

Recovery Oriented Cognitive Therapy for Families

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The following content is a collaboration of materials from PERC and Beck Institute Center for Recovery-Oriented Cognitive Therapy 2021

Essential Role of Families

- Family interventions have been linked to:
 - ► Increased engagement in care
 - Increased retention in services
 - Decreased relapse
 - Reduction in symptoms
 - Improved family interactions

Family Members Experience with Coordinated Specialty Care Setting

Overview

Conducted a semi-structured interview of 18 families in a CSC clinic to learn about their experiences

Results

- ► Expressed distress regarding family member's mental health condition and hesitation about engaging with staff and in services
- ▶ Expressed confusion about strategies to support loved one enrolled in CSC services
- ► Confusion about how to foster natural growth and autonomy while also looking out for their family member

Lucksted, A., Stevenson, J., Nossel, I., Drapalski, A., Piscitelli, S., & Dixon, L.B. (2016). Family member engagement with early psychosis specialty care. Early Intervention in Psychiatry,12(5), 922-927.

Power of Family Connection

Overview

- Surveys 155 students
- ► Increases in daily stress → increases in loneliness and depression → decreased in mood

Results

- Open and assuring contact with family member moderated impact of stress and loneliness
- Daily positive, open and assuring contact with family also positively correlated with happiness

Burke, T.J., Ruppel, E.K., & Dinsmore, D.R. (2016). Moving away and reaching out: Young adult's relational maintenance and psychosocial well-bring during transition to college. *Journal of Family Communication*, 16 (2).

Power of Family Engagement: Strategies

Do you have ideas or experiences that have helped you support your loved in their mental health care?

- Strategies
- Involvement early
- Identify the right level of involvement
- Identify best method for involvement
- Identifying a common goal between client and family
- Understanding the benefits of family involvement

Childhood and Young-Adulthood

- Self-expectations and timing of transitions
- Identity -- find self, contribute
- Can get lost in the challenges
- Broaden context
- Success

When we see youth in treatment

 Told by others they have to go: parents, teachers, counselors, coaches

After a significant incident: truancy courts, criminal justice involvement, hospitalization

Disagreement with Diagnosis

- What might be the reasons why individuals wouldn't want to:
 - Discuss a diagnosis?
 - Discuss treatment?
 - Take medication?

What might they think about themselves (and how others see them)?

What would it mean to have that diagnosis/need treatment?

So what do we need?

- Coordinated Specialty Care the gold standard
- Outcomes show greater improvement than standard treatment (outpatient therapy and medication management)
- All Pennsylvania Heads Up First Episode Psychosis (FEP) programs are using Recovery-Oriented Cognitive Therapy

Dr. Beck's Guiding Idea 2: Cognitive

Model

Thinking and Depression

I. Idiosyncratic Content and Cognitive Distortions

RON T. BECK, M

The clinical and theoretical papers dealing with the psychological correlates of depression have predominantly utilized a motivational-affective model for categorizing and interpreting the verbal behavior of the patients. The cognitive processes as such have received little attention except insofar as they were related to variables such as hostility, orality, or guilt.

The relative lack of emphasis on the thought processes in depression may be a reflection of-or possibly a contributing factor to-the widely held view that depression is an affective disorder, pure and simple, and that any impairment of thinking is the result of the affective disturbance.2 This opinion has been buttressed by the failure to demonstrate any consistent evidence of abnormalities in the formal thought processes in the responses to the standard battery of psychological tests.3 Furthermore, the few experimental studies of thinking in depression have revealed no consistent deviations other than a retardation in the responses to "speed tests" 4 and a lowered responsiveness to a Gestalt Completion Test.5

In his book on depression, Kraines 6 on the basis of clinical observations indicated several characteristics of a thought disorder in depression. The objective of the present study has been to determine the prevalence of a thought disorder among depressed patients in psychotherapy and to delineate its characteristics. An important corollary of this objective has been the specification of the differences from and the similarities to the thinking of nondepressed psychiatric patients. This paper will focus particularly on the following areas: (1) the idiosyncratic thought content indicative of distorted or unrealistic conceptualizations; (2) the processes involved in the deviations from logical or realistic thinking; (3) the formal characteristics of the ideation showing such

