RECOVERY ORIENTED COGNITIVE THERAPY FOR SCHIZOPHRENIA (CT-R)

SPONSORED BY UNIVERSITY OF WASHINGTON

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SUBTITLE

Whole Person

We are committed to enhancing our understanding of the **whole person, including:**

- how people self-identify and are experienced by others, as it relates to age, gender, race, ethnicity, sexual orientation, dis(ability), trauma, religion, native language, socio-economic status, family status, and occupation and education for the people we serve, for you, and for ourselves.

We are committed to better understanding and addressing structural racism and systemic discrimination of marginalized groups that result in disparities.

We invite you to privately or publicly offer additional feedback.

INTRODUCTIONS AND LOGISTICS

- Break: halfway for 15 minutes
- Feel free to ask questions
- Know where snacks and bathroom are located

LEARNING OBJECTIVES

1. Understand the general theory and framework for Recovery Oriented Cognitive Therapy.
2. Identify CT-R strategies and interventions

WHAT ARE COMMON BARRIERS YOU FACE, WHEN WORKING WITH PEOPLE THAT HAVE SCHIZOPHRENIA?

OBSTACLES TO PROVIDING CARE

- Person-based:
  - hallucinations/delusions, negative sxs, thought disorder, aggression, lack of insight, not taking meds, Anxiety, constant crisis, "unrealistic goals", lack of support, housing, lack of motivation to change
- Setting:
  - time for "traditional" therapy, documentation, too much CM, right treatment "tools", not enough support

AVOID LABELS AND BE CAREFUL OF LANGUAGE

Manipulative, Attention-seeking, Entitled, Need to take responsibility, Addict, Sabotage, Borderline.

What might be going on? Why do we use these labels?

RECOVERY IS POSSIBLE FOR EVERYONE!

Those who have fully recovered identify three key factors:

1. Able to engage in productive work
2. Meaningful relationships with others
3. Manage their own stress and experiences

PRACTICE/ROLE PLAY

AH competition

Get ready to compete!

The best predictor of treatment outcome among adult substance abusers is:

- age
- ethnicity
- history of criminal behavior
- Severity of substance abuse problems
- None of the above
- All of the above

Dementia due to Head Trauma

- is usually progressive in cases of moderate to severe trauma.
- is usually progressive only in cases of repeated head trauma.
- unlike other forms of Dementia, docs not usually involve disturbances in executive
- unlike other forms of Dementia, is associated more with deficits in executive functions than with memory impairment.
- None of the above
- All of the above

J. Beny, who views acculturation as a multidimensional construct, would describe an integrated person as one who:

- Has a low retention of the minority culture
- Has high maintenance of the mainstream culture
- Cheers for the visiting baseball team
- Rejects the mainstream culture but has a high retention of the minority culture
- Gets along with others in the workplace
- All of the above
- None of the above
- F and G

Positive and negative life events are likely to have which of the following types of effect on a person's sense of satisfaction and well-being?

- neither short-term nor long-term effects
- short-term but not long-term effects
- trapezoid with vertical effects
- long-term but not short-term effects
- both short-term and long-term effects
- all of the above
- the second and fourth option

The purpose of rotation in factor analysis is to facilitate interpretation of the factors. Rotation:

- alters the factor loadings for each variable but not the eigenvalue for each factor
- Is this really a practice question for the psychology board
- alters the eigenvalue for each factor but not the factor loadings for the variables
- alters the factor loadings for each variable and the eigenvalue for each factor
- docs not alter the eigenvalue for each factor nor the factor loadings for the variables
- Option B only
- I don't think option D was even in English
- All of the above

A child is reinforced for cleaning up her room and for doing homework. Reinforcement for the homework is stopped. One could predict that cleaning up will:

- increase and doing homework will decrease.
- becoming a hall of fame southpaw knuckleballer
- decrease and doing homework will also decrease.
- increase in the child asking for a Nintendo Switch
- increase and doing homework will increase.
- decrease and doing homework will increase.
- All of the above

According to M. Seligman's theory of learned optimism, a student with an optimistic attribution style who fails an exam in a class which he usually does well in is most likely to say:

