

Promoting Recovery, Resiliency, and Flourishing with Recovery-Oriented Cognitive Therapy

Recovery and Rehabilitation Academy
New York Association of Psychiatric
Rehabilitation Services, Inc.

November 16th, 2018

Paul Grant, Ph.D.

Conflicts of Interest

The speakers have no conflicts of interest to disclose

Things we have learned...

- Recovery is possible for everyone...it just might take longer for some
- We can operationalize recovery through meaningful participation rather than symptom reduction
- Everyone can play a significant role in an individual's recovery
- Sometimes the best treatment doesn't look like treatment
- An evidence-based approach that can be successfully implemented at all levels of care

Background and Theory

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Connection

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

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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.

Beliefs

Cognitive Model

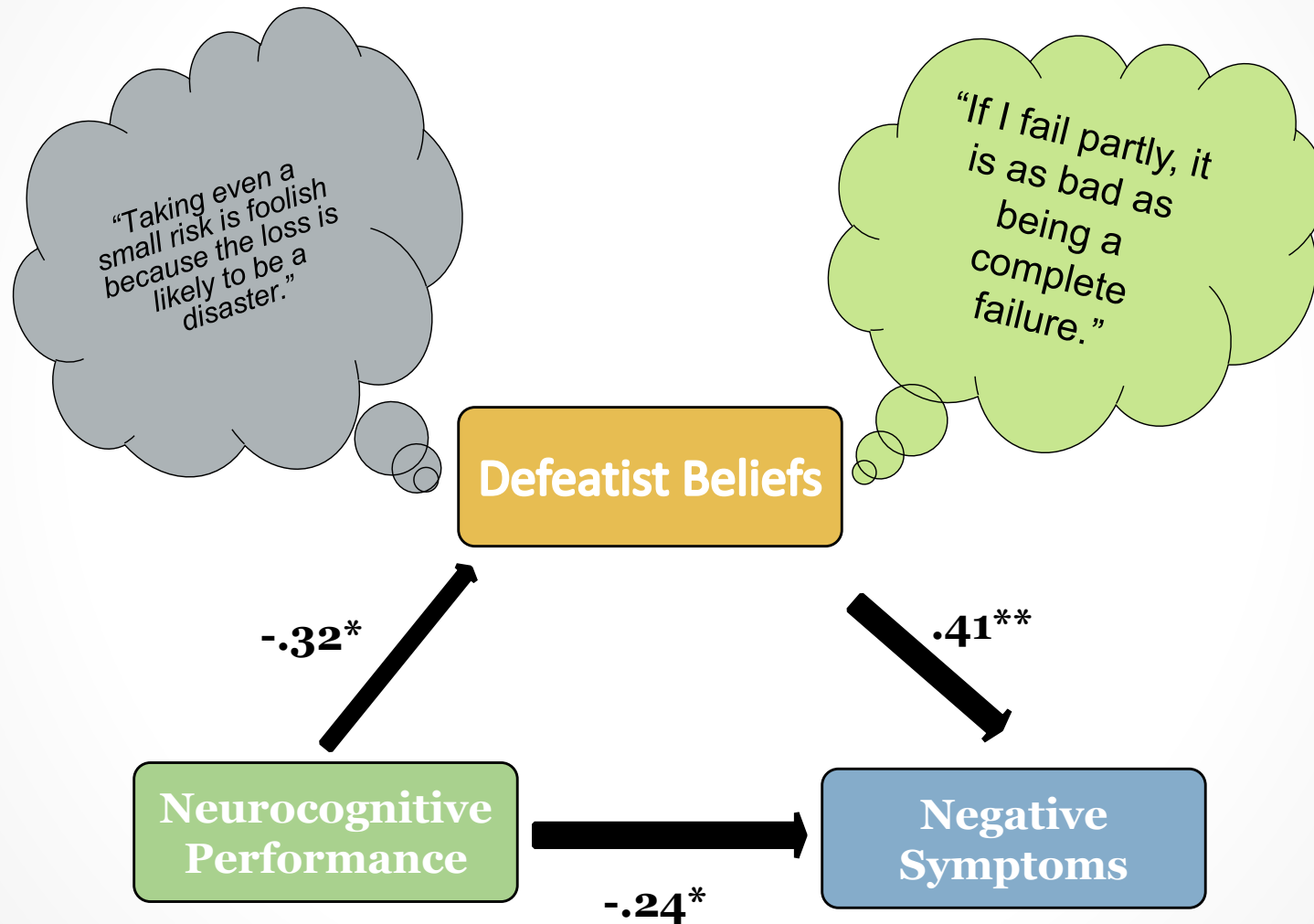
- Applies to all kinds of challenges
- Positive & Negative
 - **Self:** weak, vulnerable, ineffective, and worthless
 - **Other:** controlling, dangerous and rejecting
 - **Future:** uncertain, forbidding

Beck, A. T., Himmelstein, R., & Grant, P. M. (2017). *Schizophrenia Research*. doi:10.1016/j.schres.2017.10.046

Basic Science

...

Defeatist Beliefs



Meta-Analysis

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Schizophrenia Bulletin
doi:10.1093/schbul/sbw026

Defeatist Performance Beliefs, Negative Symptoms, and Functional Outcome in Schizophrenia: A Meta-analytic Review

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¹First authorship is shared between these 2 authors.

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Negative symptoms are a strong predictor of poor functional outcome in people with schizophrenia. Unfortunately there are few effective interventions for either negative symptoms or functional outcome, despite the identification of potential mechanisms. Recent research, however, has elucidated a new potential mechanism for negative symptoms and poor functional outcome: defeatist performance beliefs (DPB), or negative thoughts about one's ability to successfully perform goal-directed behavior that can prevent behavior initiation and engagement. We conducted 2 meta-analyses examining the relationship between DPB and both negative symptoms ($n = 10$ studies) and functional outcome ($n = 8$ studies) in people with schizophrenia.

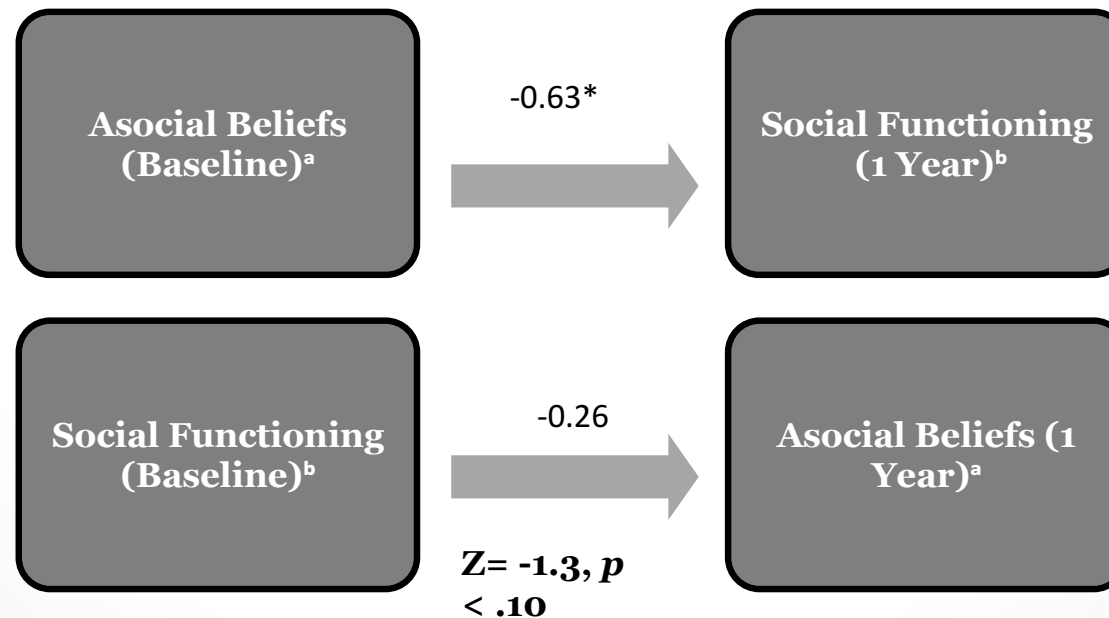
for negative symptoms,¹⁰ and by extension, improved functional outcomes. A small, but rapidly growing body of research has elucidated defeatist performance beliefs (DPB)—overgeneralized negative thoughts about one's ability to successfully perform goal-directed behavior—as a possible mechanism contributing to negative symptoms and poor functional outcome among people with schizophrenia.¹¹⁻¹⁴ Given the promising results from this budding line of research, the goal of this manuscript was to conduct a meta-analytic review of the extant studies that have investigated the relationship between DPB, negative symptoms, and functional outcome.

