dropout from treatment is all too common. According to data from both the U.S. National Comorbidity Survey and the Epidemiologic Catchment Area sur-

New Freedom Commission report recommending that mental health care be recovery-oriented, consumer- and family-driven[4]. Four dimensions of recovery-oriented practice are promoting citizenship, organizational commitment, support-

Public Health

30 years of research show the importance of *social factors* for physical and mental health

- Connection
- Purpose
- Empowerment

Connection & Contribution

Psychological Bulletin
1995, Vol. 117, No. 3, 497-529

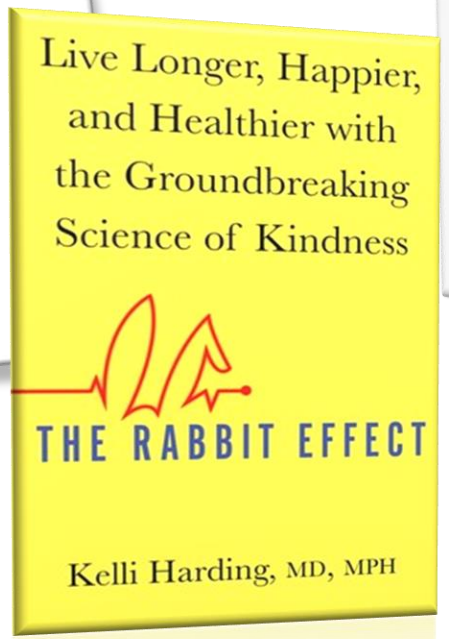
0033-2909/95/$3.00

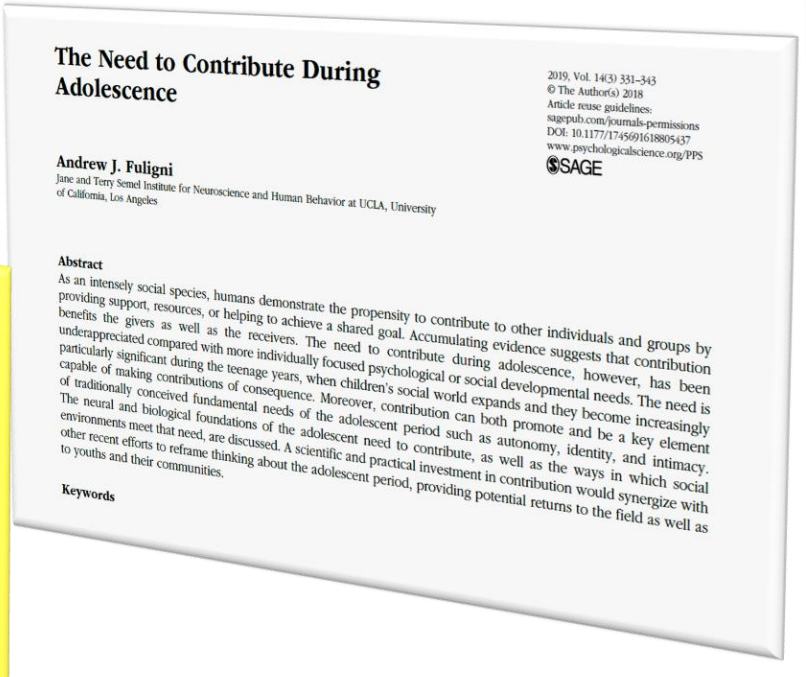
The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation

Roy F. Baumeister
Case Western Reserve University

Mark R. Leary
Wake Forest University

A hypothesized need to form and maintain strong, stable interpersonal relationships is evaluated in light of the empirical literature. The need is for frequent, nonaversive interactions within an ongoing relational bond. Consistent with the belongingness hypothesis, people form social attachments readily under most conditions and resist the dissolution of existing bonds. Belongingness appears to have multiple and strong effects on emotional patterns and on cognitive processes. Lack of attachments is linked to a variety of ill effects on health, adjustment, and well-being. Other evidence, such as that concerning satiation, substitution, and behavioral consequences, is likewise consistent with the hypothesized motivation. Several seeming counterexamples turned out not to disconfirm the hypothesis. Existing evidence supports the hypothesis that the need to belong is a powerful, fundamental, and extremely pervasive motivation.





The Need to Contribute During Adolescence

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www.psychologicalscience.org/PPS
SAGE

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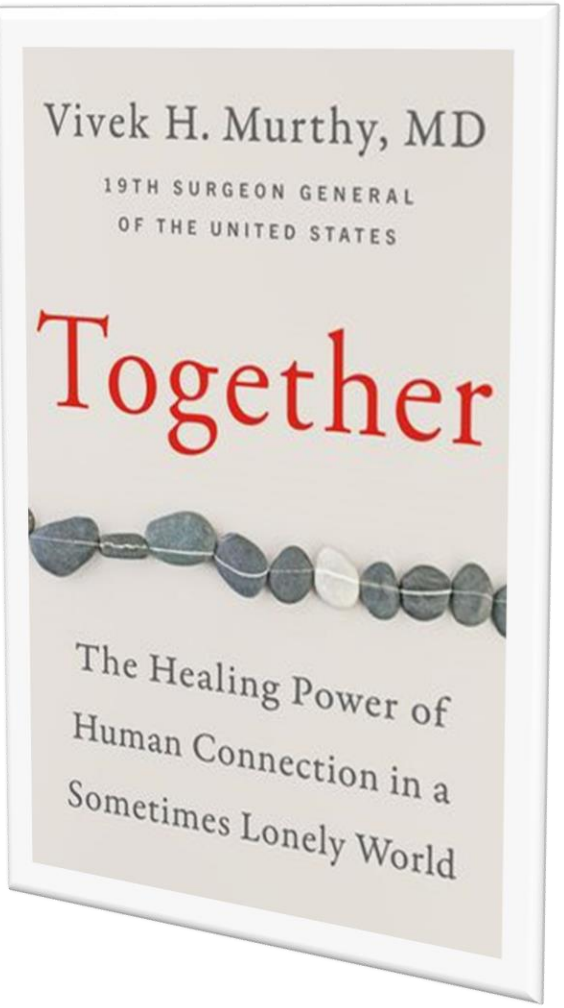
Abstract
As an intensely social species, humans demonstrate the propensity to contribute to other individuals and groups by providing support, resources, or helping to achieve a shared goal. Accumulating evidence suggests that contribution benefits the givers as well as the receivers. The need to contribute during adolescence, however, has been underappreciated compared with more individually focused psychological or social developmental needs. The need is particularly significant during the teenage years, when children's social world expands and they become increasingly capable of making contributions of consequence. Moreover, contribution can both promote and be a key element of traditionally conceived fundamental needs of the adolescent period such as autonomy, identity, and intimacy. The neural and biological foundations of the adolescent need to contribute, as well as the ways in which social environments meet that need, are discussed. A scientific and practical investment in contribution would synergize with other recent efforts to reframe thinking about the adolescent period, providing potential returns to the field as well as to youths and their communities.