- "I was unlucky"
- "I didn't study enough"
- "the teacher is always a tough grader"
- "I want ice cream"
- "Cleveland will once again win a World Series"
- "the test was hard this time"
- All of the above

To determine whether or not the doctrine of comparable worth is lived up to in an organization, one would rely on

- a task analysis.
- the perceptions of employees.
- palacsinta, pierogi, and burek
- a job evaluation.
- All of the above

Research investigating the relationship between this quiz and a bunch of clinical jargon found

That you really didn't make it this far and just skipped to the last question

Answered all of the above for every question

Realized there is no reward and Steve didn't even bother to tell Pollseverywhere the correct answers

PRACTICE ROLE PLAY

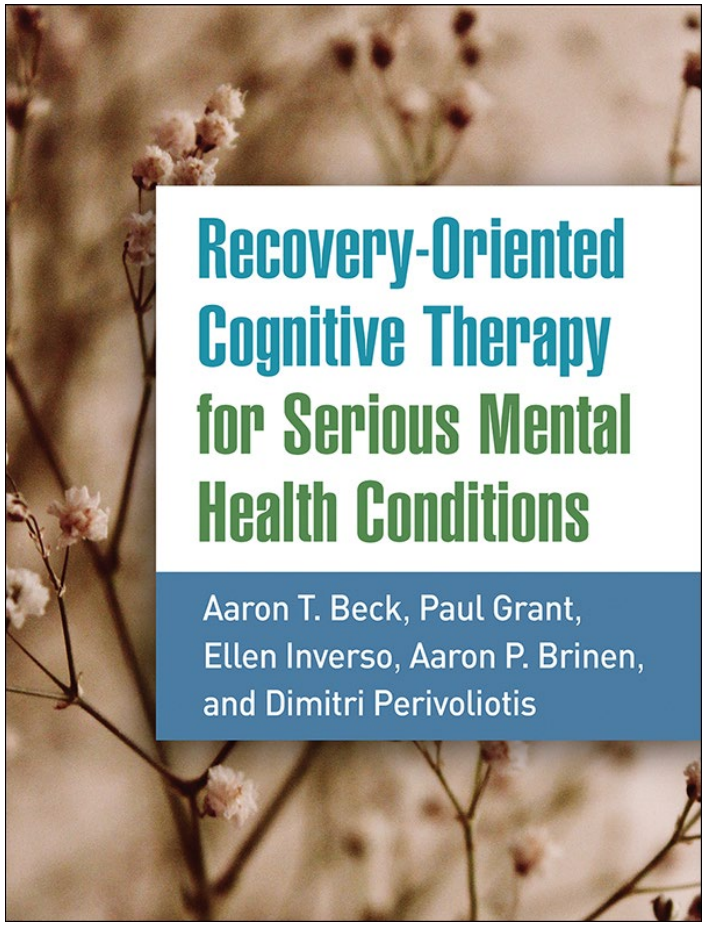
What was that like?

What might you think about the voices?

What might you think about yourself?

How would having voices impact your life in a variety of areas (relationships, jobs, activities, future planning)?

BECK INSTITUTE



https://beckinstitute.org/about-beck/

BECK INSTITUTE

- Paul Grant, Ph.D. and Aaron Beck, MD, formulated this model, which re-examined application of CBT with individuals experiencing psychosis
- Conducted a randomized control study (https://www.ncbi.nlm.nih.gov/pubmed/21969420)
- Results – better functioning; reduced avolition; reduced positive symptoms

WHAT IS CT-R

- Strengths-based (individual's goals, interests) as the drivers of treatment
- Goals are key (invest your time/energy)
- Beliefs underlie the behaviors we see
- Activity is the way to change these beliefs
- Effective for individuals who are non-responsive to traditional treatment approaches
- Recovery is possible for all!