DPB about a course of action can prevent the initiation

Downloaded from <http://schizophreniabulletin.oxfordjournals.org/> at 1

Asocial Beliefs

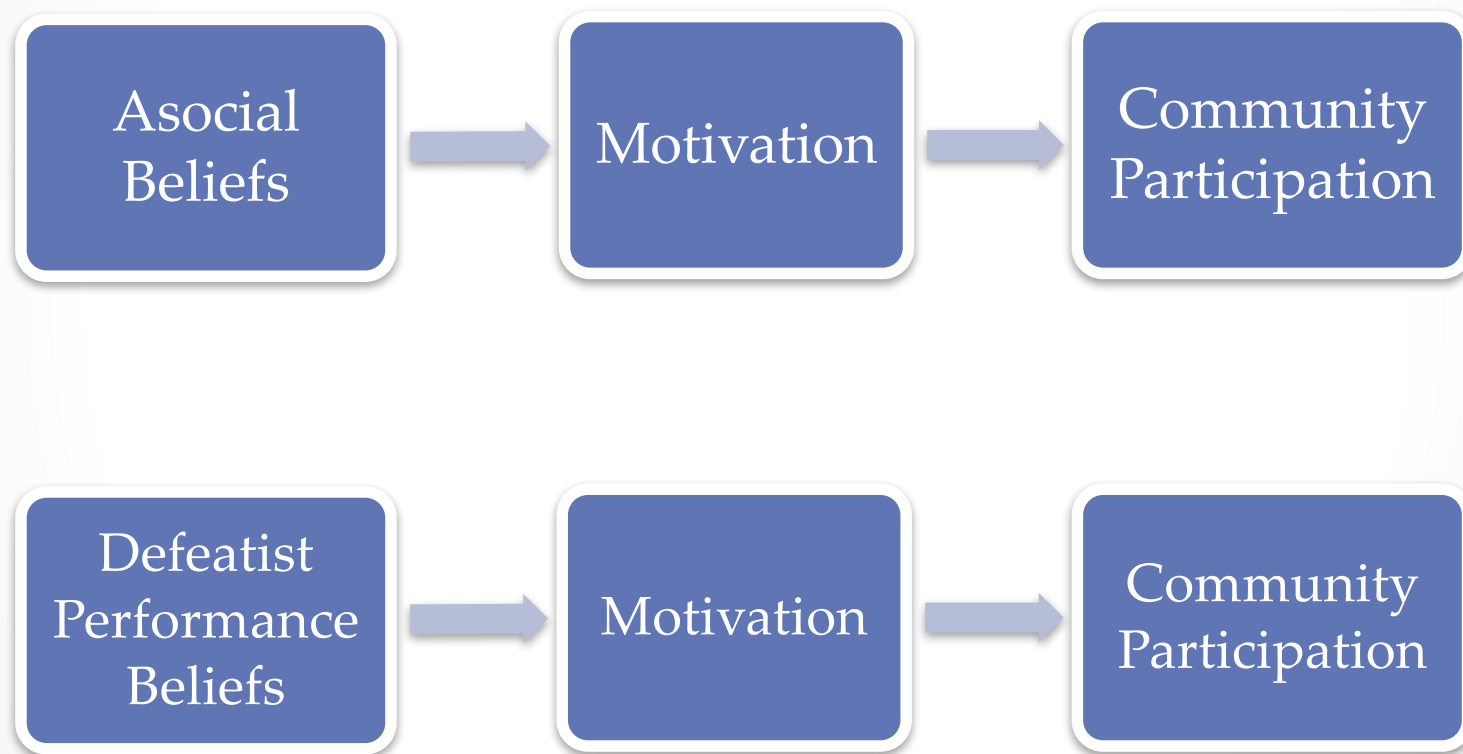
- “I prefer hobbies and leisure activities that do not involve other people.”
- “People sometimes think I am shy when I really just want to be left alone.”



* $p=0.01$

Grant, P.M. & Beck, A.T. (2010). *Psychiatry Research* 177, 65-75.

Pathway Paper



Thomas, E. C., Luther, L., Zullo, L., Beck, A. T., & Grant, P. M. (2017). *Psychological Medicine*, 47(5), 822-836. doi:10.1017/S0033291716003019



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Beck Self-Esteem Scale-Short Form: Development and psychometric evaluation of a scale for the assessment of self-concept in schizophrenia



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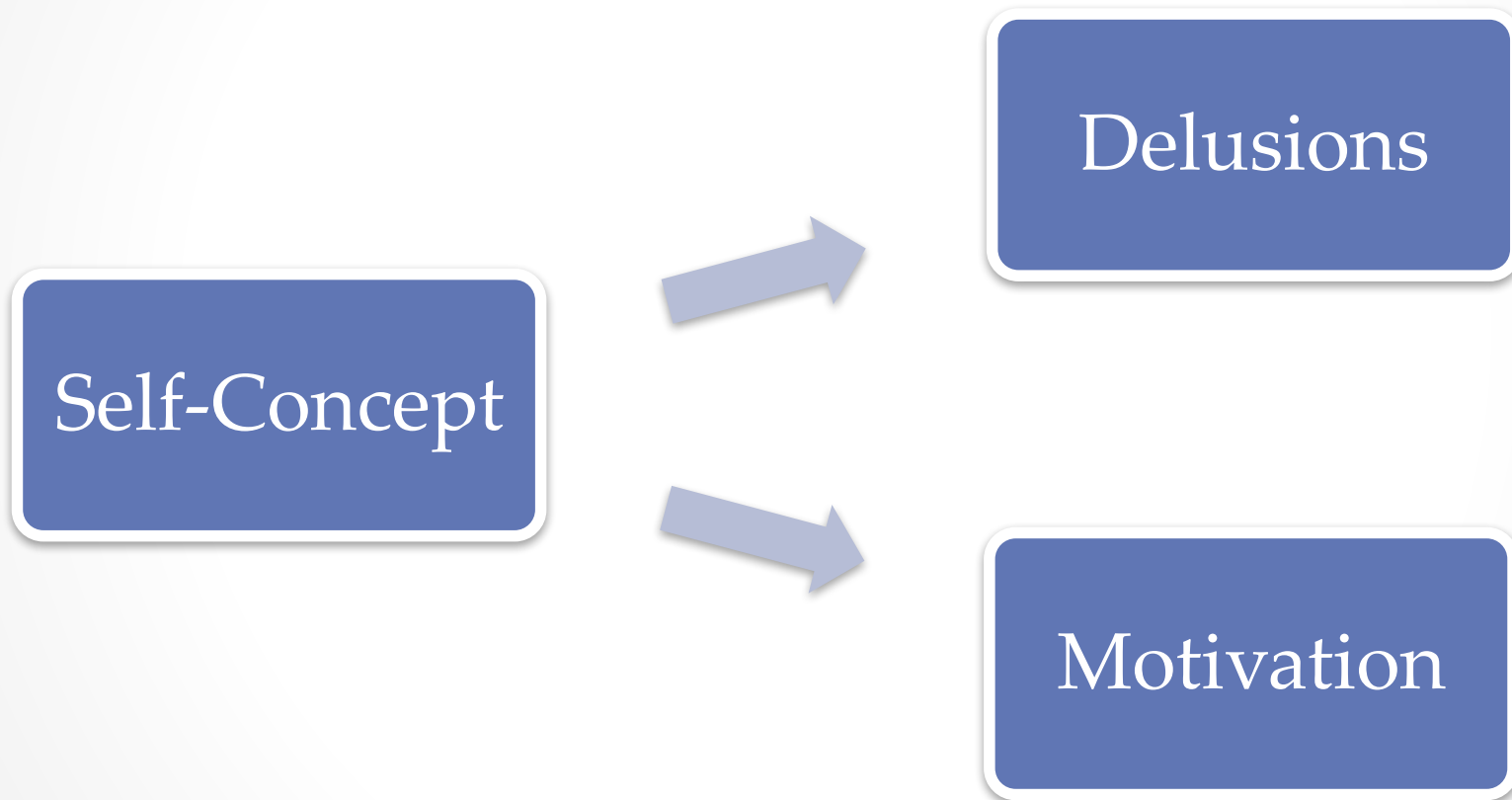
Keywords:

Validity
Reliability
Cognitive theory
Positive symptoms
Negative symptoms

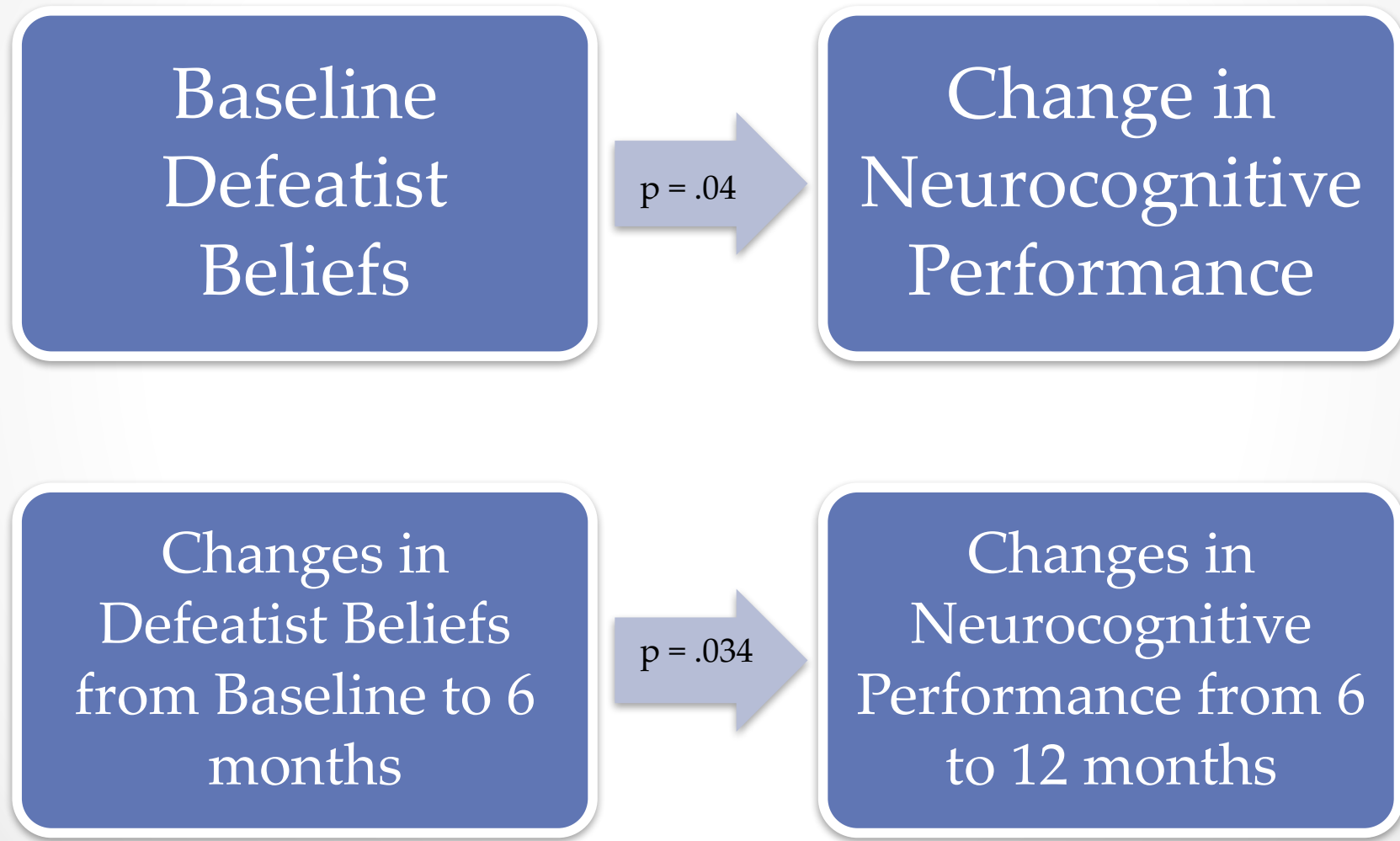
ABSTRACT

A requisite step for testing cognitive theories regarding the role of self-concept in schizophrenia is the development of measures that follow a cognitive conceptualization and better capture the multifaceted nature of this construct. The purpose of this study was to examine the psychometric properties a new self-concept measure, the Beck Self-Esteem Scale-Short Form (BSES-SF), based on a sample of 204 individuals with schizophrenia or schizoaffective disorder. We evaluated the BSES-SF's dimensionality, internal consistency reliability, and construct and divergent validity using confirmatory factor analysis, Cronbach's alpha, Pearson correlations, independent samples *t*-tests, and one-way analysis of variance. Findings indicate that the 10-item BSES-SF is a reliable and valid measure of self-concept that is appropriate for a broad group of individuals with schizophrenia spectrum disorders. Following cognitive theory, the scale demonstrated significant relationships with delusion severity, motivation, and depression, further signifying its utility for research and practice efforts that are designed to address psychopathology in schizophrenia.