Keywords



Purposelessness, Disconnection, and Serious Mental Health Challenges

- Aggression and self-injury
- Difficulties with communication
- Hallucinations and delusions
- Negative symptoms
- Stigma

Serious Physical Health Challenges

- Not getting treatment related to physical health
- Saying they do not have a known medical challenge (e.g., diabetes, heart disease)
- Not wanting to get relevant medical testing (e.g., bloodwork, imaging)
- Not meeting with medical staff or specialists

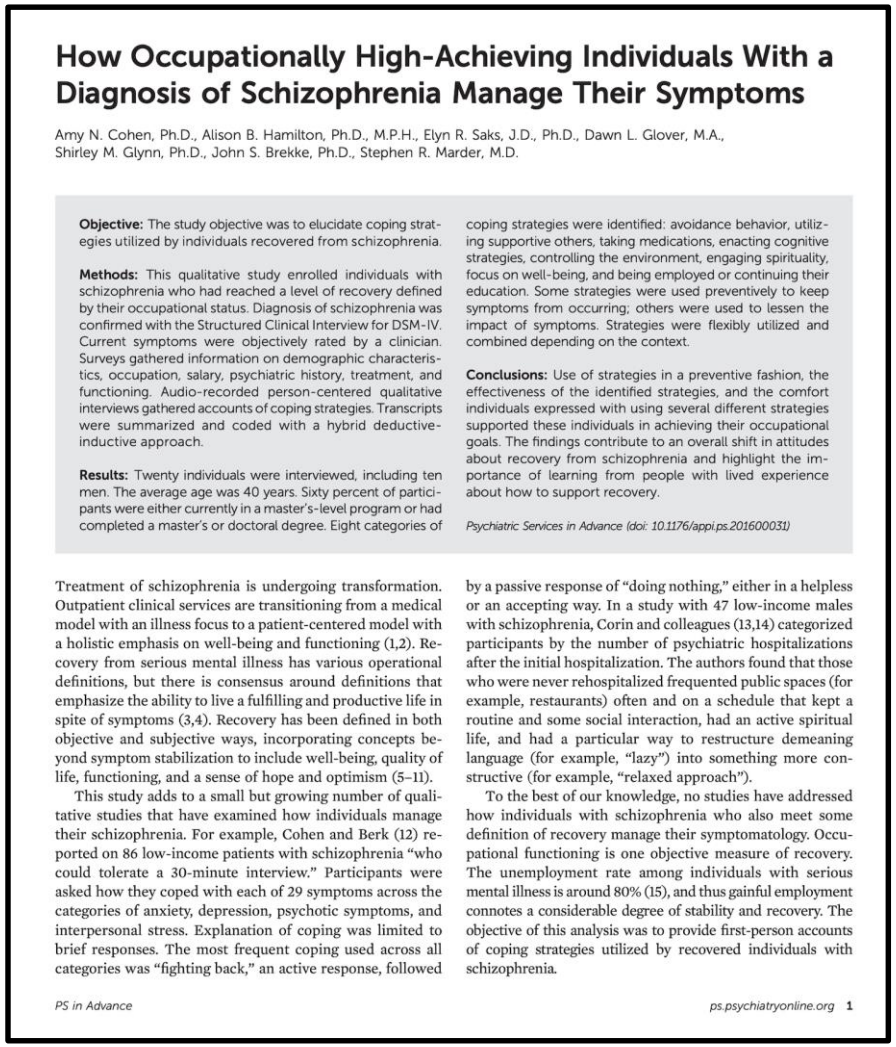
A Prescription

Individuals frequently live lives dominated by disconnection and purposelessness

Social factors that limit

- Wellness
- Life expectancy
- Quality of life

Elyn Saks



How Occupationally High-Achieving Individuals With a Diagnosis of Schizophrenia Manage Their Symptoms

Amy N. Cohen, Ph.D., Alison B. Hamilton, Ph.D., M.P.H., Elyn R. Saks, J.D., Ph.D., Dawn L. Glover, M.A., Shirley M. Glynn, Ph.D., John S. Brekke, Ph.D., Stephen R. Marder, M.D.

Objective: The study objective was to elucidate coping strategies utilized by individuals recovered from schizophrenia.

Methods: This qualitative study enrolled individuals with schizophrenia who had reached a level of recovery defined by their occupational status. Diagnosis of schizophrenia was confirmed with the Structured Clinical Interview for DSM-IV. Current symptoms were objectively rated by a clinician. Surveys gathered information on demographic characteristics, occupation, salary, psychiatric history, treatment, and functioning. Audio-recorded person-centered qualitative interviews gathered accounts of coping strategies. Transcripts were summarized and coded with a hybrid deductive-inductive approach.

Results: Twenty individuals were interviewed, including ten men. The average age was 40 years. Sixty percent of participants were either currently in a master's-level program or had completed a master's or doctoral degree. Eight categories of coping strategies were identified: avoidance behavior, utilizing supportive others, taking medications, enacting cognitive strategies, controlling the environment, engaging spirituality, focus on well-being, and being employed or continuing their education. Some strategies were used preventively to keep symptoms from occurring; others were used to lessen the impact of symptoms. Strategies were flexibly utilized and combined depending on the context.

Conclusions: Use of strategies in a preventive fashion, the effectiveness of the identified strategies, and the comfort individuals expressed with using several different strategies supported these individuals in achieving their occupational goals. The findings contribute to an overall shift in attitudes about recovery from schizophrenia and highlight the importance of learning from people with lived experience about how to support recovery.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.201600031)

Treatment of schizophrenia is undergoing transformation. Outpatient clinical services are transitioning from a medical model with an illness focus to a patient-centered model with a holistic emphasis on well-being and functioning (1,2). Recovery from serious mental illness has various operational definitions, but there is consensus around definitions that emphasize the ability to live a fulfilling and productive life in spite of symptoms (3,4). Recovery has been defined in both objective and subjective ways, incorporating concepts beyond symptom stabilization to include well-being, quality of life, functioning, and a sense of hope and optimism (5–11).

This study adds to a small but growing number of qualitative studies that have examined how individuals manage their schizophrenia. For example, Cohen and Berk (12) reported on 86 low-income patients with schizophrenia "who could tolerate a 30-minute interview." Participants were asked how they coped with each of 29 symptoms across the categories of anxiety, depression, psychotic symptoms, and interpersonal stress. Explanation of coping was limited to brief responses. The most frequent coping used across all categories was "fighting back," an active response, followed by a passive response of "doing nothing," either in a helpless or an accepting way. In a study with 47 low-income males with schizophrenia, Corin and colleagues (13,14) categorized participants by the number of psychiatric hospitalizations after the initial hospitalization. The authors found that those who were never rehospitalized frequented public spaces (for example, restaurants) often and on a schedule that kept a routine and some social interaction, had an active spiritual life, and had a particular way to restructure demeaning language (for example, "lazy") into something more constructive (for example, "relaxed approach").

To the best of our knowledge, no studies have addressed how individuals with schizophrenia who also meet some definition of recovery manage their symptomatology. Occupational functioning is one objective measure of recovery. The unemployment rate among individuals with serious mental illness is around 80% (15), and thus gainful employment connotes a considerable degree of stability and recovery. The objective of this analysis was to provide first-person accounts of coping strategies utilized by recovered individuals with schizophrenia.

