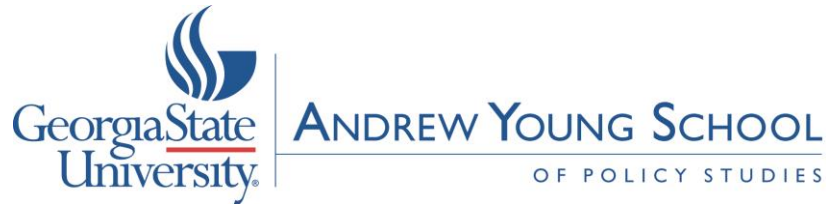


Georgia Beck Initiative:

Building Capacity and Transforming lives with Recovery-Oriented Cognitive Therapy



Paul M. Grant, Ph.D.

Friday, May 12th 2017

22nd Annual Carter Center Georgia Mental Health Symposium

...to the folks in GA who
have helped make this initiative possible!

All the individuals, trainees, and supervisors!

Region 4:

Ms. Jennifer Dunn

Region 6:

Ms. Emily Gregory

Mr. Chris Newland

Region 3:

Ms. Gwen Craddieth

Region 1:

Ms. Debbie Atkins

2 Peachtree:

Judy Fitzgerald (current
commissionaire)

Ms. Monica Saxby Johnson

Dr. Emile Risby

Dr. Terri Timberlake

Frank Berry (former
commissionaire)

Region 2:

Ms. Dawn Peel

GA State University:

Annette Pope

Ann DiGirolamo

Ursula Davis

Jessica Adkins

Rex Crawford

Region 5:

Ms. Nicole Fields

Mr. Ted Schiffman

Take Away Points

- Don't give up on anyone, recovery extends to all
- It is possible to operationalize recovery by focusing on functioning and meaningful participation rather than symptom reduction
- A change in culture is required, away from punishment/reward to collaboration/enabling
- More emphasis on continuity of care will help individuals transition to the community and sustain themselves
- An Evidence-based approach can be successfully implemented in a state mental health system to improve outcomes and save money

Recovery for Everyone

...



“It’s given me the confidence that I needed...Just believing that I can do this or I can succeed at whatever I do and whatever I try. I no longer looked at myself as being like, disabled, handicapped...”

-Individual

Common Challenges from the Individuals' Perspective

- Isolation
- Lack of belonging
- Rejection
- Together alone

When are they at their best?

- Birthday party
- March madness challenge
- Picnic
- Play
- Music Group

What does it look like when they are at their best?