CBTP VS CT-R

CBTp

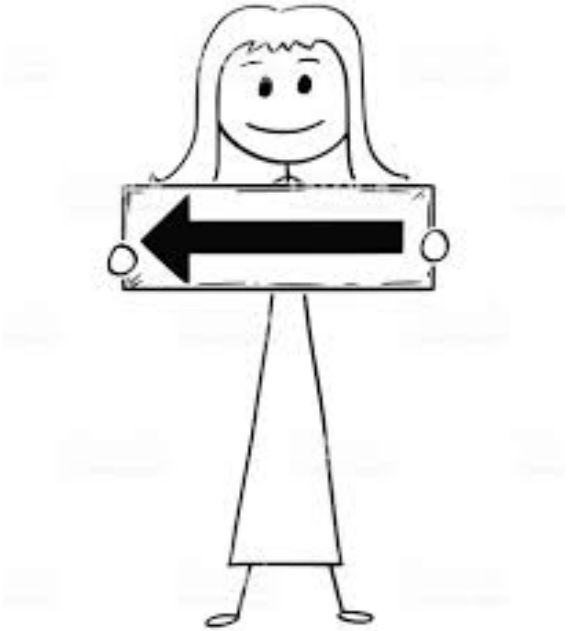
- Focus is on **C**bt
- Work on cognitive obstacles first, then goals (behaviors)

CT-R

- Focus is on c**B**t
- Focus on activating behaviors to give new experiences and personal goals, which in turn influence cognitions.

COMPONENTS OF CT-R

- Engagement
- Goals and positive action
- Conceptualization
- Strategy
- Action Planning



ENGAGEMENT

Why does someone present differently when talking/doing something they like?

- Breaks through the "fog", fun/enjoyable, builds energy,
- Engages their cognitive resources, refocuses, cools off negative beliefs, reduces anxiety

➡ Engagement is not rapport

ENGAGEMENT AND ACTIVATION (NEVER TOO MUCH)

- You want to start "doing" quickly to bring forth some energy (talking is not always the person's strong suit)
- Avoid creating space for the person to disengage (stop asking "how are you?")
- It does not have to physical (listening to music)
- Ask for advice (I'm creating a playlist)
- Present two options that involve "doing"
- Ask them to teach you something

ROLL THE CLIP

LET'S TALK ABOUT GOALS

- What goals do we typically put on a treatment plan?
- What goals would we not put on a treatment plan?

OUR GOALS VS. THE PERSON'S GOALS

- Take medications, reduce symptoms, shower, go to therapy, stop using substances?
- Don't discredit someone's goals because it seems far off (home owner), harmful, or improbable/unrealistic (famous rapper or actor).
- Don't set goals a rock can do (stop voices, no hospitalizations, weight loss)

IDENTIFYING GOALS AND ASPIRATIONS

- Personal, Meaningful, Valued
- Goals are determined by the individual's personal interests (not the interests of others)
- Goals are motivators to change
- Goals give clues as to what the individual hopes and values
- Find out the meaning underlying the goals (What would be good if voices went away? what would you be able to do?)
- Break down the goal into the smallest most practical step possible

SCHIZOPHRENIA AND CORE BELIEFS

Individuals with Schizophrenia feel alone*

- The World is Dangerous
- I have No Control
- I am Broken
- I'm a Bad Person
- I'm Not Valuable

CT-R Map

Obstacles:

Core Beliefs:

Interests/Goals:

History:

Action Plan:

CT-R MAP

Obstacles: Symptoms/dysfunctional behaviors (not every symptom is an obstacle)

History: Relevant background (relationships, achievements)