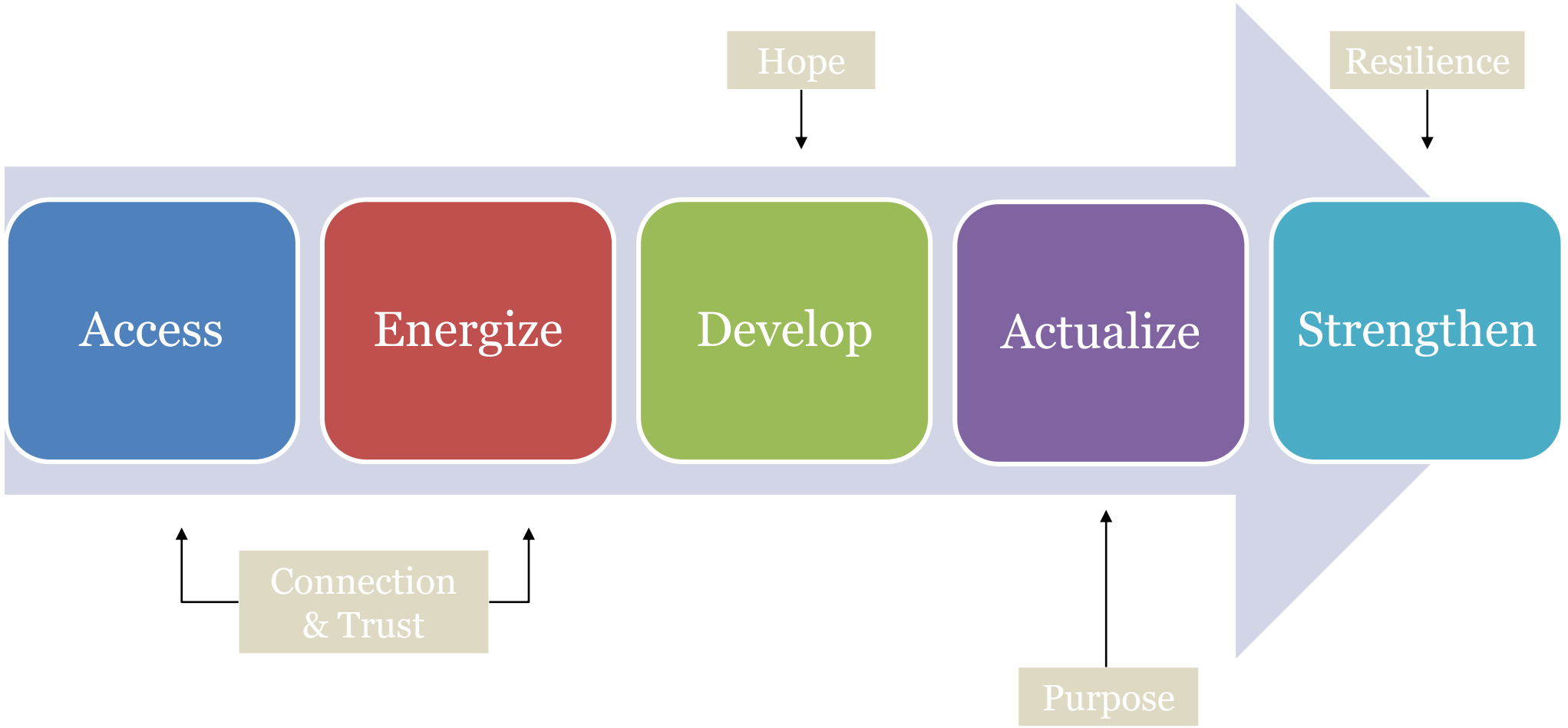
Meaningful activity

Valuable connection

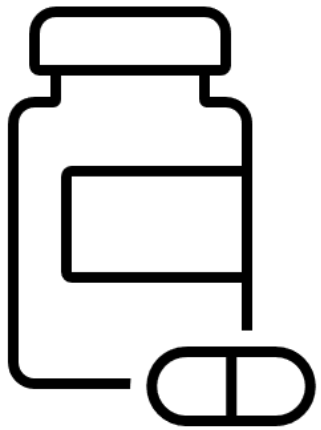
Empowerment for stress

PUTTING IT ALL TOGETHER

CT-R and the Adaptive Mode



CT-R as Good Medicine



- Understand how people get stuck
- Cultivate connection, belonging, hope, purpose, and empowerment
- Collaborate to actively sustain these objectives