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Dr. Beck's revolutionary 1963 paper: introduced the cognitive model and cognitive therapy

A 60-Year Evolution of Cognitive Theory and Therapy

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As I look back over the past 65 years, my professional life has been filled with what I can best describe as a continual series of adventures. For the most part, the challenges that I've confronted were of my own making: Like Theseus in the labyrinth, whenever I seemed to find a solution to a problem, I was confronted with another problem. My initial difficult confrontation occurred when I was a fellow at the Austin Riggs Center in Stockbridge, Massachusetts. I was assigned to work with a young man with a pervasive delusion of being followed by government agents. To my surprise, even though the therapy was for the most part supportive, the delusion disappeared. In 1952, I subsequently published this case history as the first reported successful psychotherapy of an individual with schizophrenia (Beck, 1952). This case report is of particular interest since 50 years elapsed before I returned to the psychotherapy of schizophrenia: a form of mental illness that is considered, then and now, to be relatively impervious to psychotherapy.

In 1956, fresh from having passed my boards in without (Beck & Hurvich, 1959).

who were not depressed. To our surprise, the patients with depression showed less hostility in their dreams than did the nondepressed individuals. This negative finding posed a dilemma for us: It would seem that the absence of manifest hostility in dreams, which had been characterized by Freud as the "royal road to the unconscious," invalidated the theory of inverted hostility. However, after examining the content of dreams for a second time, we found that the dreams of the patients with depression consistently portrayed the dreamer or the action in the dream in a negative way. Conversely, this consistent finding was not evident in the dreams of the nondepressed patients. We then reasoned that the hostility was unable to penetrate through the dreams, but it still existed at an unconscious level and assumed the form of a need to suffer. Because of this theme, we labeled these dreams as "masochistic" and found that using this negative portrayal of the dreamer as a symbol of the need for personal suffering clearly differentiated the patients with depression from those

2019 update: CBT is transdiagnostic

Dr. Beck's Guiding Idea 2

Cognitive Model -- Challenges

<u>Self</u>

I am weak am vulnerable I am worthless

Others

Others control me
Others are
dangerous
Others reject me

Future

My future is uncertain My future is forbidding

Cognitive Model -- Empowerment

Self

I am a good person I have purpose I am successful

Others

People
appreciate me
I belong
Things go better
with others

Future

can contribute I can make a difference

Randomized Control Trial & Follow Up

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

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

Gains maintained over the course of a 6-month followup in which no therapy was delivered

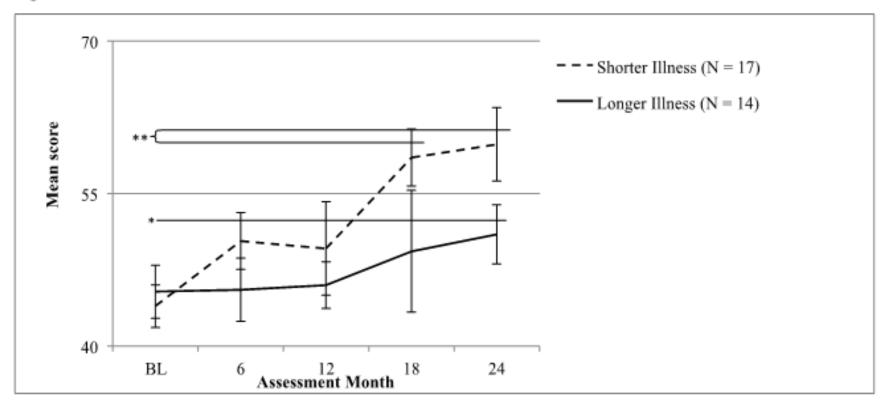
- Better Functioning (d = 0.53)
- Reduced Negative
 Symptoms (d = -0.60)
- Reduced Positive
 Symptoms (d = -1.36)