Self-Concept



Defeatist Beliefs and Neurocognitive Performance

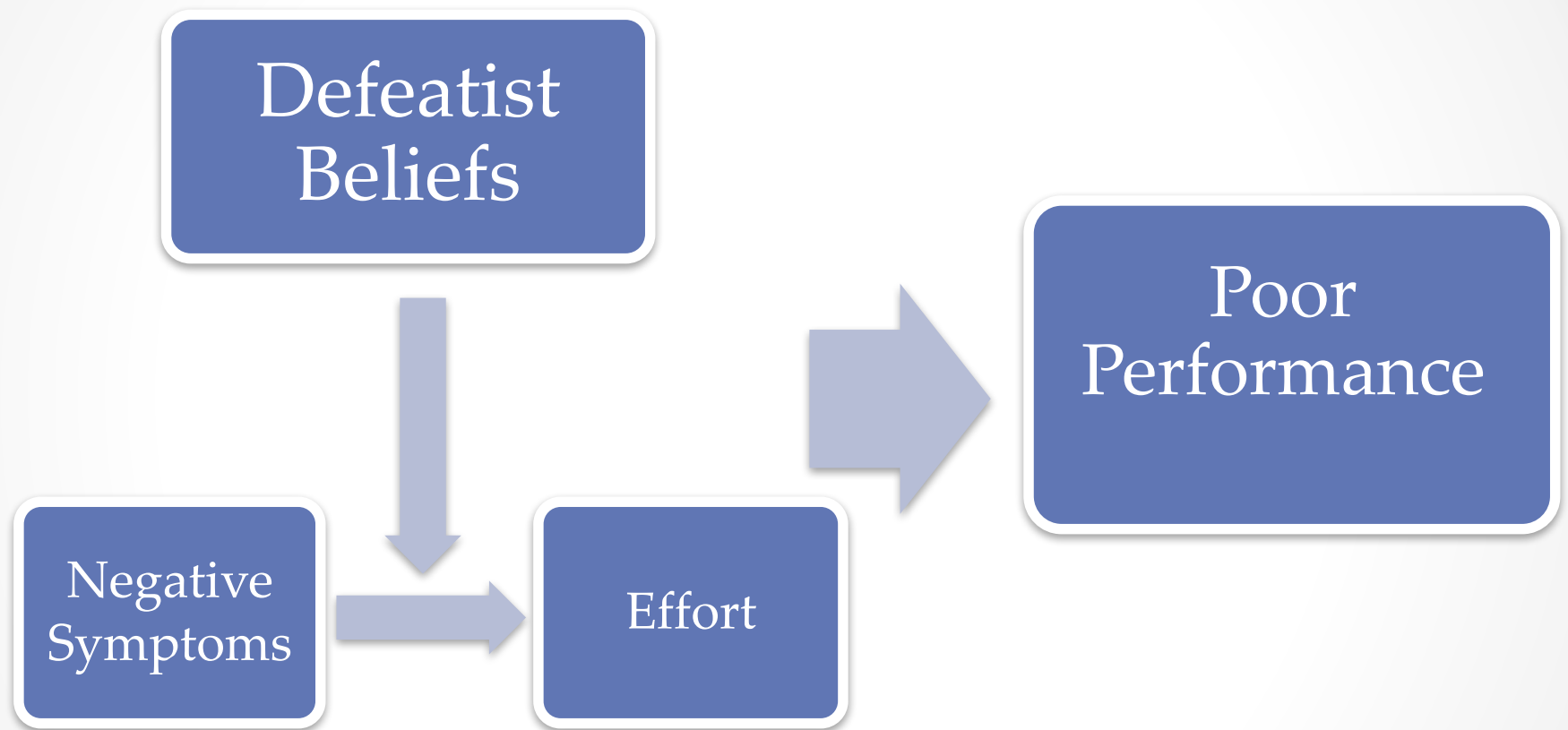


Understanding the Association Between Negative Symptoms and Performance on Effort-Based Decision-Making Tasks: The Importance of Defeatist Performance Beliefs

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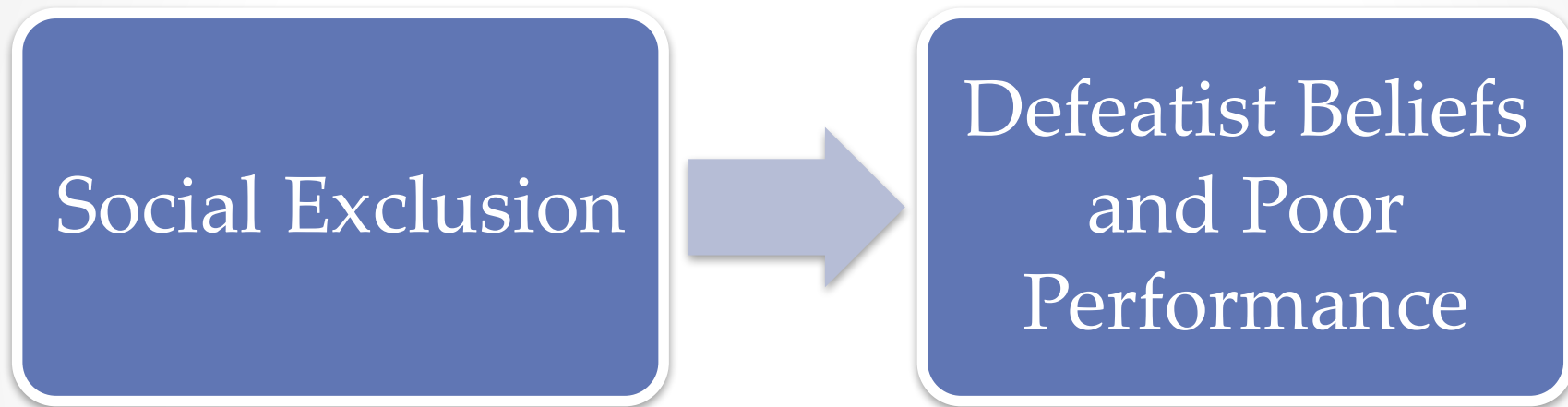
Reddy, F., Horan, W., Barch, D., Buchanan, R. & Gold, J.... (in press). *Schizophrenia Bulletin*.

102. THE COGNITIVE COSTS OF SOCIAL EXCLUSION IN SCHIZOPHRENIA

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Background: Social exclusion is a particularly poignant and impairing social experience that can lead to affective and cognitive impairments in clinical populations. Various psychiatric disorders, (e.g., depression, social anxiety, and schizophrenia) are associated with hyper-responsivity to social exclusion. Social exclusion is exceedingly common in schizophrenia (e.g., most have very few friends, few get married, and many are estranged from family members). The most extensively validated paradigm for social exclusion is the Cyberball task, in which participants believe they are interacting with peers, and being excluded from an online ball-tossing game. For individuals with depression and anxiety, social exclusion leads to slowed processing speed, deficits in social self-regulation, and impaired cognitive control, memory, attention, and motivation. Despite the relevance to schizophrenia, no studies have examined the cognitive consequences of social exclusion in individuals with schizophrenia.



Reddy, F., Reavis, E., Polon, N., Morales, J. & Green, M. (2017b). The Cognitive Costs of Social Exclusion in Schizophrenia. *Schizophrenia Bulletin* 43, S54-S54.



Beck, A. T., Himmelstein, R., Bredemeier, K., Silverstein, S. M., & Grant, P. (2018). *Psychological Medicine*, 1-10. doi:10.1017/S0033291718000442

Addressing defeatist beliefs in work rehabilitation

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Abstract

Background—Adults with serious mental illness (SMI) may struggle with expectations of failure in vocational rehabilitation. These expectations can be global and trait-like or performance-specific and related to ability.

Aims—To date, it has not been examined whether global or performance-specific defeatist beliefs are related to functional outcomes.