CT-R Integrating with Other Modalities

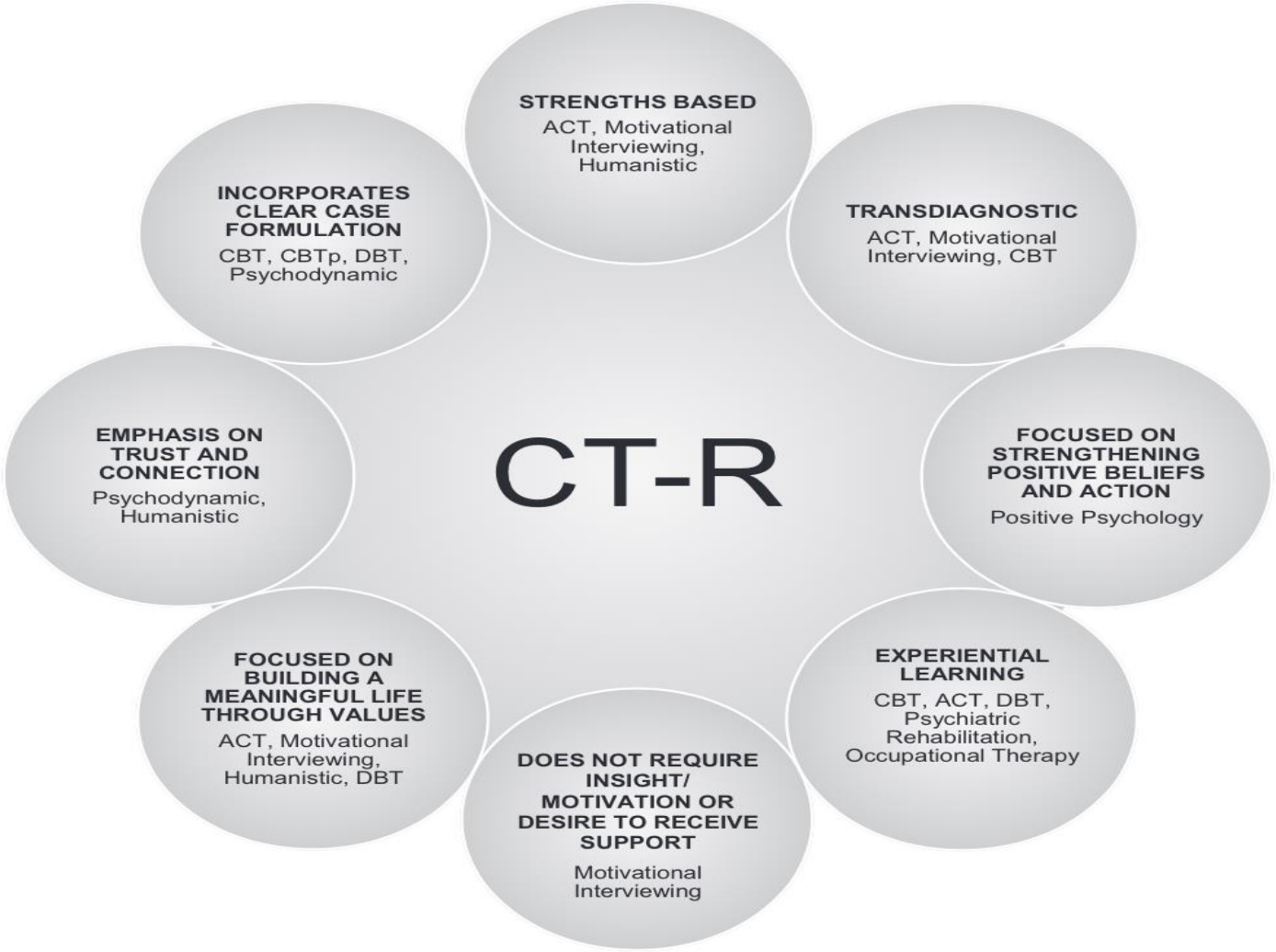


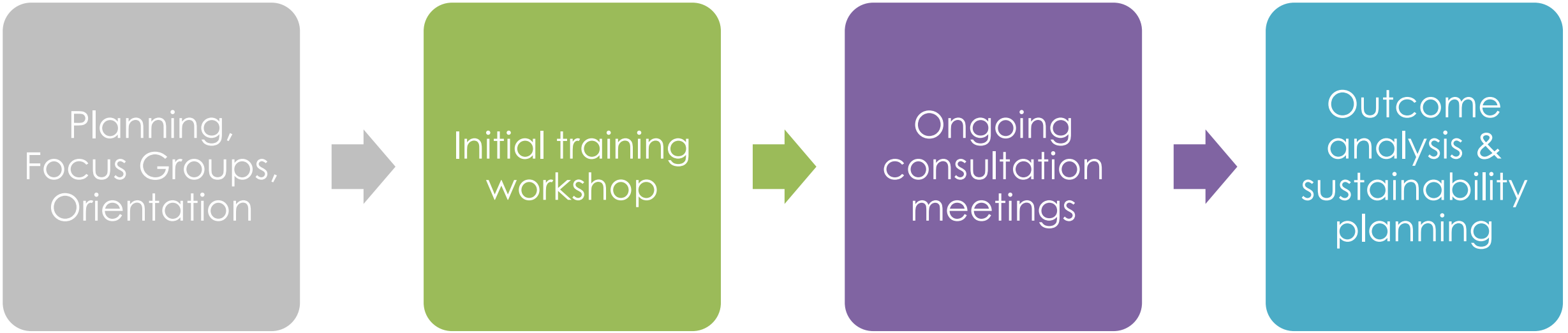
FIGURE 1. Overlap of CT-R with other approaches. CBT, cognitive-behavioral therapy; CBTp, cognitive-behavioral therapy for psychosis; DBT, dialectical behavior therapy; ACT, acceptance and commitment therapy.

CT-R Recovery Map

Recovery Map	
Accessing & Energizing the Adaptive Mode	
Interests/Ways to Engage:	Beliefs Activated while in Adaptive Mode:
Aspirations	
Goals:	Meaning of Accomplishing Identified Goals:
Challenges	
Current Behaviors/Challenges:	Beliefs Underlying Challenges:
Positive Action & Empowerment	
Current Strategies and Interventions:	Belief/Aspiration/Meaning/Challenge Targeted:

CT-R IMPLEMENTATION

CT-R: Overview of Process



CT-R: Pennsylvania

2011-Present: PHL Department of Behavioral Health and Intellectual disAbility Services

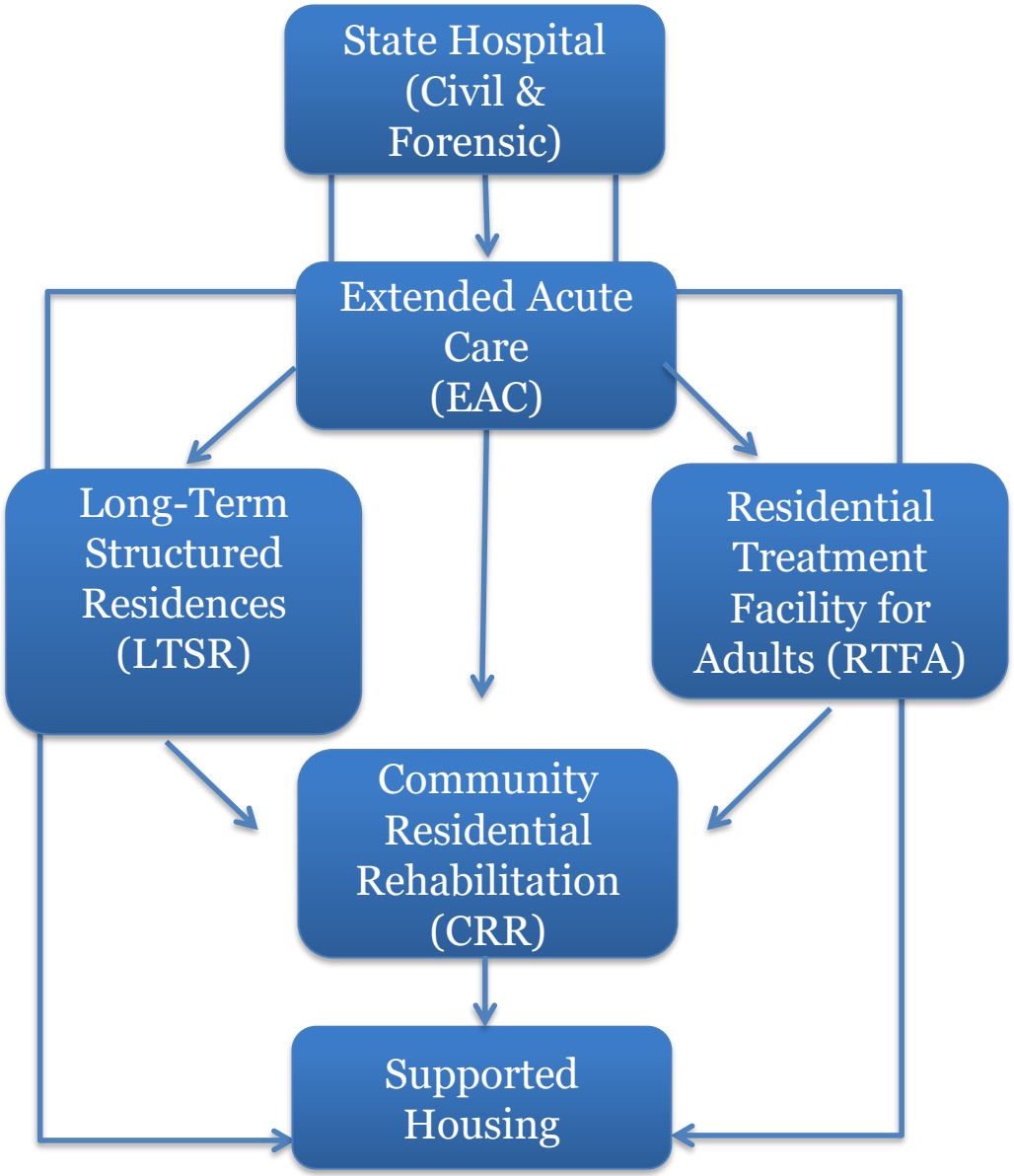
- Creation of a network of care (diagram)
- Community-based teams (ACT, Specialty Care)
- Forensic focus