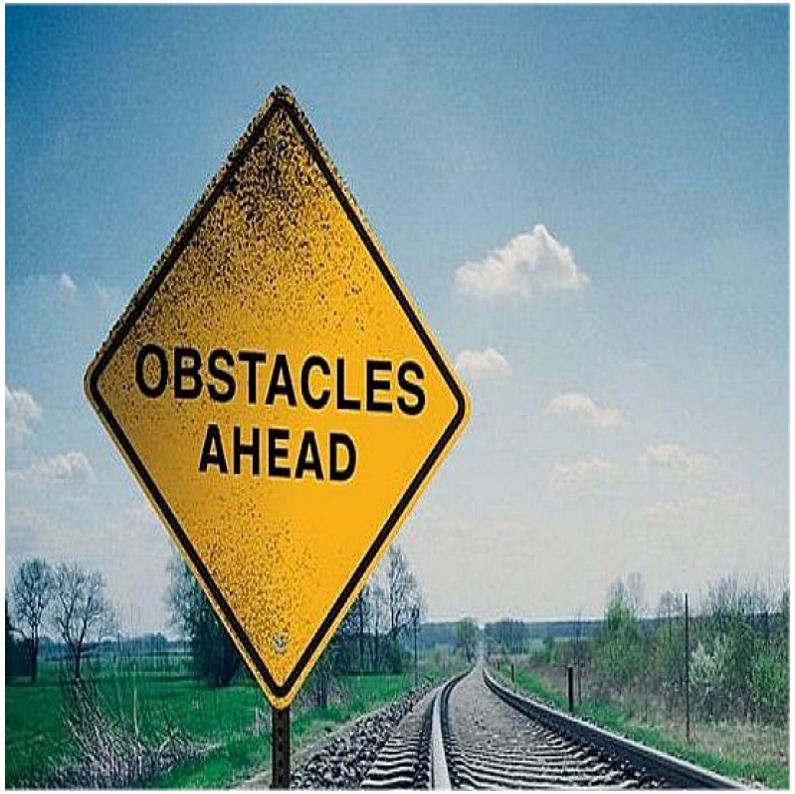
Core beliefs: Negative beliefs that underlie and drive the behaviors/symptoms (1-2 core beliefs)

Interests/goals: Identify what the individual likes to do/is good at doing

Action plan: Behavioral experience that directly address a core belief (connected to goals)

OBSTACLES INCLUDE (BUT NOT LIMITED TO)

- Difficulty managing time
- Difficulty communicating needs
- Feelings of guilt
- Anything that consistently gets in the way of individual's goals



STRATEGIES

- Need to be personal!!
- Use specific activities tied to the person's goals and aspirations.
- Person doing (reinforces energy/improves mood), doing with the person is even better
- Build self efficacy and enhance social connections
- Help people draw conclusions about themselves (and the world) after successfully using an intervention.

OLD HABITS ARE HARD TO BREAK

- Socratic Questioning is not enough (need action)
- No thought recordings
- Filling out papers and mood goes down, looking at fun activities on-line and mood goes up
- Out of the office if possible, target rich environments are best

POSITIVE ACTION

People are happiest and most likely to meet their goals when they do three kinds of activities:

- Pleasurable activities (Games, hobbies, music)
- Mastery activities (exercising, working)
- Social activities (Doing something with others)

ACTIVITY SCHEDULE

ACTIVITY SCHEDULE

		MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Afternoon	3 - 4							
	4 - 5							
	5 - 6							
	7 - 8							
Evening	8 - 9							
	9 - 10							
	10 - 11							
	11 - 12							
	12 - 1							

