



Issue 13: December 2017

# PRACTICING RECOVERY: Recovery-oriented Cognitive Therapy (CT-R)

## Combining the Heart of Recovery with Clinical Research

Recovery-oriented Cognitive Therapy (CT-R) is an evidence-based treatment focused on engagement, achievement of goals, and elimination of obstacles for people diagnosed with serious mental illness. CT-R combines the person-centered and hopeful spirit of a recovery orientation with solid clinical evidence, treatment protocols, and supported dissemination and implementation.

The CT-R approach offers different ways to understand and address common challenges of people diagnosed with schizophrenia that can interfere with engaging in services and recovery and wellness activities. Studies have found that this therapeutic intervention can help individuals with the most serious mental illnesses feel hopeful and motivated to make and maintain positive changes in their lives. CT-R is collaborative, and its practitioners customize this person-centered approach to the individual's strengths, challenges, and goals.

This issue of *Practicing Recovery* will outline the basics of CT-R and its supporting evidence. You'll learn how one Massachusetts provider has incorporated CT-R into its programming and get advice on what you can do to incorporate this intervention into your practice. Check out the following resources to learn more.

### Aaron T. Beck Psychopathology Research Center (ATB-PRC)

The [Aaron T. Beck Psychopathology Research Center \(ATB-PRC\)](#) at the University of Pennsylvania conducts ongoing research on how cognitive therapy can help people with schizophrenia achieve recovery. Dr. Beck and his research team conduct clinical research, develop and validate treatment protocols, and provide dissemination and implementation activities [for CT-R](#).

### SAMHSA's Transformation Transfer Initiative (TTI)

SAMHSA's [Center for Mental Health Services \(CMHS\)](#) offers flexible funding through the [Transformation Transfer Initiative \(TTI\)](#) for states to identify, adopt, and strengthen transformation initiatives and activities focused on systems change. For fiscal year (FY) 2018, CMHS [will award TTI grants of \\$220,000](#) to six states or territories for developing, strengthening, or sustaining innovative projects or programs focusing on CT-R. The grant application period has closed, but the TTI website can be a valuable resource for seeing how programs have put CT-R into action.

### Beck Institute for Cognitive Behavioral Therapy

CT-R is based on the [cognitive model](#) of therapy as developed by Dr. Aaron Beck. The cognitive model is focused on how individuals' thoughts and perceptions affect their emotions and behaviors, sometimes in bothersome ways. CT-R offers strategies that can help individuals monitor and modify this disruption. More resources and information on cognitive behavioral therapy and its applications beyond CT-R can be found on the [Beck Institute website](#).

# PROGRAM SPOTLIGHT

## The Bridge of Central Massachusetts

The Bridge of Central Massachusetts is a nonprofit human services agency that offers residential services, community outreach, peer support, clinical treatment, and other services. The agency prides itself on offering evidence-based practices (EBPs) in its treatment interventions, in partnership with the people it serves, to support and inspire them to achieve their goals and dreams. Among the many EBPs available through the Bridge, CT-R has been beneficial for both individuals in services and those providing the services.

Several years ago, Director of Clinical Services Stefanie Gregware and her colleague, Andrea Wolloff, were struggling to find a way to engage people who seemed “stuck” in their residential programs. These individuals were not moving toward recovery or living their best lives.

At an annual conference, they saw a presentation on CT-R and the path was clear: This was the intervention they were looking for. Fast forward three years and Gregware and her team have implemented CT-R across six residential sites and will soon roll it out into supported housing programs.

The Bridge has trained staff at all levels of the organization in CT-R, from the CEO, to counselors, to residential staff. This agency-wide training serves to integrate CT-R into the day-to-day activities of the agency and teaches direct-care staff, who often spend the most time with people living in the residences, to use the elements of CT-R in their daily interactions.

---

***This is a really good training for how to interact with any human being when they are feeling isolated and demoralized.***

*—Stefanie Gregware, Director of Clinical Services*

---

Although Gregware expected to see CT-R help people using services, she also notes how remarkable the change in staff has been since adopting the intervention. People providing services are excited and engaged, and some say CT-R has given them the opportunity to learn new things about individuals they have been working with for years.