2015-Present: Commonwealth of PA

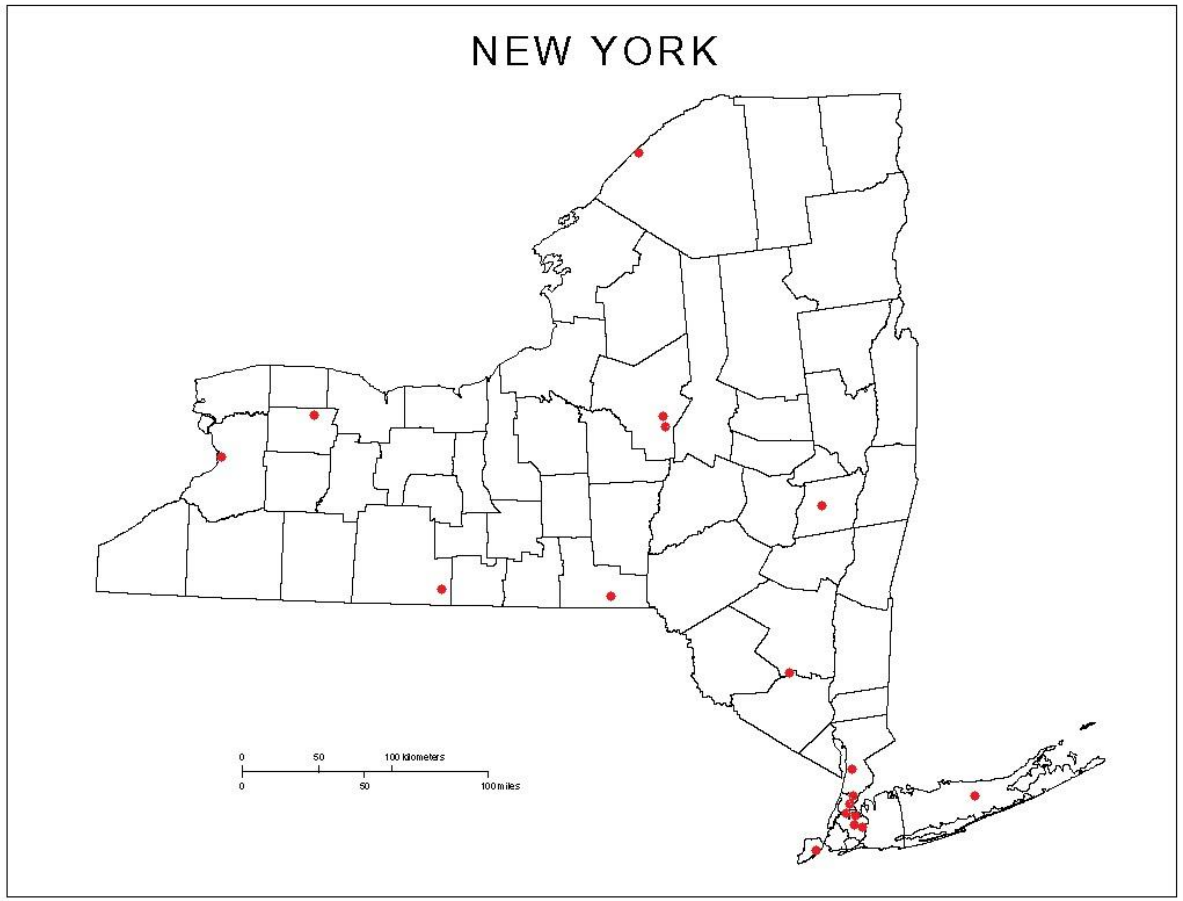
- Norristown and Wernersville State Hospitals

Additional PA CT-R Sites

- Programatic residences
- Trauma-focused residential program for adolescents
- Community outreach



CT-R: New York State (Office of Mental Health)



- Creedmoor Psychiatric Center
- Kingsboro Psychiatric Center
- Rockland Psychiatric Center
- Kirby Forensic Psychiatric Center
- New York State Psychiatric Institute
- Pilgrim Psychiatric Center
- Bronx Psychiatric Center
- Mid-Hudson Forensic Psychiatric Center
- Manhattan Psychiatric Center
- Capital District Psychiatric Center
- Central New York Psychiatric Center
- Binghamton Psychiatric Center
- Elmira Psychiatric Center
- Buffalo Psychiatric Center
- Rochester Psychiatric Center
- Hutchings Psychiatric Center
- Mohawk Valley Psychiatric Center
- St. Lawrence Psychiatric Center
- South Beach Psychiatric Center