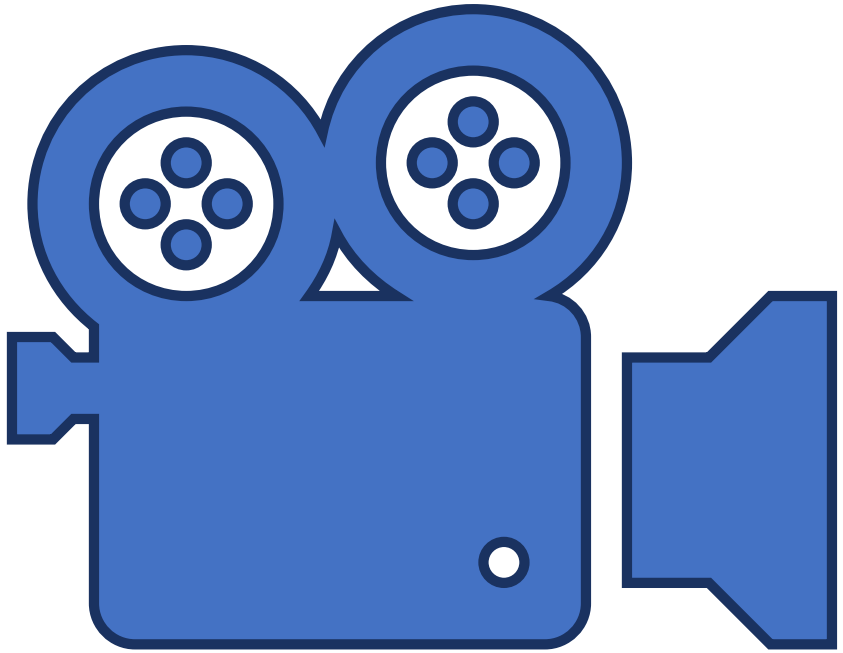
ACTIVITY SCHEDULE

- Create a schedule that includes doing a small step for an extended period
- Once obtained, schedule in the next step in the hierarchy
- Make schedule in favor of the person
- Schedule activities around times that you will see them
- Schedule in activities to do with the person

EXAMPLES OF ACTIVITIES

2 activities the person can do is always better then 10 (8 they can't)

- Working on carpentry project (focus on boards not AH)
- Clean the toilet, to see how nice it makes the bathroom look
- Walk, so I feel better and have more energy
- Visit the church when not in service



VIDEO TIME

REFOCUSING TECHNIQUES (NOT DISTRACTION)

- Headphones (person needs continual music or talk, commercials are problematic)
- Singing or speaking under one's breath
- Mindfulness (focused eating technique)
- Counting backward
- Reading a book out loud

LOOK, POINT, NAME

- At the beginning, rate the voices on a scale of 1-10
- Look at an object
- Point at the object
- Name the object
- Keep going until you run out of objects
- Rate the voices again on a scale of 10
- Ask "What happened?"

CHAIN ANALYSIS OF THE EXPERIENCE

A sequential account of what happened before, during, and after the onset of a symptom

- Purpose: Increase awareness and gain sense of control
- Try to identify: automatic thoughts, feelings, behaviors of self/others, points to target for intervention and change.

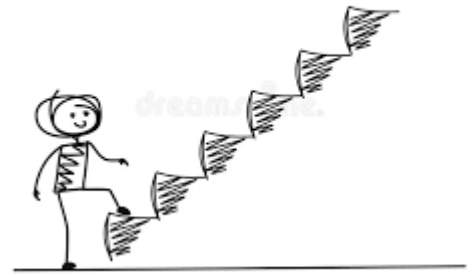
❖ Helpful when therapist is incorporated into delusion.

ALTERNATIVE EXPLANATIONS

- Help the person come up with 3-4 alternative explanations for what might be going on with the experience
- Have the person rate how much they believe the original thought and each alternative (1-100%)
- Explore how each of the alternative thoughts would make the person feel and behave if true
- Explore which thoughts are harmful or helpful

STEP

- Summarize what the Individual said
- Test that you are accurate (Did I get this correctly, if not correct me)
- Empathize with the distress associated with the individual's statement.
- Repeat those steps with the Individual
- Proceed when they appear to believe they are heard



SHARED DECISION MAKING (MEDS DON'T CHANGE CORE BELIEFS)

- Mutually agree on "threshold" of distress, identify several warning signs of when distress may be unmanageable, agree to take meds if threshold is reached.
- Suggestions: 2-4 week trial period, have dosage at home just in case, Taking meds as PRN, low dosages, Omega 3s, Natural/organic remedy.
- Symptom increase does not = crisis (constantly assess side-effects, work on goals, advocate, communicate their concerns to the prescribers

HALLUCINATIONS

4 Beliefs Associated with Hearing Voices

- They are commenting on my every move (external)
- They know everything about me (credible)
- I can't make them stop (no control)
- Devil is after me (powerful)

WHAT CAN WE DO ABOUT AH

Strategy: Help individual gain sense of control

- Short-term: Refocusing techniques, chain analysis of experiences
- Long-term: Understand underlying beliefs, create activities that target these underlying beliefs and needs, enhance sense of control