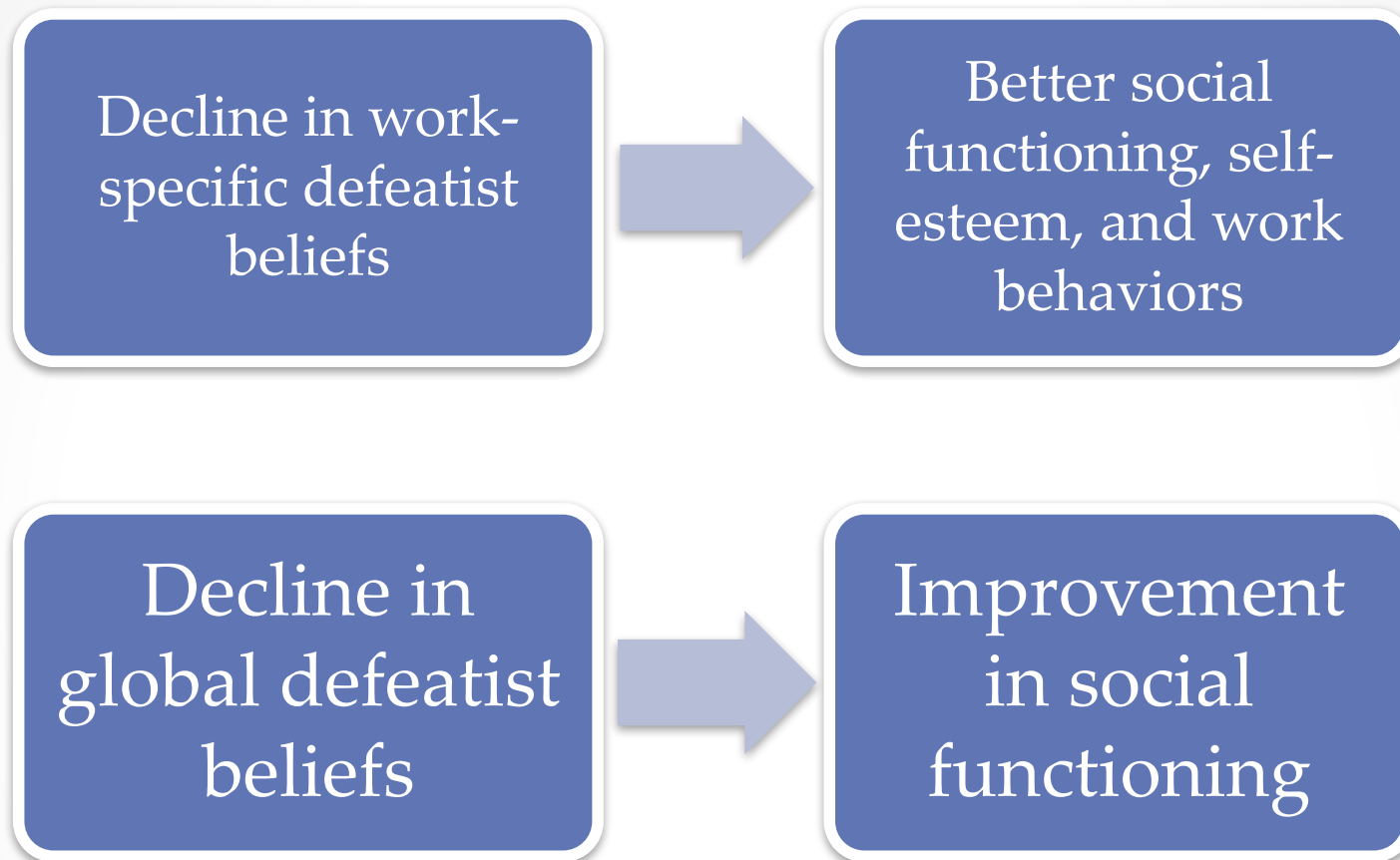
Method—The Indianapolis Vocational Intervention Program (IVIP) is a CBT intervention used to address expectations of failure and improve work performance. We examined the relationships between defeatist beliefs, self-esteem, social functioning, and work behaviors in 54 adults with SMI who completed IVIP within a work therapy program.

Results—Baseline work-specific defeatist beliefs were related to baseline self-esteem, employment attitude, and work behaviors. Decline in work-specific defeatist beliefs was associated with better social functioning, self-esteem, and work behaviors. Decline in global defeatist beliefs was only associated with improvements in social functioning.

Conclusions—Performance-specific expectations about work may be an appropriate therapeutic target to enhance work outcome in SMI.

Keywords

schizophrenia; severe mental illness; defeatist beliefs; vocational rehabilitation



Mervis, J. E., Lysaker, P. H., Fiszdon, J. M., Bell, M. D., Chue, A. E., Pauls, C., ... & Choi, J. (2016). Addressing defeatist beliefs in work rehabilitation. *Journal of Mental Health*, 25(4), 366-371.

Validation



Summary of CT-R Clinical Trial

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

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

(Grant et al. (2012). *Archives of General Psychiatry*, 69(2), 121-127. doi:10.1001/archgenpsychiatry.2011.129)

Clinical Trial Follow-Up

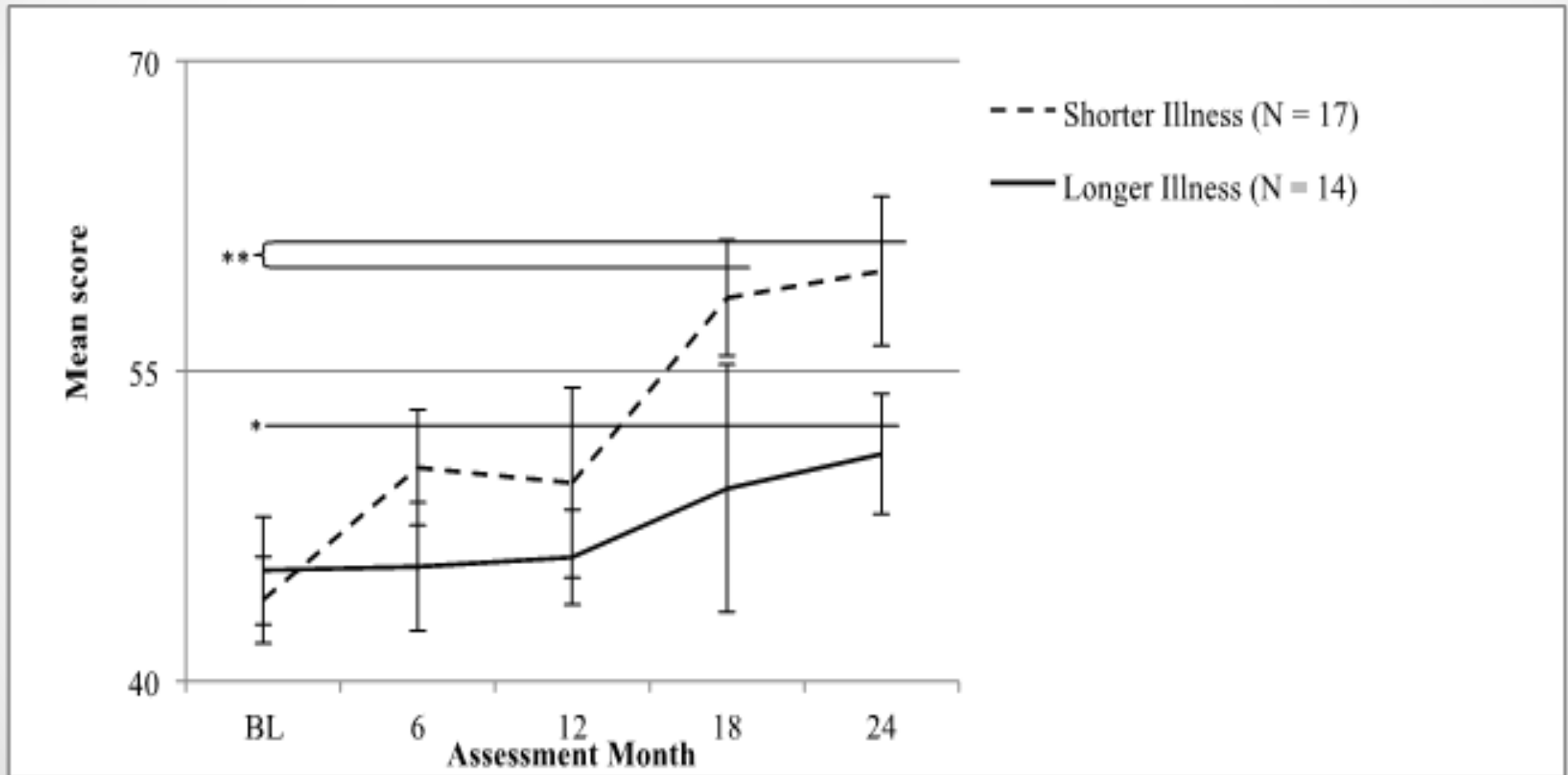
Gains maintained over the course of 6-month follow-up in which no therapy was delivered:

- Better Functioning ($d = 0.53$)
- Reduced Negative Symptoms ($d = -0.60$)
- Reduced Positive Symptoms ($d = -1.36$)

Grant, P. M., Bredemeier, K., & Beck, A. T. (2017). *Psychiatric Services*, 68(10), 997-1002. doi:10.1176/appi.ps.201600413