- Funny
- Knowledgeable
- Warm
- Energized
- Personable
- Clear

Patient Mode vs. Adaptive Mode

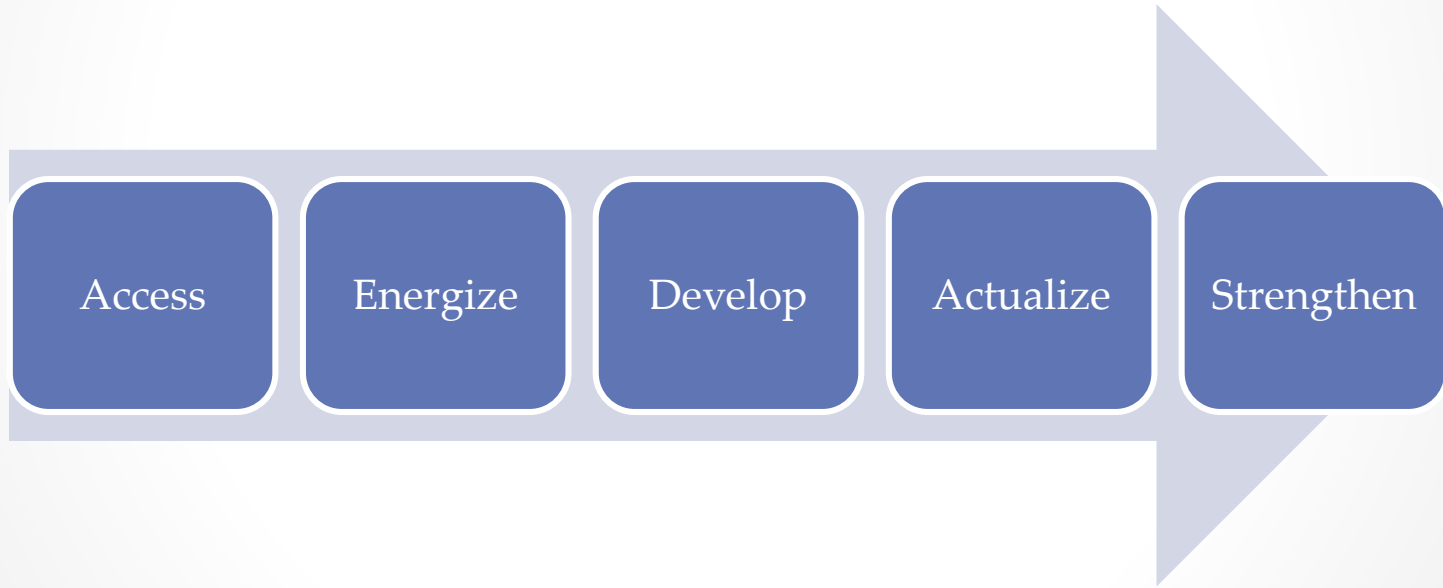


How to Operationalize Recovery

...

Recovery-Oriented Cognitive Therapy

The Adaptive Mode



What does CT-R training
look like?

...

Method of Training



Timeline of Training

Workshops: 3 Separate Workshops
(Supervisor, Outpatient & Inpatient)



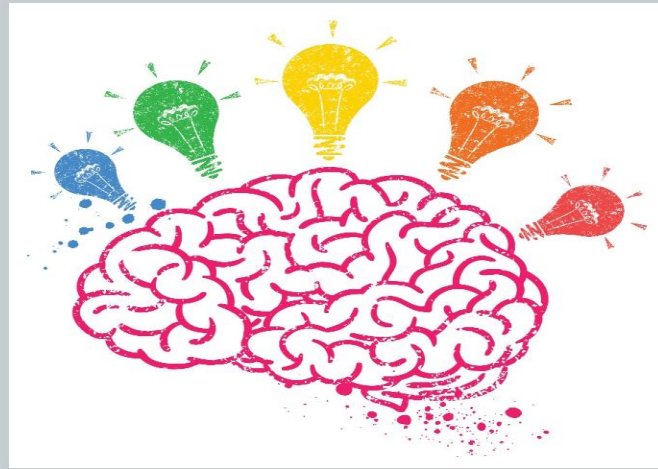
Consultation: Weekly Feedback on
Therapy Sessions



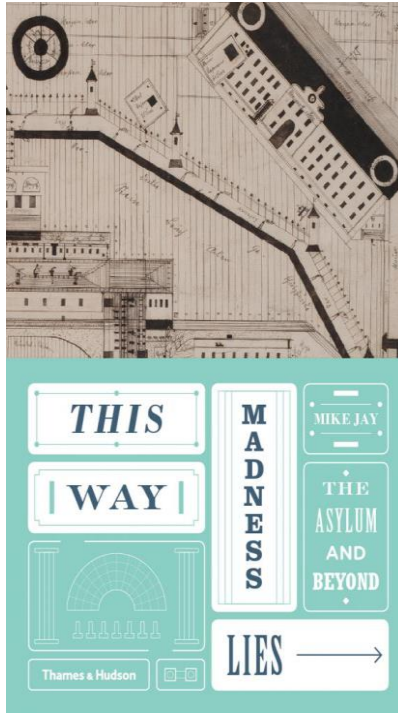
Sustainability: Establishing a Center of
Excellence and Local Champions

- “...All of the brainstorming...ideas....conceptualizations are very helpful in terms of working with these individuals giving us new tools and things/ways of looking at them and things to try. We feel good when we have the success when we talk about something, so thanks for that.”

-Clinician



Culture Change



Continuity of Care: Enabling a Seamless Transition Example

Inpatient Services: an individual in a hospital receives supervised CT-R



ACT Services: upon discharge his/her conceptualization follows him/her into ACT services