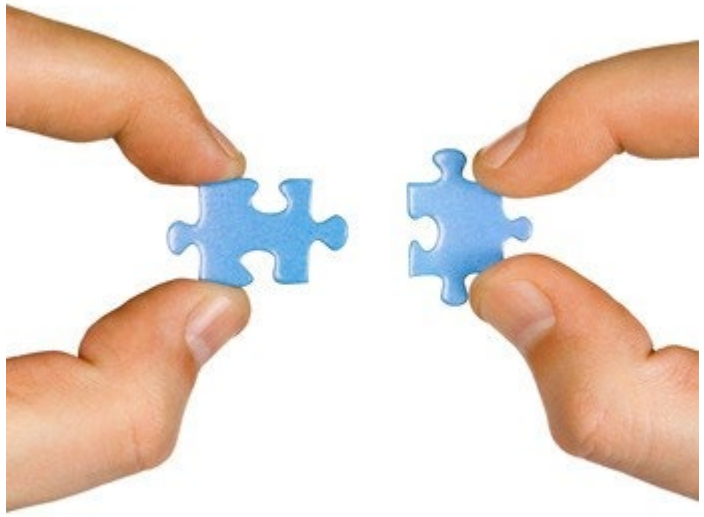
DELUSIONS

Produce considerable distress and behavioral dysfunction

- Avoid challenging the delusion: people will find more evidence to support the belief, may strengthen convictions
- Avoid colluding with the delusion: the person is more invested in the belief than you are, may strengthen convictions

CONNECTION BETWEEN DELUSIONS AND CORE BELIEFS

- The delusion are often directly connected to their core beliefs
- If the person has paranoid, they feel the world is unsafe
- If the person believes they are Jesus, they feel unworthy or not important



WHAT WE DO FOR DELUSIONS

Strategy: "Cool off" and counter unhealthy beliefs

- Short-term: reduce distress, chain analysis of experiences
- Long-term: Understand underlying beliefs, create behavioral experiences that target activities that target underlying beliefs

BELIEFS ASSOCIATED WITH NEGATIVE SYMPTOMS

- Defeatist beliefs about performance: "There's no point trying because I know I'll fail."
- Low expectations for pleasure: "I won't enjoy going to group, so why bother?"
- Low expectations due to stigma: "I have schizophrenia –I'm not as good as other people

WHAT WE DO FOR NEGATIVE SYMPTOMS

Strategy: Behavioral activation to counter unhealthy beliefs

- Short-term: engagement-interests, small activities to build up energy
- Long-term: develop simple activity schedule, increase opportunities for success, help draw new conclusions about self and others

THOUGHT DISORDER

- A more accurate name would be communication disturbance
- Stress response (mental version of stuttering)
- Negative core beliefs get triggered

WHAT WE CAN DO FOR THOUGHT DISORDER

Strategy: Cool off and counter unhealthy beliefs

- Short-term: reduce distress in the moment, engagement in conversations around personal interest (in the moment)
- Long-term: Develop activity schedule tied to personal goals, pleasurable activities, activities of competence, draw new conclusions about self and others

COMMON BELIEFS OF AGGRESSION

- They are controlling me
- They don't respect me
- They don't understand me
- I'm in danger; get them before they get me
- They hurt me so I have to hurt them

WHAT WE CAN DO FOR AGGRESSION

Strategy: Develop sense of control

- Short-term: Reduce distress, chain analysis of experience, identify at least 1 trigger, identify best time to intervene
- Long-term: Identify underlying beliefs, engage person in activities that counter these beliefs, help draw new conclusions about self and others, Social skills training-how to communicate needs

NOT TAKING MEDICATIONS

Generally two types: People that do not take meds and People that do not take meds consistently.

- Do not believe they have a mental illness
- Impairs their functioning
- Feel out of control, too sedated
- Medication does not work for many people (especially negative symptoms)

WHAT WE CAN DO AROUND MEDICATIONS

Strategy: Shared decision-making

- Short-term and long-term: Develop healthy alternative strategies, Help draw new conclusions about their sense of control

POOR HYGIENE

Result of negative symptoms or Positive symptoms (delusions about showering)

- I don't have anything to look forward to
- It won't get any better
- No one likes me
- I don't need to be around others
- I just want to be alone

❖ The shower is white noise and can trigger AH

WHAT WE CAN DO ABOUT POOR HYGIENE

Strategy: Build personal motivation

- Short-term and long-term: Help become involved in their interests and goals

Avoid focusing on hygiene as an essential starting point

LACK OF INSIGHT

- I'm broken
- I'm defective
- I'm a failure
- I'm incompetent
- People won't like/accept me