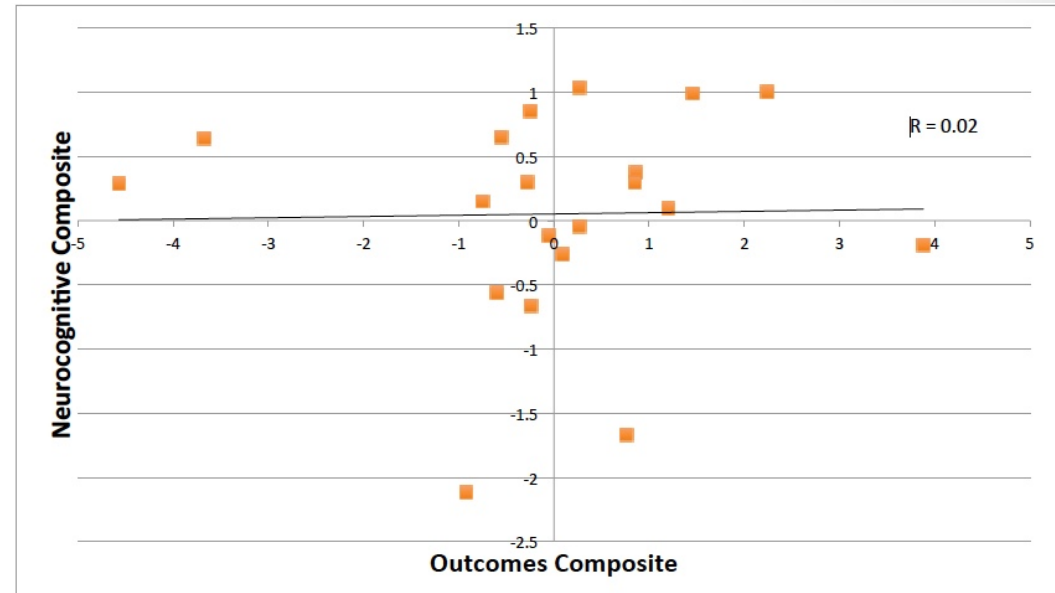
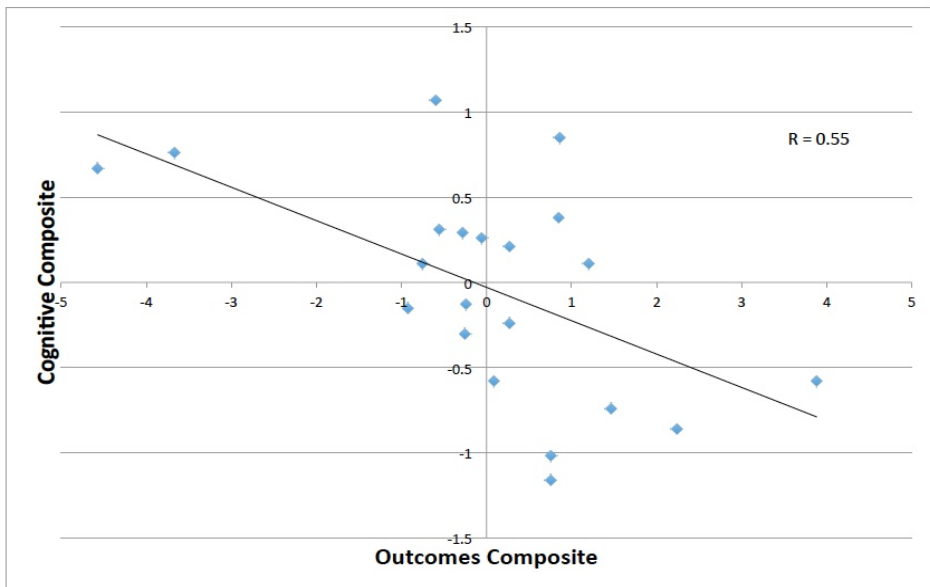
Clinical Trial Follow-Up

Figure 2



NOTE: †p < .10, * p .05, ** p < .01

Mechanism of Therapy



Rapid improvement in beliefs, mood, and performance following an experimental success experience in an analogue test of recovery-oriented cognitive therapy

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Background. Negative symptoms significantly contribute to disability and lack of community participation for low functioning individuals with schizophrenia. Cognitive therapy has been shown to improve negative symptoms and functional outcome in this population. Elucidation of the mechanisms of the therapy would lead to a better understanding of negative symptoms and the development of more effective interventions to promote recovery. The objective of this study was to determine (1) whether guided success at a card-sorting task will produce improvement in defeatist beliefs, positive beliefs about the self, mood, and card-sorting performance, and (2) whether these changes in beliefs and mood predict improvements in unguided card-sorting.

Methods. Individuals with schizophrenia having prominent negative symptoms and impaired neurocognitive performance ($N=35$) were randomized to guided success ($n=19$) or a control ($n=16$) condition.

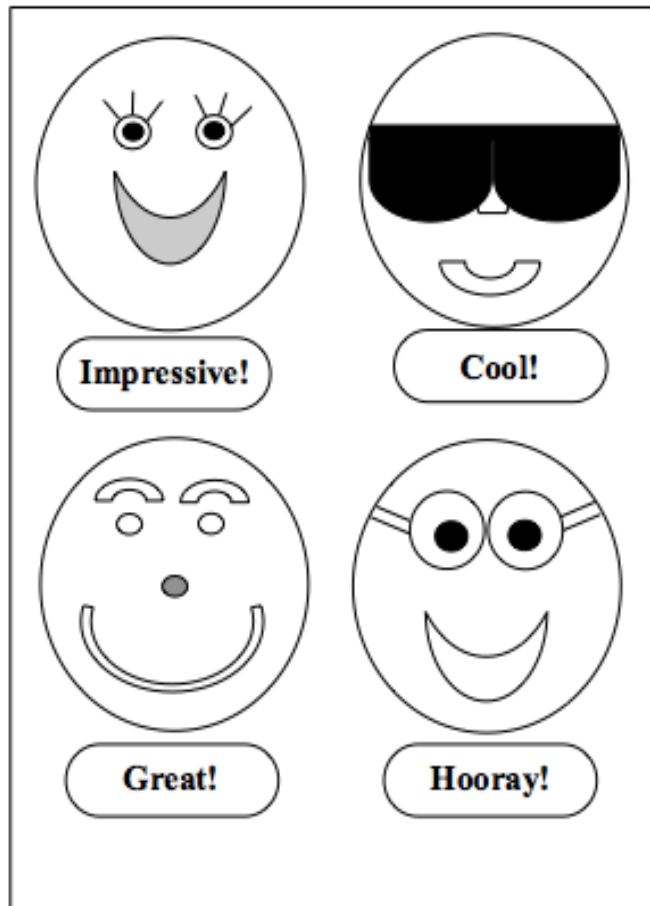
Results. Controlling for baseline performance, the experimental group performed significantly better, endorsed defeatist beliefs to a lesser degree, reported greater positive self-concept, and reported better mood than the control condition immediately after the experimental session. A composite index of change in defeatist beliefs, self-concept, and mood was significantly correlated with improvements in card-sorting.

Conclusions. This analogue study supports the rationale of cognitive therapy and provides a general therapeutic model in which experiential interventions that produce success have a significant immediate effect on a behavioral task, mediated by changes in beliefs and mood. The rapid improvement is a promising indicator of the responsiveness of this population, often regarded as recalcitrant, to cognitively-targeted behavioral interventions.

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Importance of Positive Beliefs

Tools Used to Promote Success



- 35 with low neurocognitive scores and elevated negative symptoms
- Guided Success vs Control
- Changes in positive beliefs and mood most impact improvement in card sorting performance

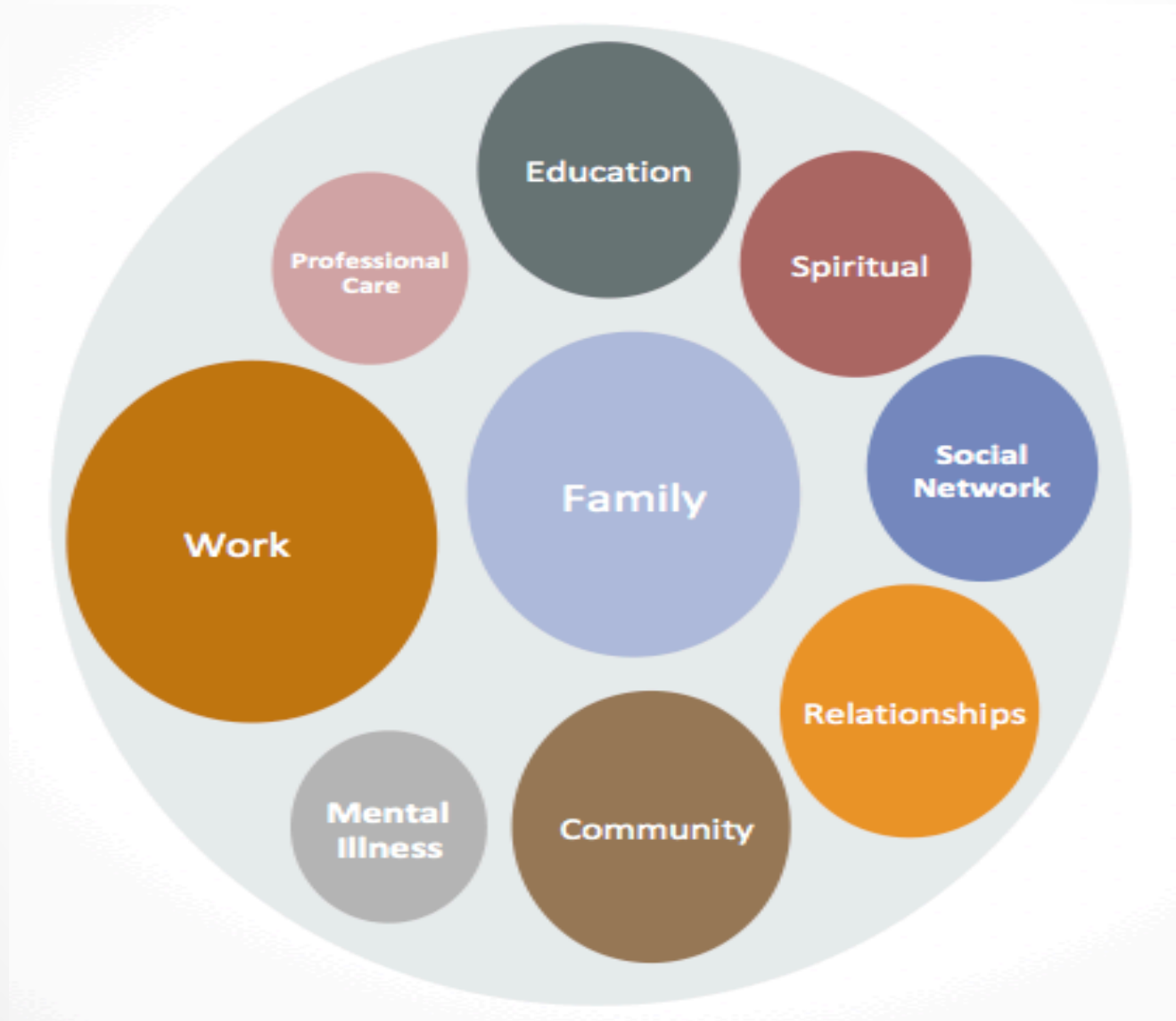
Translating Science to Practice

...