Outpatient Services: then again into outpatient services



Region 1/3:
February 2014 –
December 2014

Region 2:
October 2014 - May 2015

Region 6:
August 2013 –
March 2014

Region 5:
April 2015 - October 2015

Region 4:
August 2012 - May 2013

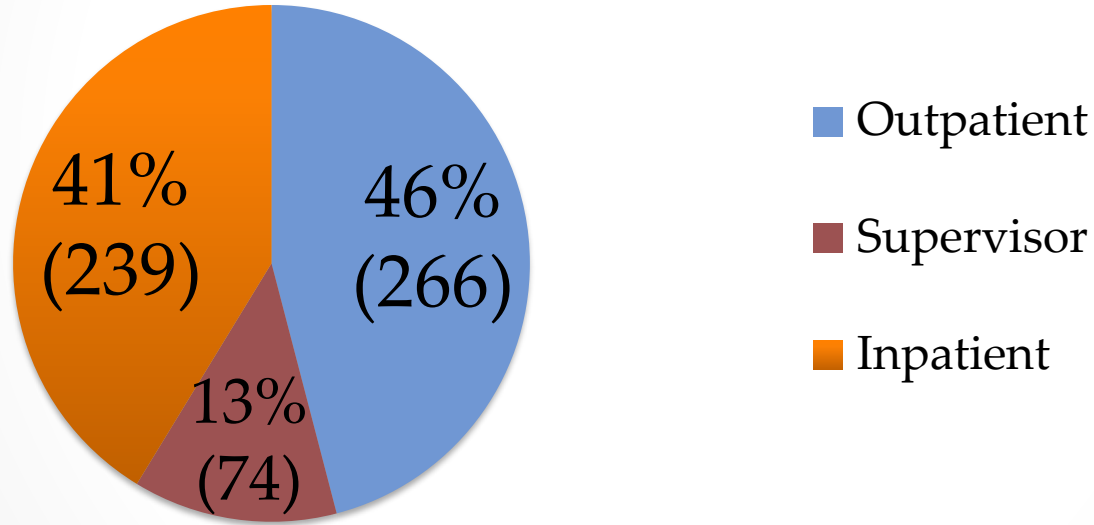


CT-R Workshop

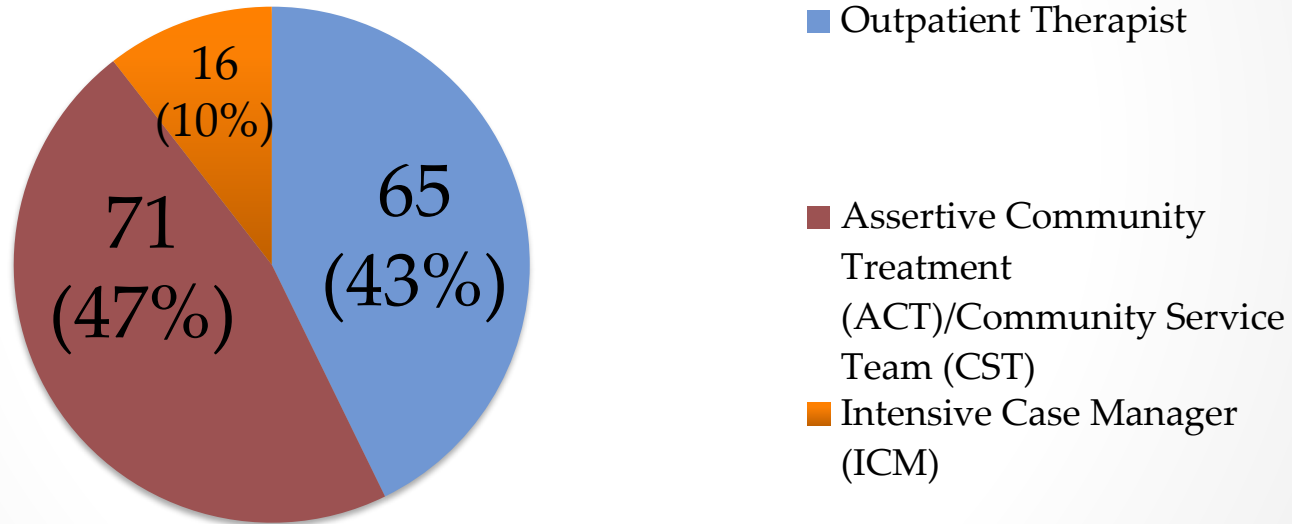


“We’ve seen some real progress with our folks...we’ve generalized it with a lot of our clients, which is great. It’s been really helpful...people really enjoy what you have to offer...” -Clinician 20