Measures of Implementation Quality

Timepoints: baseline, 6-months, 9-months (end of active consultation), follow-up

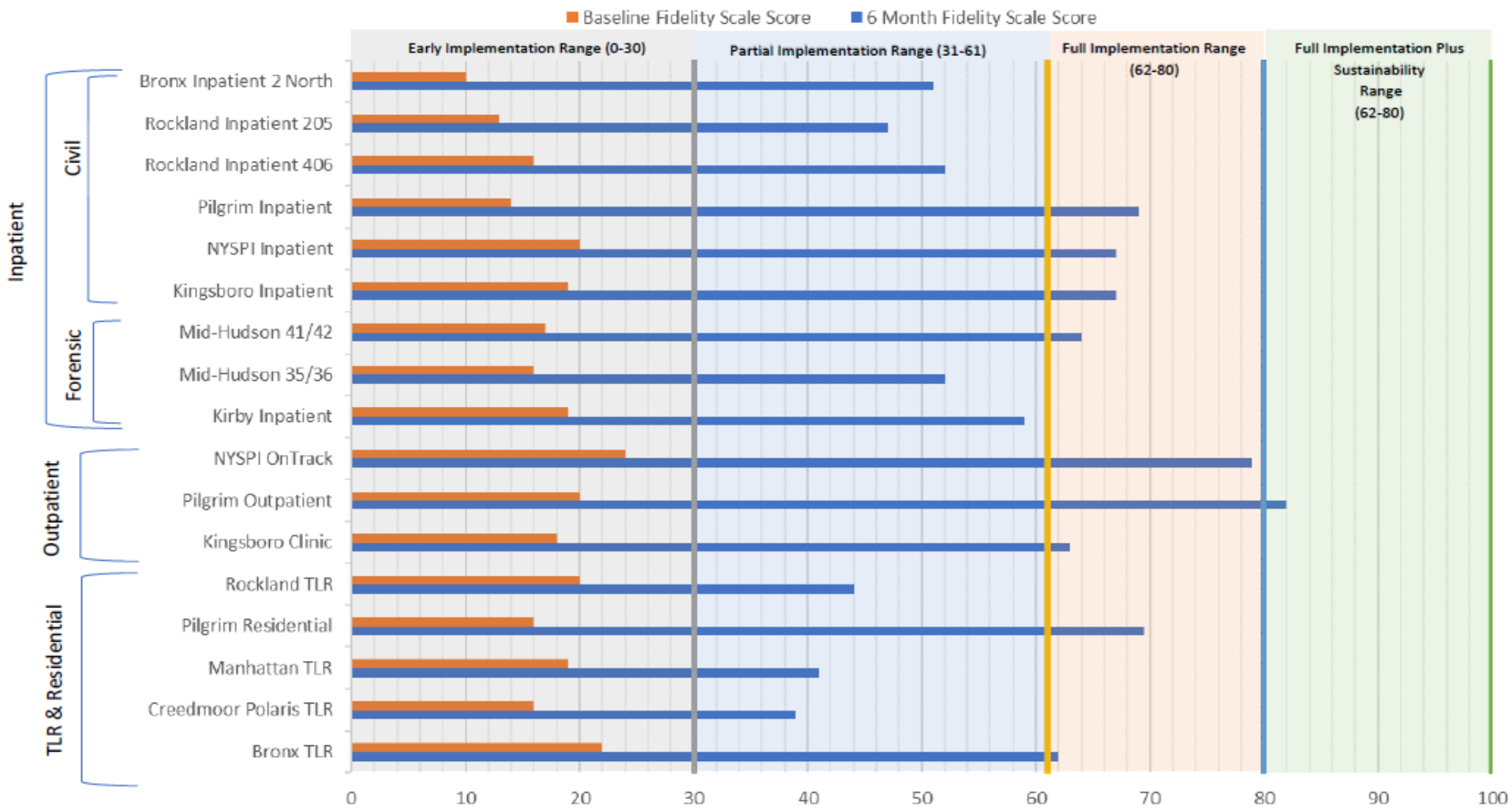
7 domains

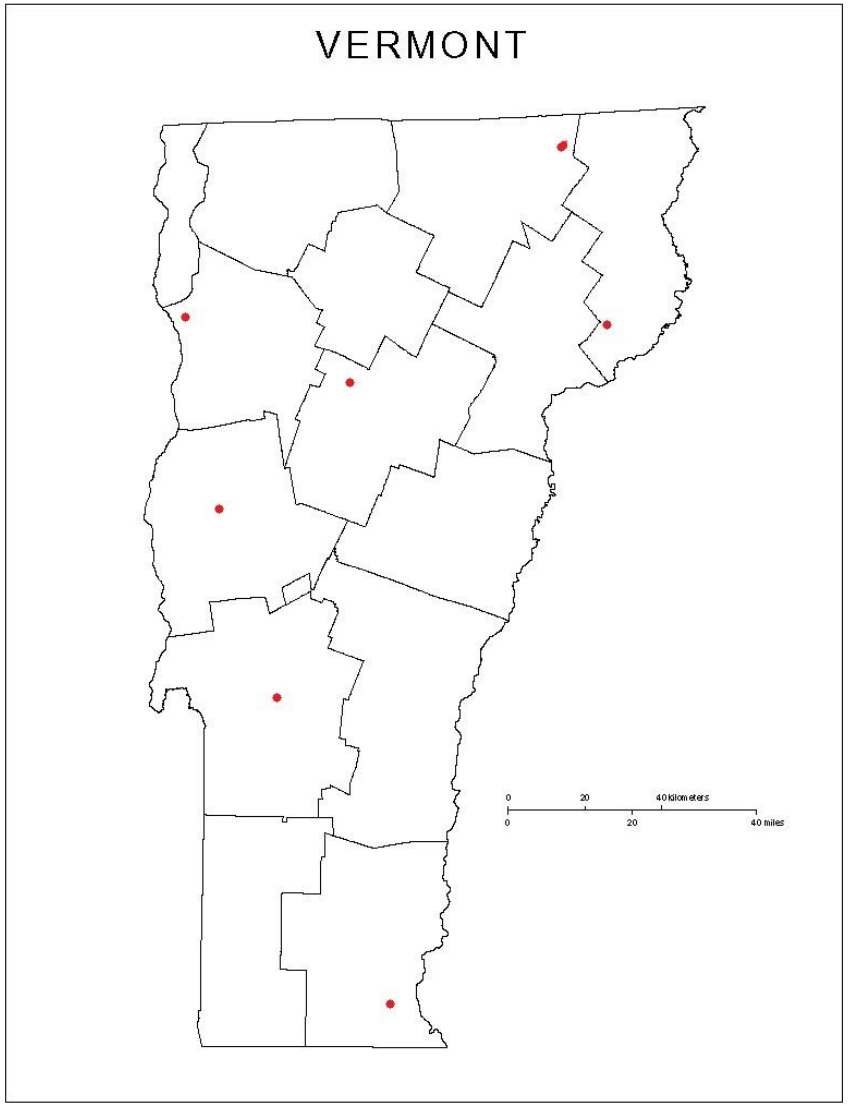
- Milieu Factors
- Community Involvement
- Treatment Planning
- Transition Planning
- CT-R Formulation
- Outcomes
- Staff Factors

Categorizes programs into 4 groups

- Early Implementation
- Partial Implementation
- Full Implementation
- Full Implementation Plus Sustainability

CT-R Fidelity Scale Baseline and 6 Month Scores by Site





CT-R Path Sites

CT-R in Vermont

2018: TTI-Funded CT-R Implementation

- Community Designated Mental Health Centers (4)
- State Hospital
- Forensic Residence
- Online

2019: CT-R in Community-Based Services

2019-Present: CT-R Learning Collaborative

2021: CT-R in Program for Adult Transition to Health (PATH) Services (6 sites)

2021: Residential Training with the Vermont Department of Public Health

CT-R in Georgia

2012-2015: CT-R Implementation to Build Capacity

- State hospital and community-based providers who treat individuals with difficulty maintaining themselves in the community
- 200+ providers trained; 500+ individuals received supervised CT-R

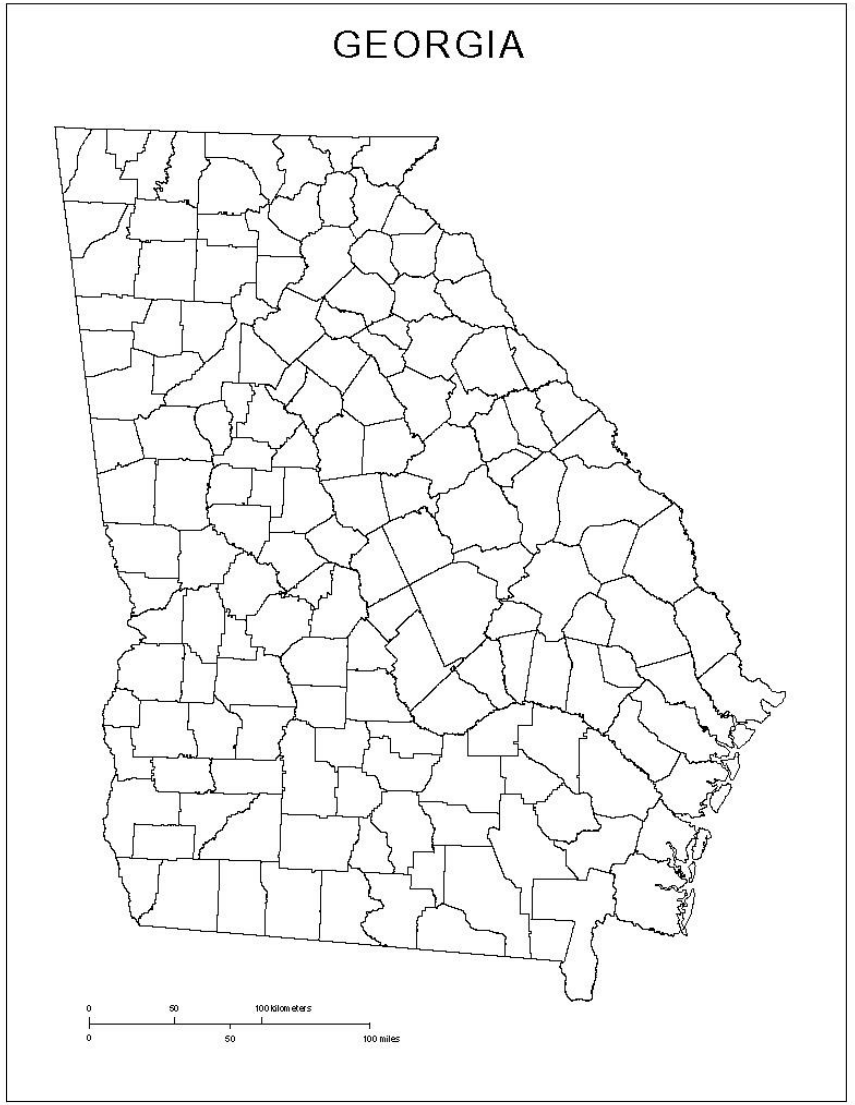
2016-Present: GA Autonomy

- CT-R Center for Excellence employing *elite trainers* established at Georgia State University
- CT-R training expanded to community providers working with youth and young adults