Grant, P.M., Huh, G.A., Perivoliotis, D., Stolar, N.M., Beck, A.T. (2011). Randomized Trail to Evalute the Efficacy of Cognitive Therapy for Low-Functioning Patient with Schizophrenia. Archives of General Psychiatry 69(2), 121-7. doi:10.1001/archgenpsychiatry.2011.129

Grant, P.M., Bredemeier, K., & Beck, A.T. (2017). Six-month follow-up of recovery-oriented cognitive therapy for low-functioning individuals with schizophrenia. Psychiatric Services, 68 (10), 997-1002. https://doi.org/10.1176/appi.ps.201600413

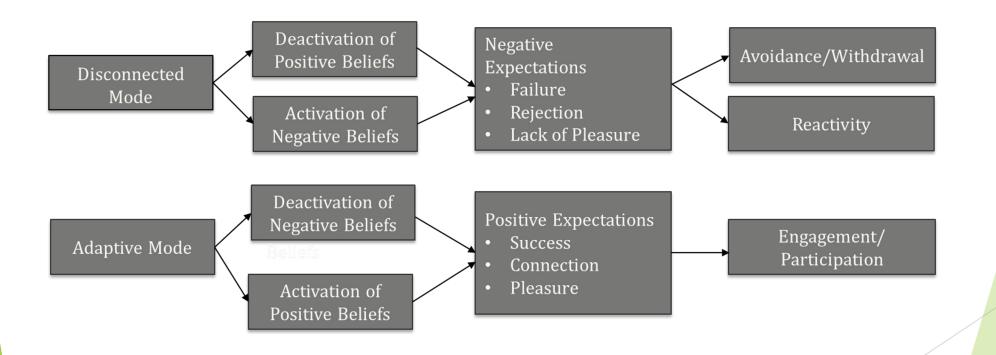
6-Month Follow-up

Figure 2

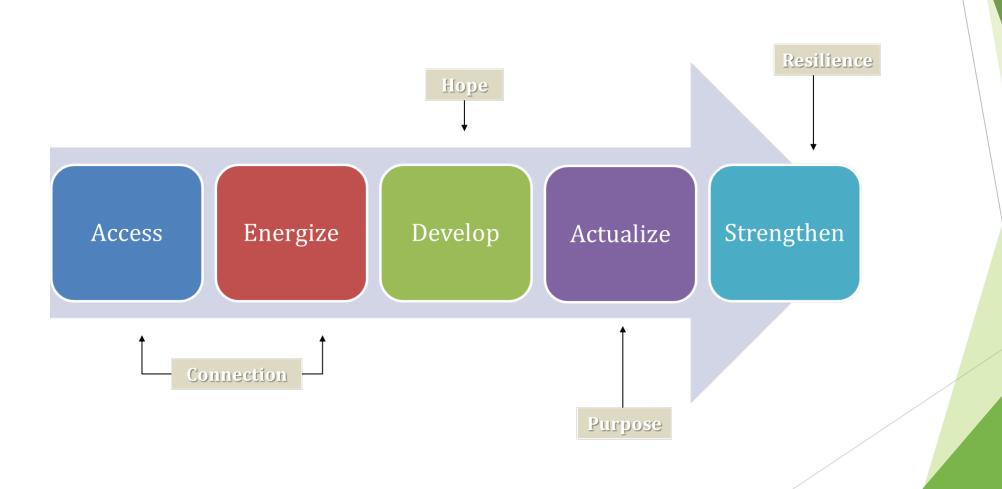


Grant, P. M., Bredemeier, K., & Beck, A. T. (2017). Six-Month Follow-Up of Recovery-Oriented Cognitive Therapy for Low-Functioning Individuals With Schizophrenia. Psychiatric Services, 68(10), 997-1002. doi:10.1176/appi.ps.201600413