WHAT WE CAN DO AROUND INSIGHT

Strategy: "Cool off" and counter unhealthy beliefs

- Short-term: Avoid challenging the individual, validate what they are feeling (if distressed), chain analysis of experiences
- Long-term: Understand the negative core beliefs underlying the behavior, create behavioral experiences that target these core beliefs

NOT GOING TO GROUPS

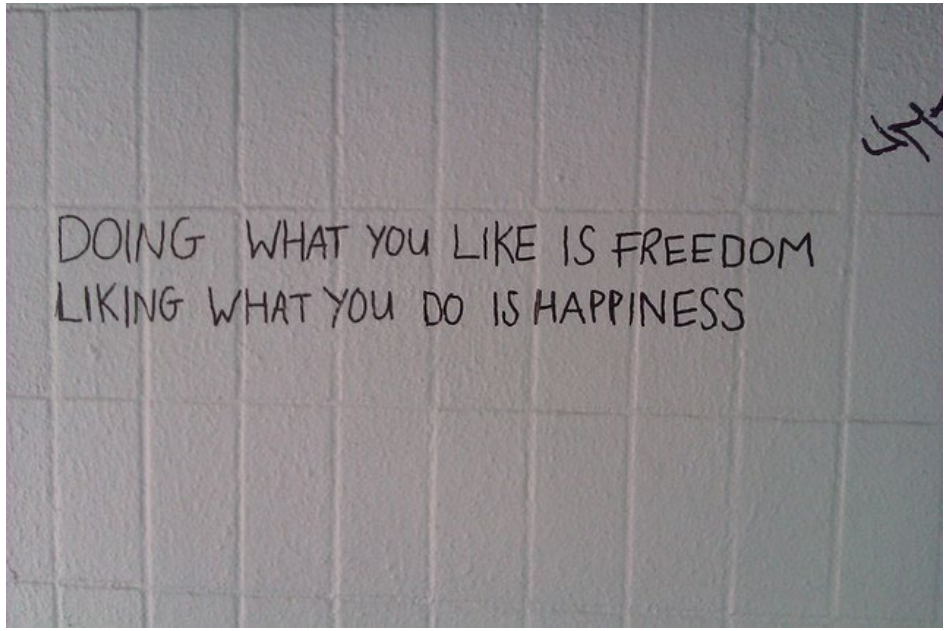
They are not being defiant

- Not interested
- No energy
- “people don’t like me”
- “people will hurt me”

WHAT WE CAN DO ABOUT PEOPLE NOT GOING TO GROUP

Strategy: Shared decision-making

- Short-term and long-term: Focus on engaging in pleasurable activities, develop activity schedule, incorporate other people, help draw new conclusions about self and others



WANDERERS

- People don’t like me
- People don’t want me around
- I have no purpose
- I can take care of myself

WHAT WE CAN DO WITH WANDERERS

Strategy: Increase sense of connection

- Short-term and long-term: Engagement around personal interests, develop activity schedule (include 1-2 things they already do), do activities with them

PEOPLE WHO SEEM TO PREFER TO LIVE IN THE STREETS

- I can take care of myself, survive on my own
- Too overwhelming-I can't handle it
- Why bother?, it's the only option
- I'm worthless

WHAT WE CAN DO WITH PEOPLE THAT "PREFER" THE STREET

Strategy: Connect with them when possible and create some predictability

- Short-term and long-term: Engage in small activity with the person when you see them, activities should be consistent and help meet their needs, try to get a sense of their patterns, explore the benefits of living in the streets

SUBSTANCE USE DISORDERS

- Common reasons: Relax, feels good, less symptoms, more creative, Social, Escape stressors
- I'm worthless
- I'm broken
- People don't like me
- Why bother try to change?

WHAT WE CAN DO ABOUT SUBSTANCE USE

Strategy: Understand triggers and counter core beliefs

- Short-term: Figure out the personal benefits of substance use, chain analysis, identify at least 1-2 triggers
- Long-term: Understand the negative core beliefs, help engage in activities that gives the person the same benefit

REMEMBER THAT ALL PEOPLE CAN RECOVER!

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