Gregware shares the following story to illustrate their success with CT-R. In one of the residences for transition-age youth (TAY), staff used CT-R approaches to encourage the young men—many of who were

experiencing psychosis—to learn what they were interested in, pick a related activity, and do it. A number of the residents were interested in snowboarding but needed some support to make it happen. With the support of staff, the young men went to a Red Cross-sponsored blood drive that was offering free lift tickets to a local ski mountain in exchange for blood donations. The young men felt great pride in donating blood and succeeded in getting their lift tickets and hitting the slopes. They now have an established relationship within the community with the local chapter of the Red Cross, which often calls them to participate in blood drives with exciting incentives. Using the tools they learned through CT-R, these young men went from feeling isolated to being engaged in their community, contributing to society, and taking part in a leisure activity as a shared interest.

*Special thanks to Stefanie Gregware, M.A., LMHC, Director of Clinical Services at the Bridge of Central Massachusetts for her contribution to this article.*

### THE BASICS OF CT-R

**Who:** Research has found CT-R effective for individuals diagnosed with schizophrenia, notably those who score poorly on cognitive tests or experience low motivation, social withdrawal, speech issues, and other functional impairments.

**What:** CT-R helps people move toward personal recovery. The CT-R approach meets people “where they are” and focuses on progressing toward the achievement of hopes and dreams and increasing resilience.

**Where:** CT-R is a team-based approach applied across all levels of care, including inpatient settings, community-based programs, and Assertive Community Treatment (ACT) teams. It is currently used throughout the country.

**When:** CT-R can be implemented at any stage of a person’s recovery. CT-R has helped produce life-changing outcomes in individuals who have spent decades in institutional settings, along with people who have been recently diagnosed with a serious mental illness.

**Why:** CT-R can help instill hope and the knowledge and confidence that individuals have control over their own lives and their own futures.

# THOUGHT LEADER

## Paul Grant, Ph.D., Co-Developer, Recovery-oriented Cognitive Therapy

*Dr. Grant is an assistant professor of psychology and psychiatry at the Perelman School of Medicine at the University of Pennsylvania. He has spent his career studying schizophrenia and the application of cognitive therapy to its treatment.*

In the early 2000s, Dr. Paul Grant and Dr. Aaron Beck set out to try to find a treatment that would work for people experiencing some of the most intense psychiatric symptoms, such as individuals who had been hospitalized for long periods of time, who withdrew from social contact, or who struggled with cognitive tasks. In a series of interviews, the doctors repeatedly heard that the so-called “negative symptoms” or adaptive behaviors associated with experiencing schizophrenia created the greatest challenge.

Grant and Beck knew that apathy, social withdrawal, and problems with speech were often associated with serious challenges and long-term disability. They wondered if approaching these issues from a psychological viewpoint and using a cognitive approach to help create experiences that would address low motivation and negative attitudes about oneself and others might help people feel better. Recovery-oriented cognitive therapy (CT-R) emerged from this set of ideas.

The key to CT-R, says Dr. Grant, is establishing strong and positive personal connections. CT-R involves collaboration that helps identify powerful personal aspirations and action steps for moving toward them. These successes build resiliency, giving people strength when something does not go as hoped. The therapy is individualized to each person’s unique challenges and aspirations.

Here’s an example of a small study Grant and colleagues carried out to see if this approach worked. A group of people who communicated negative thinking were assigned either a “guided success” activity or a control group. People in the guided success group were paired with a (professional) partner and they worked together to perform a simple card-sorting task. The partner talked to each person about how they could succeed together, encouraged their work, and praised success. The control group also performed the task with a partner, but without the “guiding.” The guided success group showed improvement in positive beliefs, mood, and reduction in defeatist thinking relative to the control group. With repetition, this led to further successes along with an increase in hope and planning for the future.

Interestingly, notes Grant, CT-R can also improve other symptoms associated with schizophrenia, such as paranoia and hearing voices. This is not because it eliminates the symptoms, but rather when people are focused on things they care about, like socializing, working, and engaging in meaningful activities, the distress caused by psychiatric symptoms is reduced. This approach has also been found useful for substance use, aggressive behavior, self-injury, hoarding, posttraumatic stress, and other disorders.

The desired outcomes of CT-R are closely aligned with the four dimensions of recovery—home, health, community, and purpose. In fact, in one study, two-thirds of individuals showed improvement in at least one dimension of recovery after a six-month course of supervised CT-R treatment. Ultimately, says Grant, CT-R is focused on helping people whose lives have been disrupted by the symptoms of schizophrenia get back to achieving what they want in life. Deciding what that is and how one may get there might include a guided process, but ultimately the choice and the success are in the hands of the person using services.