Modes



Modes



Adaptive Mode

Understanding the adaptive mode

- ▶ Definition:
 - ► A person at their best
 - Positive beliefs are activated about themselves, others and their future
 - ▶ Increased access to motivation, energy
 - Family unit's can also experience an adaptive mode when they all are connected, contributing and feeling appreciated in the the family unit

Finding the Adaptive Mode: Application for Families

Eliciting:

- ▶ When is your family member at their best? What do they look like?
- ▶ When do you feel most connected to your loved one? When are you most bonded as a family unit? What does this look like?
- Identifying interests to increase bonding:
 - Dig deeper into loved one's interests by asking more detailed questions
- Identifying activities to engage in together:
 - ► Collaborate on activity schedule with shared activities
 - ▶ Discuss engaging in previous routines or finding something new together

Energizing the Adaptive Mode: Application for Families

- Engage in shared activities and interests consistently
 - ► Helpful to develop routines or traditions (e.g. Thursday is coffee date day, movie night, morning walks)

- **Aspirations:**
- A significant and meaningful vision about a way that an individual wants to live his/her/their life

- Important to understand or get a sense of their loved one's dreams for the future.
- Questions you can guide family member's to use:
 - ► If things were going your way, what would it look like? With school? In your relationships?
 - ► How would you be spending your time if X were not bothering you?
 - ▶ What is a vision you have for yourself?

- Benefits of asking these types of questions
 - Greater knowledge of person
 - ► Increases bonding in relationships
 - Greater access to them and more likely to be able to ask when person is in the adaptive mode

Enriching Aspirations

- Types of questions include:
 - ► Help me imagine it?
 - Paint me a picture!

- Getting to the underlying meaning of aspirations
 - Get a sense of why a specific aspiration is important to their family member:
 - Sample questions:
 - What about that type of job or role is important to you?
 - What's the best part of school?
 - ▶ What about driving is important to you?
 - **►** Underlying meaning can provide:
 - Information about their values
 - More flexibility
 - Increased motivation

Contribution as a Basic Need of

The Need to Contribute During Adolescence

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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

development, adolescence, interpersonal relations, others, positive psychology, contribution, prosociality

- → Autonomy
- → Identity Development
- →Part of expanded social world
- →Related to wellness factors

Benefits to Contributing

- Creates positive changes in immune system functioning
- Reduces stress hormones
- Link between stress and mortality becomes insignificant
- Activates pleasure system in brain

Dossey, L. (2018). The helper's high. Explore, 14 (6). 393-399.

Actualizing the Adaptive mode: Application for Families

- Use meaning from aspiration or break down aspiration into steps and translate this into everyday activity
- Collaborate on some possible steps together and have them bring back those ideas to loved one

Strengthening the Adaptive mode: Application for Families

Noticing positive experiences:

- ▶ Aim: Increase families member's opportunities to notice positive experiences
 - Most of the time people focus more on the challenging experiences
 - Important to notice the good stuff!

Help family members notice:

- ▶ Capability, Connection, Contribution
- ► Future, Hope, Possibilities
- ▶ Strengths, capability, value
- Ability to connect with family, friends, others. Sense of belonging.
- Energy and good times with others
- Independence/autonomy

Strengthening the Adaptive mode: Application for Families

- Ways to notice capability
 - ▶ Guide parents to provide feedback about how family members advice was helpful or impactful:
 - "I really enjoyed the dish you picked out. What did you think?"
- Ways to notice connection
 - ► Guide parents to say the good feelings and experiences out load! If they are having fun together it is important to share
 - "Your brother was so happy to hear from you, did you notice?"
 - "I had fun at the museum with you, how about you?"
- Ways to notice energy
 - Guide parents to voice when they are feeling more energized doing an activity with their loved one and see whether they are having the same experience
 - "Walking outside feels great, what do you think?"
 - "This helps me feel so energized! What about you?"
- Ways to notice enjoyment
 - Guide parents to point out when you are having fun doing something together and see whether their loved one is having the same experience
 - "Forgot how fun it was to go to the park, how about you?"