I want a job, a house a social life



I want a job, a house a social life



Recovery: Underlying Basic Needs



- Connection
- Control
- Feeling valued
- Contributing
- Feeling safe

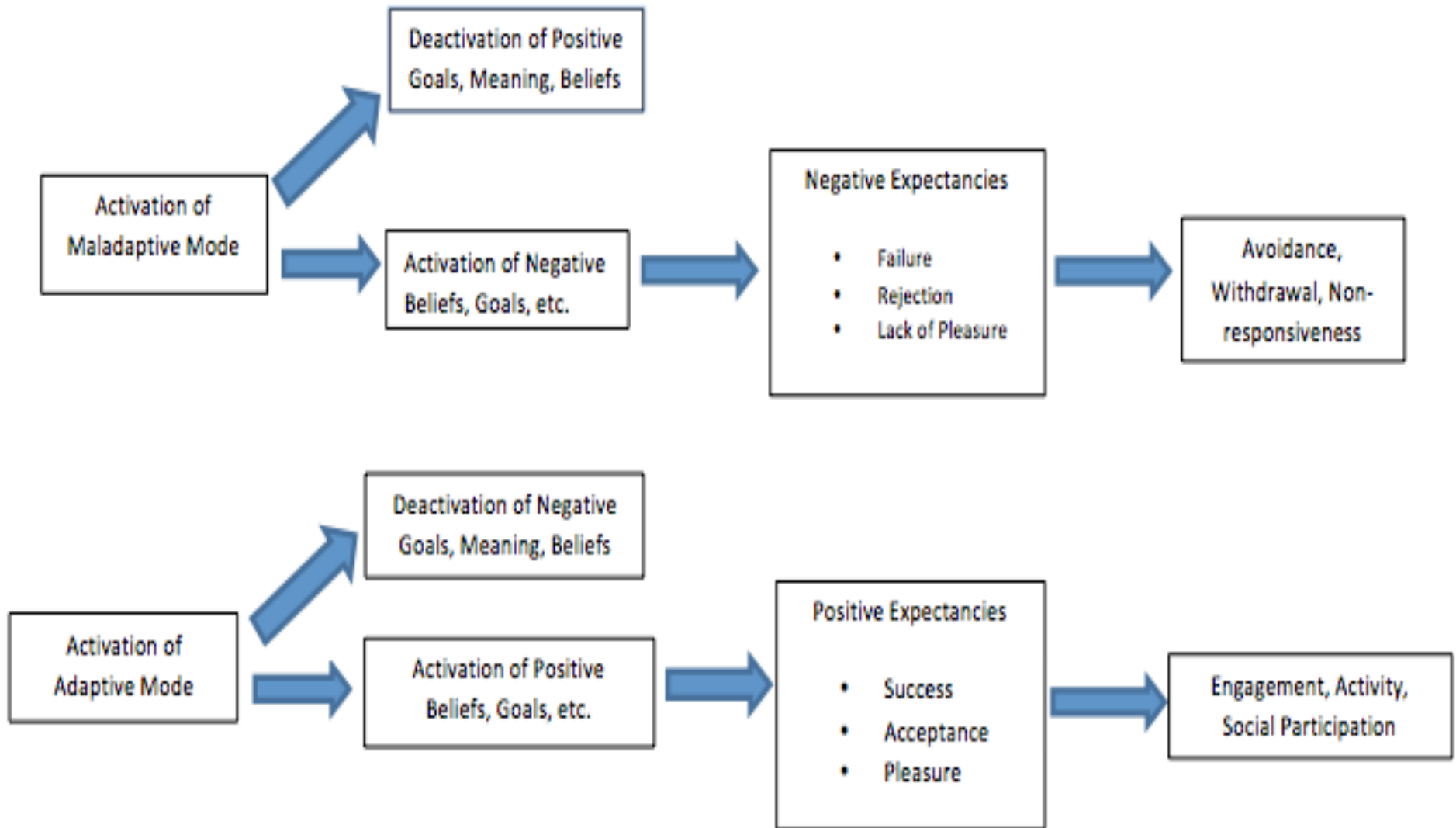
“Happiness cannot be pursued; it must
ensue. One must have a reason to ‘be
happy.’ ”

- Viktor Frankl

Denise



Mode



Adaptive Mode

Access

Energize

Develop

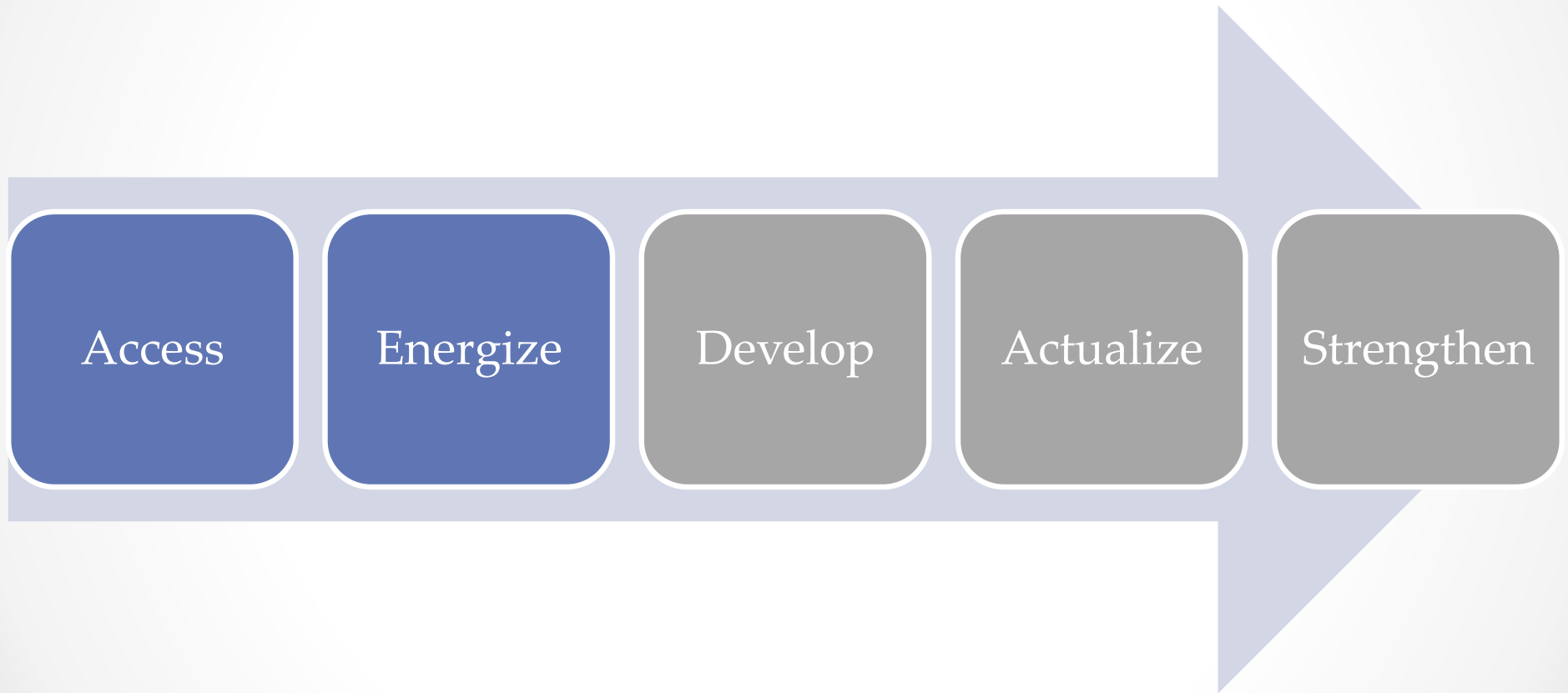
Actualize

Strengthen

When are people at their best?



Adaptive Mode: Connection



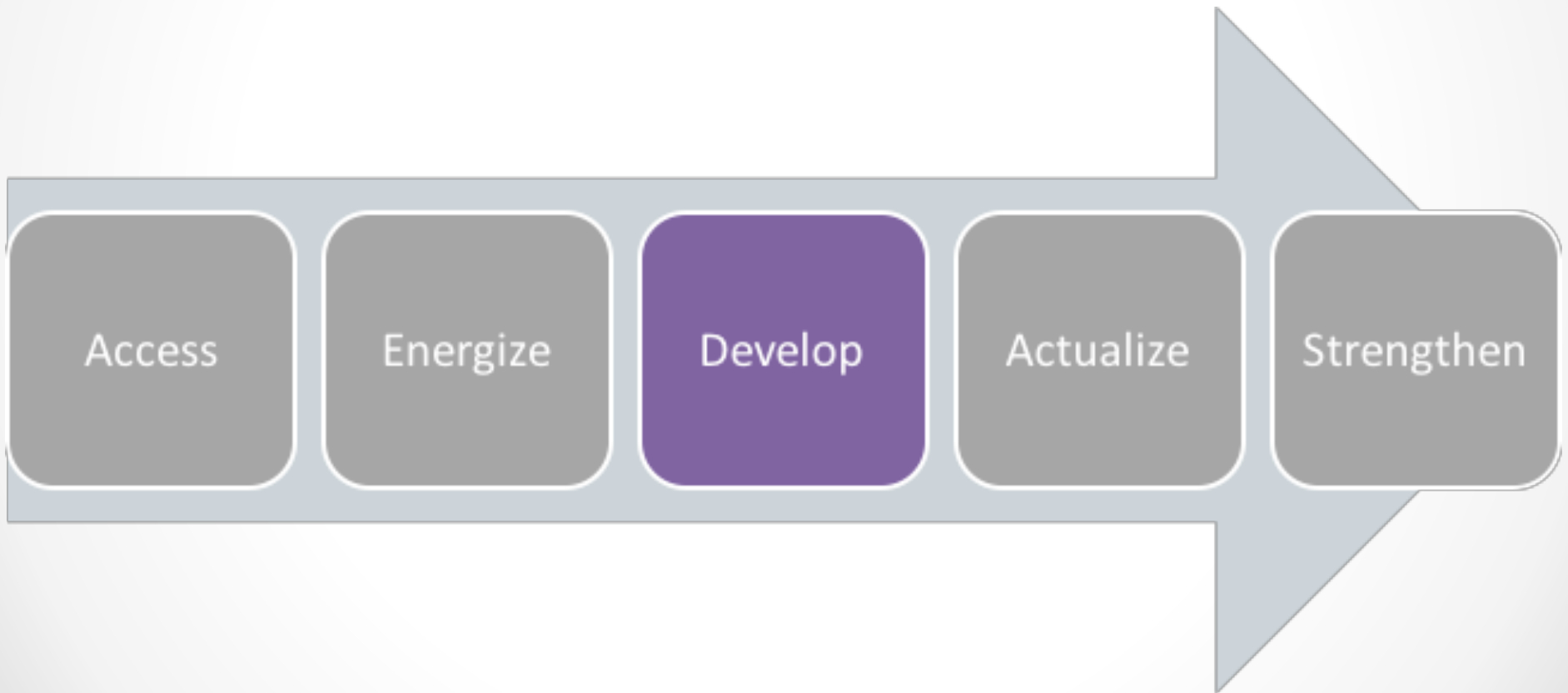
Accessing the Adaptive Mode

- Through shared interests, doing things together
 - Food
 - Music
 - Sports
- Ask the individual for advice
 - “I’m considering ____ or _____, what do you think I should do?”
 - “What do you think of this?”
 - “How should I _____?”