### Leading the Charge: Aaron T. Beck, M.D.

Dr. Aaron Beck has devoted his 60+ year career to improving the lives of individuals with serious mental illness. Over the years, his work has significantly [affected medical and social service fields](#). Dr. Beck told *Practicing Recovery* how CT-R benefits both the people receiving services and the practitioners who work with them.

*“The entire recovery focus of our treatment is based on bringing out the individual’s strengths and building on these to restore a sense of hope, adequacy, and belonging. Consequently, the treatment team is more able to perceive the many positive attributes in the individual using services and, therefore, to provide opportunities to transform these into adaptation into the community, resulting in a rewarding and meaningful life.*

*When talking about CT-R with psychiatrists and other providers who are accustomed to a disease-centric approach to medicine, I frequently use the analogy of the appropriate treatment of Type 2 diabetes. Here, the focus is on motivating and energizing the individual to cultivate healthy behaviors rather than on the disease itself. This same approach is at the core of our recovery approach to schizophrenia.”*

## WHAT YOU CAN DO

Here are some changes you can make in your practice today that are inspired by the CT-R approach.

### LEARN WHAT PEOPLE ARE INTERESTED IN

Often, people who have been disconnected from their families and communities for a long time have lost touch with the things that matter to them. Ask people, especially those who seem to have low energy or appear withdrawn, what their interests are. Maybe someone was once a runner; if so, go for a walk outdoors with her. If someone used to love going to concerts, turn on some of their favorite music.

### TALK ABOUT ASPIRATIONS ALONG WITH GOALS

If people can name their motivation—their “bucket list” of hopes and dreams—this can help contextualize their goals. If a person dreams of hosting a holiday dinner for her family, goals such as “get out of the hospital,” or “learn to cook” take on greater meaning. The goal becomes a step to take toward achieving an aspiration.

### SHOW PEOPLE THAT THEY ARE VALUED

Many people feel good about themselves when contributing to the good of others. Make room for the people you serve to help you or others with specific tasks and offer work that is of interest to them. Feeling needed is often a powerful motivator and way to help people see their strengths and capabilities.

### TAKE THE PASSENGER SEAT

One of the biggest challenges to practitioners learning CT-R is to give up control. Get comfortable with not being in the driver’s seat while a person is working on their own recovery. Let them drive.

### HAVE A REGULAR CONVERSATION

For people who have been in long-term treatment and are socially isolated, conversations with practitioners are often focused on symptoms or illness. Sit down and talk, person to person, about something that is not illness-related. Sports, TV shows, music, and the weather are common topics of conversation among many adults; make them topics of conversation with individuals using services, too.

## CONFERENCES & EVENTS

### CT-R Webinar Series

RTP will host a series of four webinars on CT-R in January and February. Topics include the following:

- **January 3, 2018:** Theory, Evidence, and Activating the Adaptive Mode in CT-R
- **January 17, 2018:** Discovering Meaningful Aspirations and Taking Action
- **February 7, 2018:** Team-based CT-R for Building Empowerment and Resilience
- **February 21, 2018:** Implementation Across a System—Lessons of Success

Learn more and register to attend at <https://www.samhsa.gov/recovery-to-practice>.

### SAMHSA’s 14th Annual Prevention Day

February 5, National Harbor, MD  
[Learn more or register to attend.](#)

FEB 5

### 18th Alcohol Policy Conference and Expo

April 11-13, Washington, D.C.  
Visit the site to [learn more or register to attend.](#)

APR  
11-13

### The Evidence

The Aaron Beck Psychopathology Research Center (AB-PRC) conducts ongoing research on how CT-R can help individuals in their recovery from schizophrenia. Below are links to some of the studies that support CT-R as an effective treatment approach.

- [Rapid improvement in beliefs, mood, and performance following an experimental success experience in an analogue test of recovery-oriented cognitive therapy.](#) [Grant, P., Perivoliotis, D., Luther, L., Bredemeier, K., & Beck, A. (2017). *Psychological Medicine*, 1–8. doi: 10.1017/S003329171700160X]
- [Randomized trial to evaluate the efficacy of cognitive therapy for low-functioning patients with schizophrenia.](#) [Grant, P., Huh, G., Perivoliotis, D., Stolar, N., & Beck, A. (2012). *Archives of General Psychiatry*, 69(2), 121–127. doi: 10.1001/archgenpsychiatry.2011.129]
- [Six-month follow-up of recovery-oriented cognitive therapy for low-functioning individuals with schizophrenia.](#) [Grant, P., Bredemeier, K., & Beck, A. (2017). *Psychiatric Services*, 68(10), 997–1002.]
- For more, see the [AB-PRC website](#).