2018: TTI-Funded CT-R Project

- Development of Elite Trainer curriculum and CT-R Peer Competency Scale
- Peer Specialist Training

2021-2022: CT-R at Northeast GA Medical Center



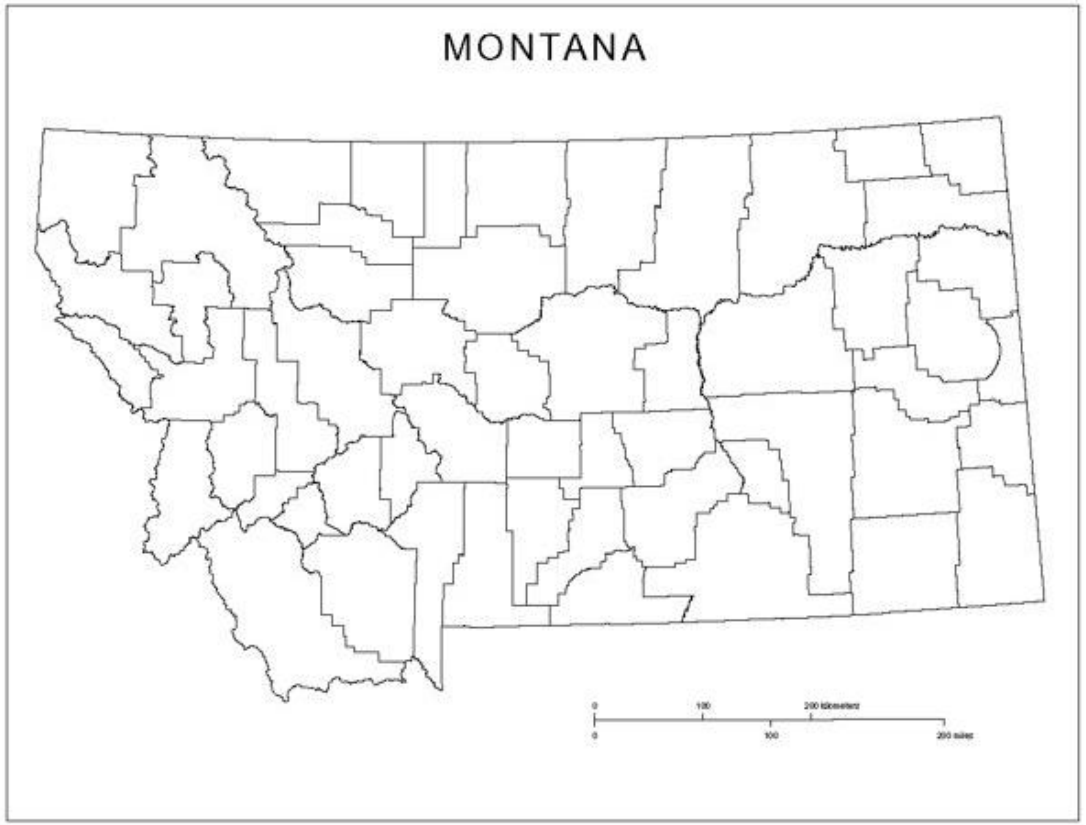
CT-R in Montana

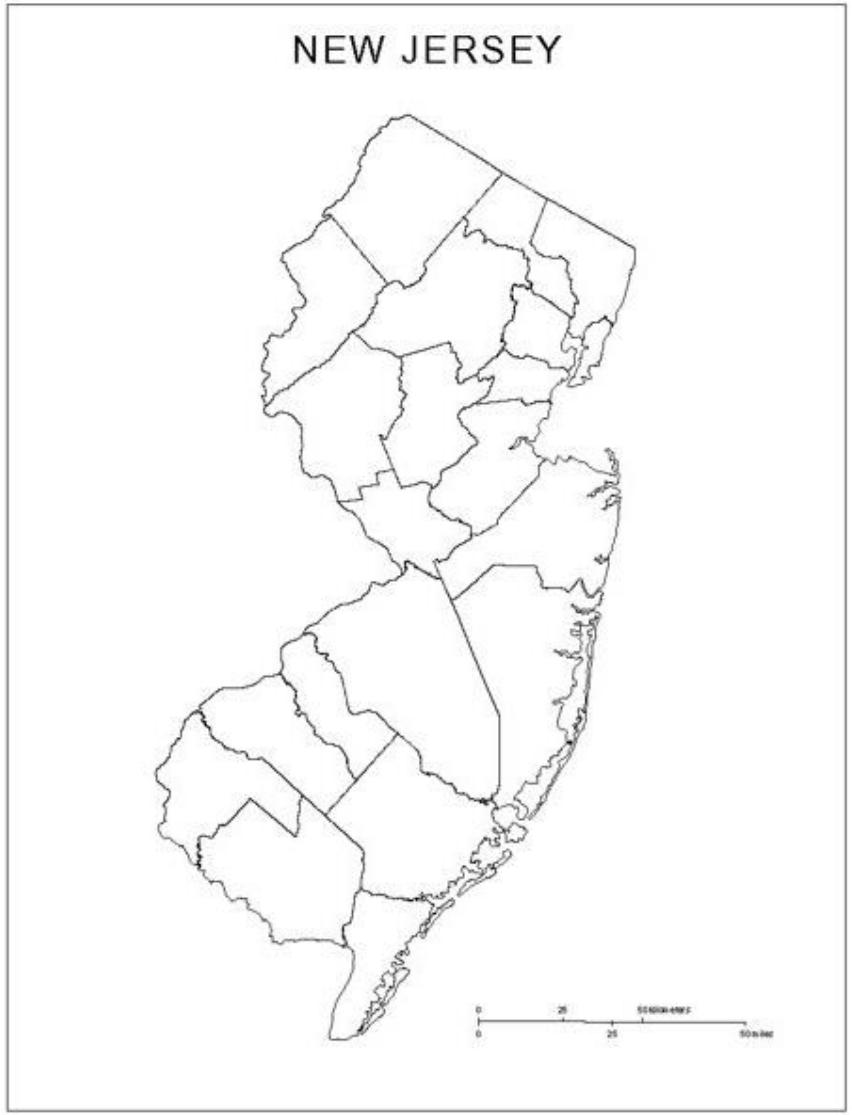
2018: TTI-Funded CT-R Implementation

- 3 workshops, drawing providers from across the state
- 4 sites participated in CT-R Consolation: state hospital, programmatic residences, outpatient agency
- Train-the-Trainer Model

2019: CT-R Expansion (West, Central, East)