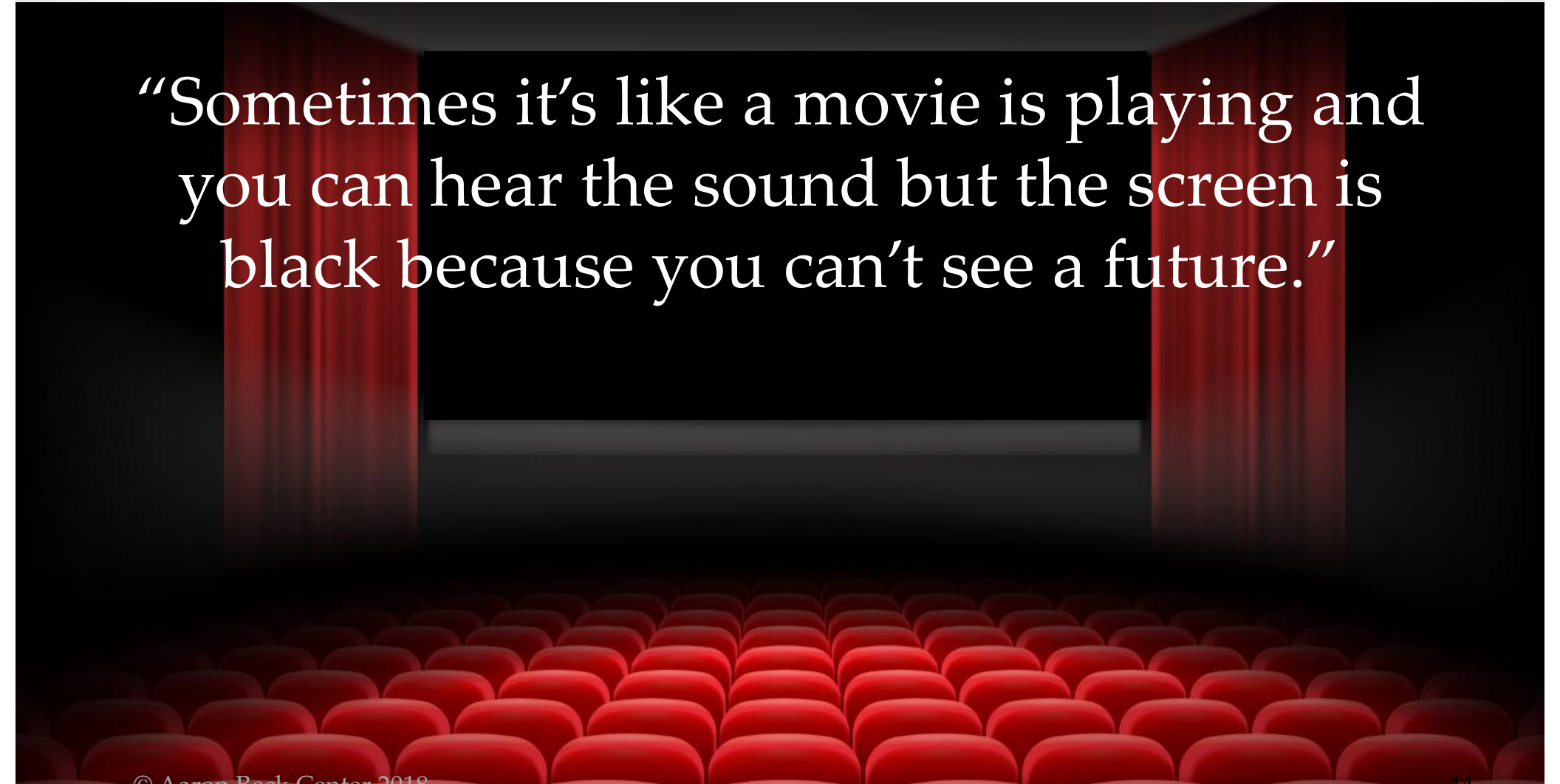
Energizing the Adaptive Mode

- Establish connection through engagement in meaningful pleasurable activities
 - Reveal strengths and capabilities
 - Energize non-patient-related identity
 - Experience belonging and meaningful role
 - Develop trust
 - Begin to think about the future
- Access to motivation + energy

Adaptive Mode: Hope



Developing the Adaptive Mode

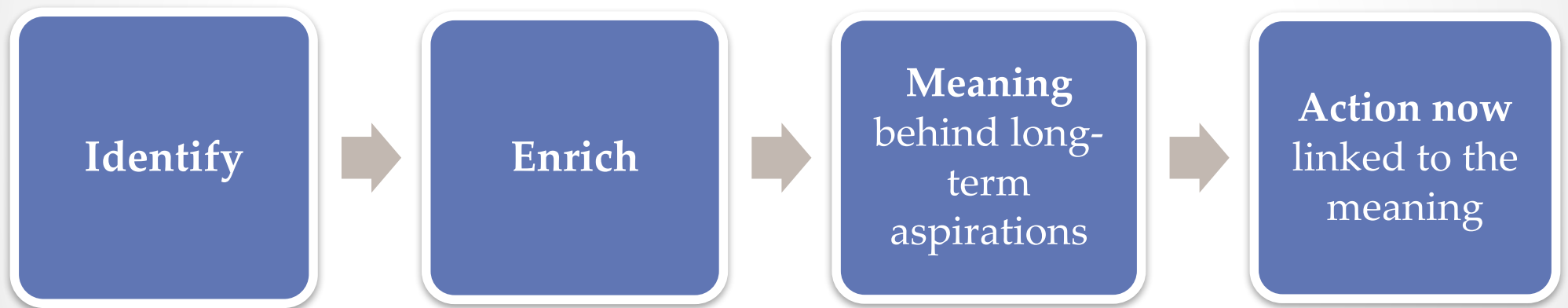
A photograph of a theater interior. The foreground is filled with rows of plush, red seats. In the background, a black screen is framed by two vertical red curtains. The lighting is dim, focusing on the seats and the screen area.

“Sometimes it’s like a movie is playing and you can hear the sound but the screen is black because you can’t see a future.”

Developing the Adaptive Mode

“...But now I am thinking about
all the things I want to do,
things I had forgotten about.
I’m inspired.”

Developing the Adaptive Mode



Developing the Adaptive Mode

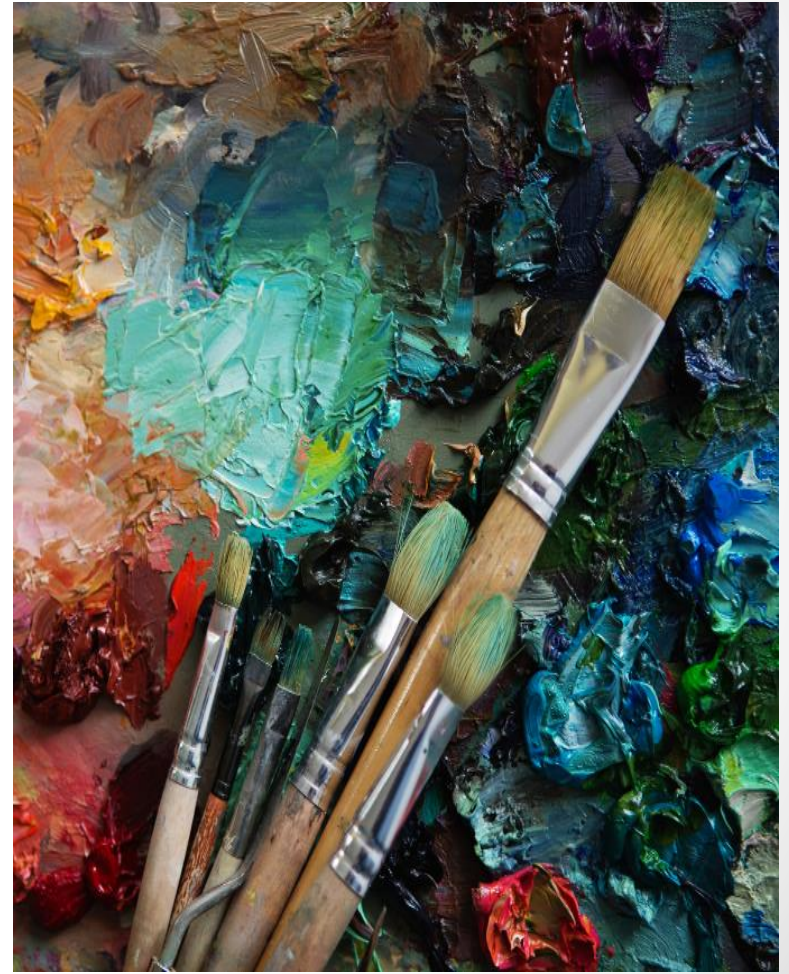
- Steps vs. Aspirations
- Challenges vs. Aspirations
- Unlikely/Distant Aspirations
- Dangerous Aspirations



Developing the Adaptive Mode

Imagery

- “Tell me about it, what would it look like?”
- Paint me a picture
- “What would one day look like?”
- Senses