- Providers
- Train-the-trainers





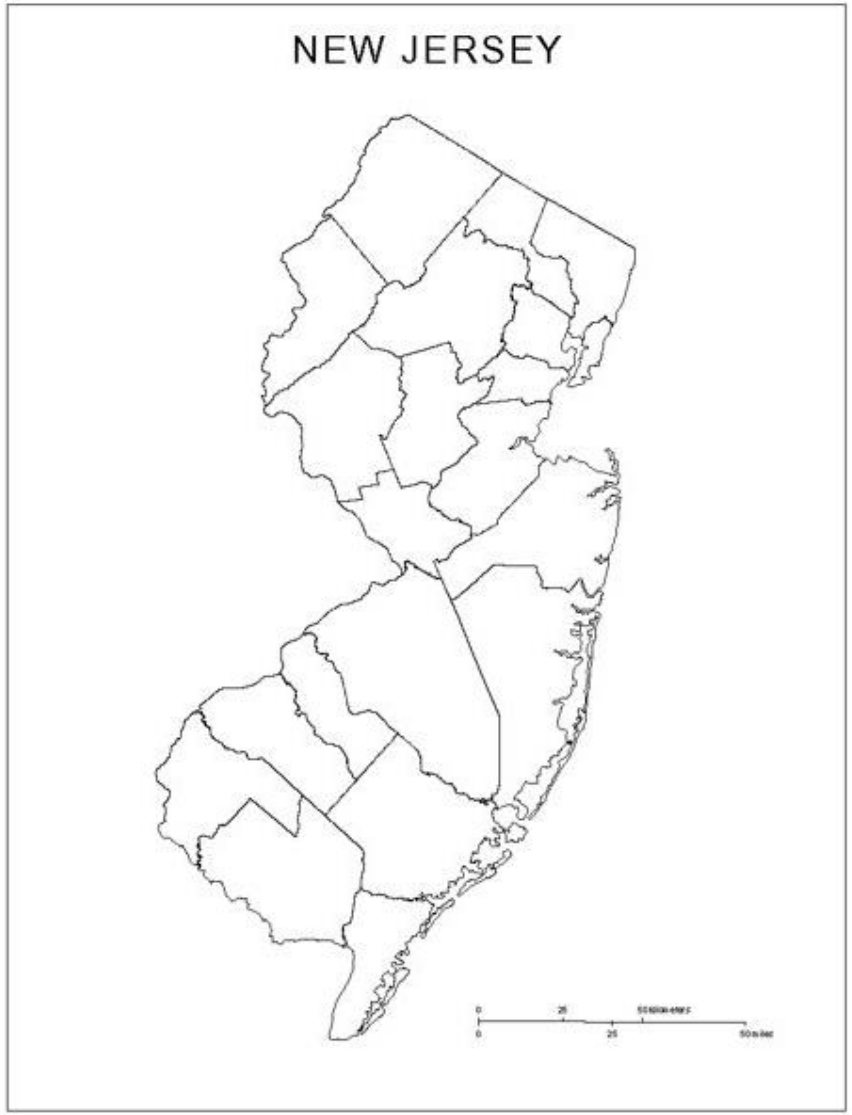
CT-R in New Jersey

2018: CT-R in Behavioral Health Homes (TTI)

2021-2022: CT-R Peer Training Initiative (TTI)

RUTGERS

State of New Jersey DHS Department of Human Services



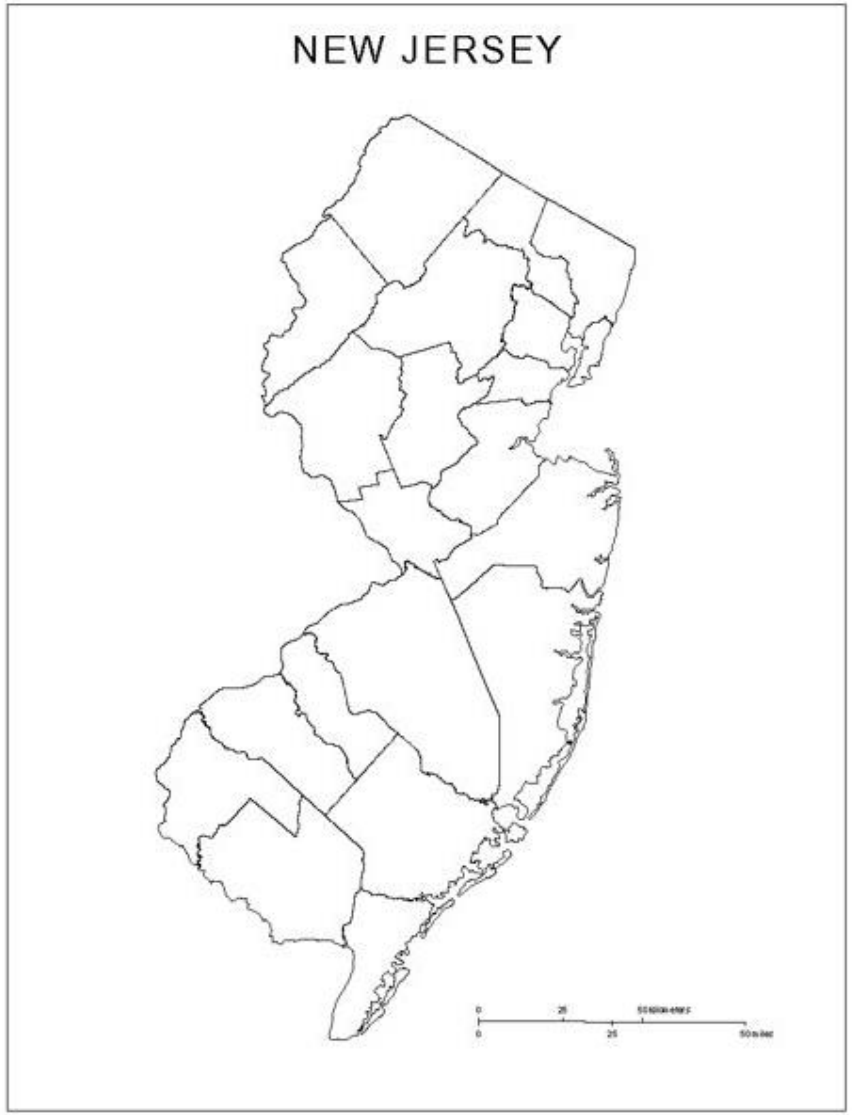
CT-R in New Jersey

2018: CT-R in Behavioral Health Homes (TTI)

- 4 Behavior Health Homes Participated (integrated care)
- Train-the-Trainer Model

RUTGERS

State of New Jersey DHS Department of Human Services



CT-R in New Jersey

2021-2022: CT-R Peer Training Project Initiative (TTI)

- 30 Peer specialists, 90 individuals
- Incentives link to intrinsic motivation
- Outcomes
  - ✓ CT-R Competency
  - ✓ COVID Impact Scale
  - ✓ Schwartz Outcome Scale

RUTGERS

State of New Jersey DHS Department of Human Services

Accessing & Energizing the Adaptive Mode with Incentives

Imagine you are working with an individual with the following interests and challenges that keep them stuck:

- **Group 1**: loves comic book characters, experiences low access to energy and can be withdrawn and isolated from others
- **Group 2:** loves karaoke and music, sometimes spends a lot of time paying attention to voices and feeling fearful of others
- **Group 3:** loves trying new restaurants and cooking, working on challenges related to substance use
- **Group 4:** loves art and music, when you try to meet with them they are often agitated and do not want to meet with you

Take Home Points

- A desired life is possible for everyone…it just might take longer for some
- We can create this life through meaningful participation rather than symptom reduction
- Anyone can play a significant role in an individual's progress
- Sometimes the best treatment doesn't look like treatment
- We can operationalize recovery, resilience, and empowerment
- Drawing conclusions about positive experiences can lead to powerful belief change and inspire action!

Thank you!

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