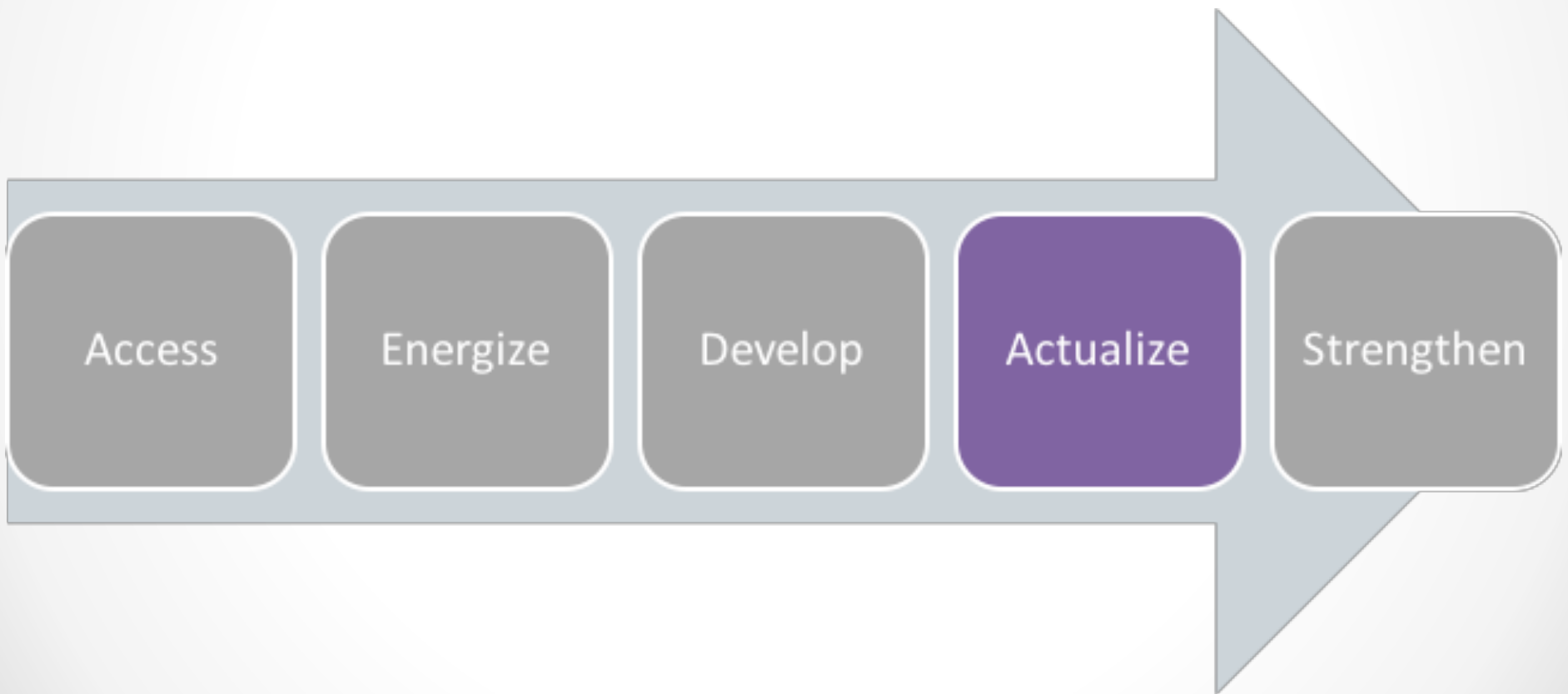


Developing the Adaptive Mode

Finding the meaning

- What would be good about that?
- What would be the best part?
- What would it mean about you to accomplish that?
- How would other people see you?
- What would it feel like?

Adaptive Mode: Purpose



Actualizing the Adaptive Mode

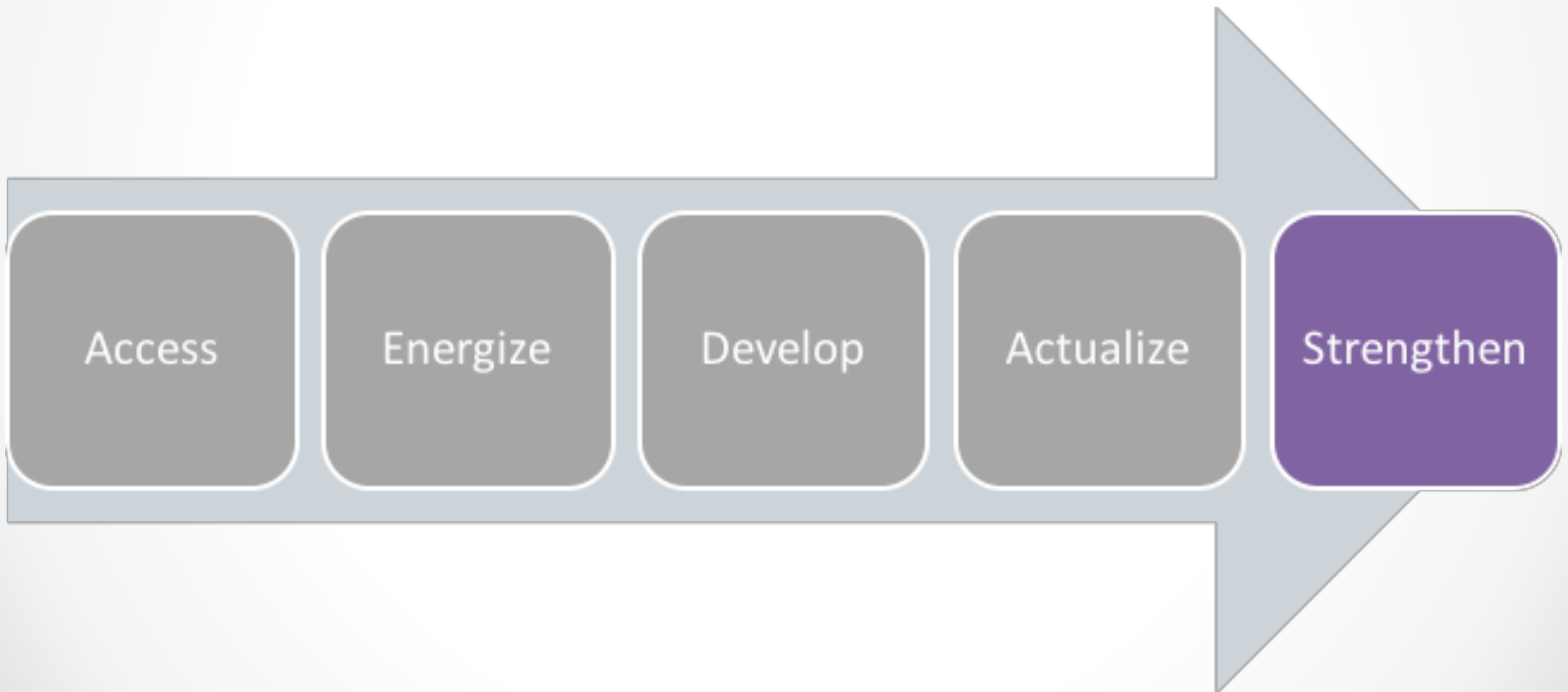
Positive Action

- Breaking down aspirations into small/achievable steps
- Addressing challenges as it impacts steps towards aspirations
- “Learning through Doing”

Actualizing the Adaptive Mode

- Community participation (going to church with family and friends, cooking family dinners, performing at an open mic)
- Meaningful role
- Growing social network
- Achieve Aspirations

Adaptive Mode: Resilience



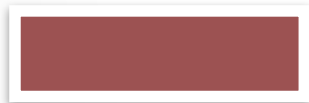
Strengthening the Adaptive Mode

- Conclusions
 - Draw attention to positive experiences
 - Strengthening beliefs through targeted questions
 - Connection
 - Control
 - Capability
 - Energy
- Developing resiliency in the face of stress and challenges
- Adaptive mode becomes dominant mode

Drawing New Conclusions: Guided Discovery

- When were there times when you felt better/worse?
- In what ways did you have more/less control?
- How did this go better or worse than expected?
- How did this get you closer to or further from what you want?
- How would it be helpful to do more or less of this?
- What does it mean about you that you accomplished all this?

Deactivating the “Patient” Mode: Neutralizing Challenges



- Positive beliefs strengthened
- Negative beliefs weakened
- Resiliency-promoting skills and interventions

Resilience



Building Resiliency

Troubleshooting difficult experiences

- Perceived/real rejection
- Perceived/real failure
- Disappointment
- Feeling overwhelmed

Understanding Challenges Using CT-R ...

Approach to Challenges



Addressed when they impede progress toward aspirations

Empowerment and Resiliency

- **Understanding the Meaning: Grandiose**
 - What is the best part about that? What's good about it?
- **Understanding the Meaning: Paranoia**
 - What let's you know this is happening?
- **Replacing function of the delusion: Meeting the meaning in the here-and-now**
 - Experiences of safety, control, power, value, connection

Empowerment and Resiliency

- **Develop and reference a vivid recovery image**
 - Does this get you closer to or further from your house with a big garden in the backyard?
- **Shift beliefs about power and control**
 - Pursuit of aspirations gives you power and control over your life.
- **Social roles that promote connection and counter rejection**

CT-R Recovery Map

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Recovery Map	
ACTIVATING THE ADAPTIVE MODE	
Interests/Ways to Engage:	Beliefs Activated while in Adaptive Mode:
ASPIRATIONS	
Goals:	Meaning of Accomplishing Identified Goal:
CHALLENGES	
Current Behaviors/Challenges:	Beliefs Underlying Challenges:
POSITIVE ACTION	
Current Strategies and Interventions:	Symptom/Behavior Targeted:

CT-R Across Levels of Care

...

Settings

- Inpatient Hospitals (civil, forensic)
- Programmatic Residences
- Community-based Teams
- Outpatient
- Integrative Care

Specialists

- Art and rec therapists
- Nurses
- Occupational therapists
- Peers
- Drug & Alcohol
- Case managers
- Direct-care staff
- Social workers
- Psychologists
- Psychiatrists

Services

- Individual Therapy
- Group Therapy
- Milieu Programming
- Community-based
- Treatment planning

Roles and Clubs



- Breakfast club
- Wood burning club
- Hiking club
- Decorating club
- Snowboarding club
- Basketball club
- Gardening club

Implications for Practitioners

- Practitioners as agents of change
 - See individual at their best
 - Develop an understanding of desires and challenges
- Social environment
 - Reverse apartness and deprivation
 - Opportunity to experience belonging, success, satisfaction
- Interface: staff and the individual
 - Collaborative
 - Mirrors post-discharge social interactions

Exercise

Thank you!

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