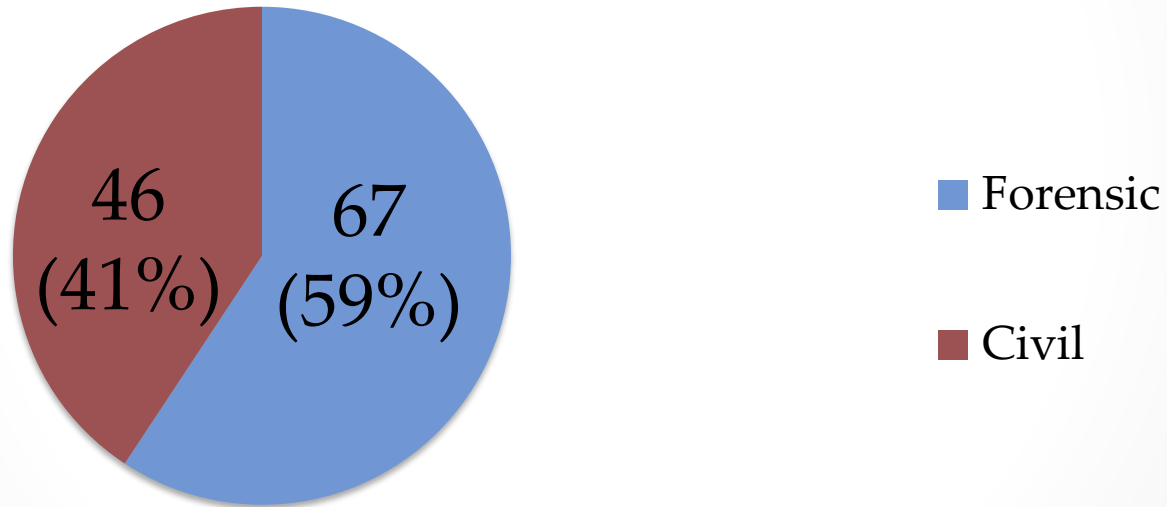
Total Workshop Trainees: 579



Outpatient Providers who Received Consultation = 152



Inpatient Providers who Received Consultation = 113



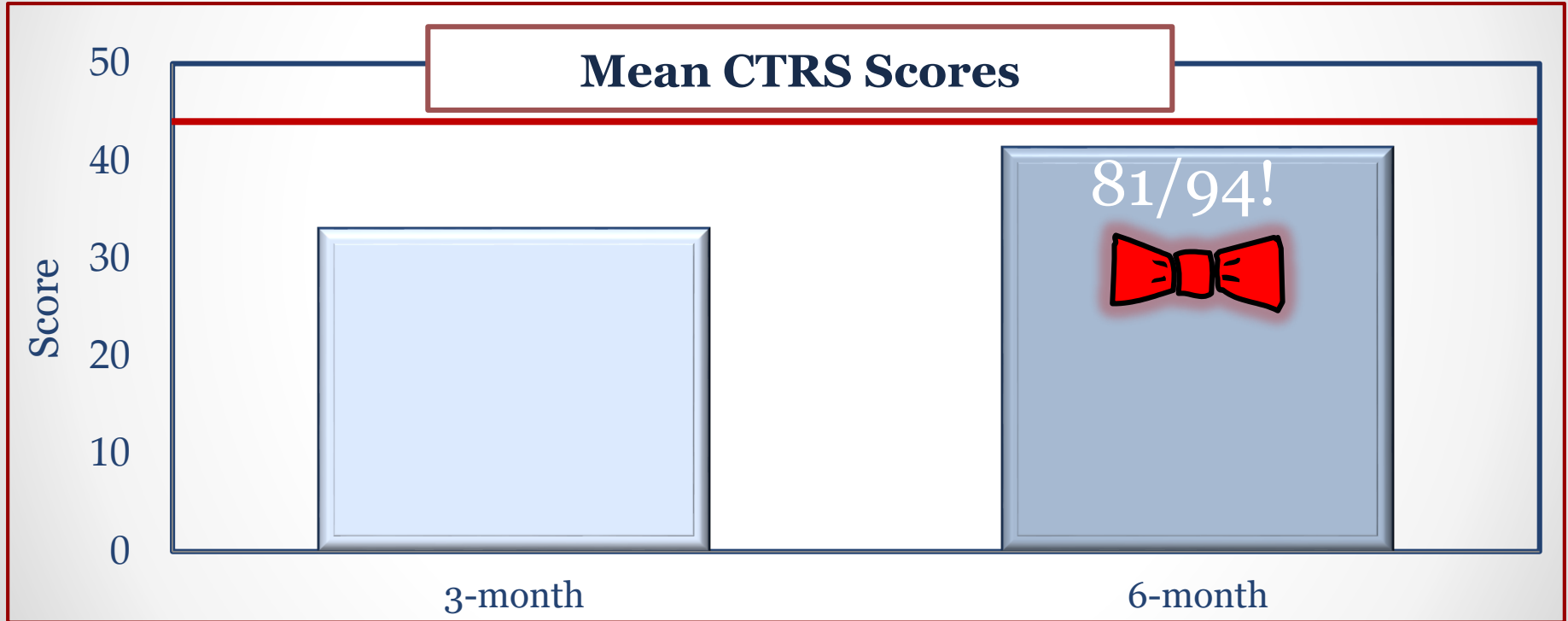
Clinician Competency in CT-R



“This is one of those experiences that I will always treasure and look back on fondly. This really changed things for me. Thank you.”

Cognitive Therapy Rating Scale

(CTRS) Region 1, 2, 3, 4 & 6

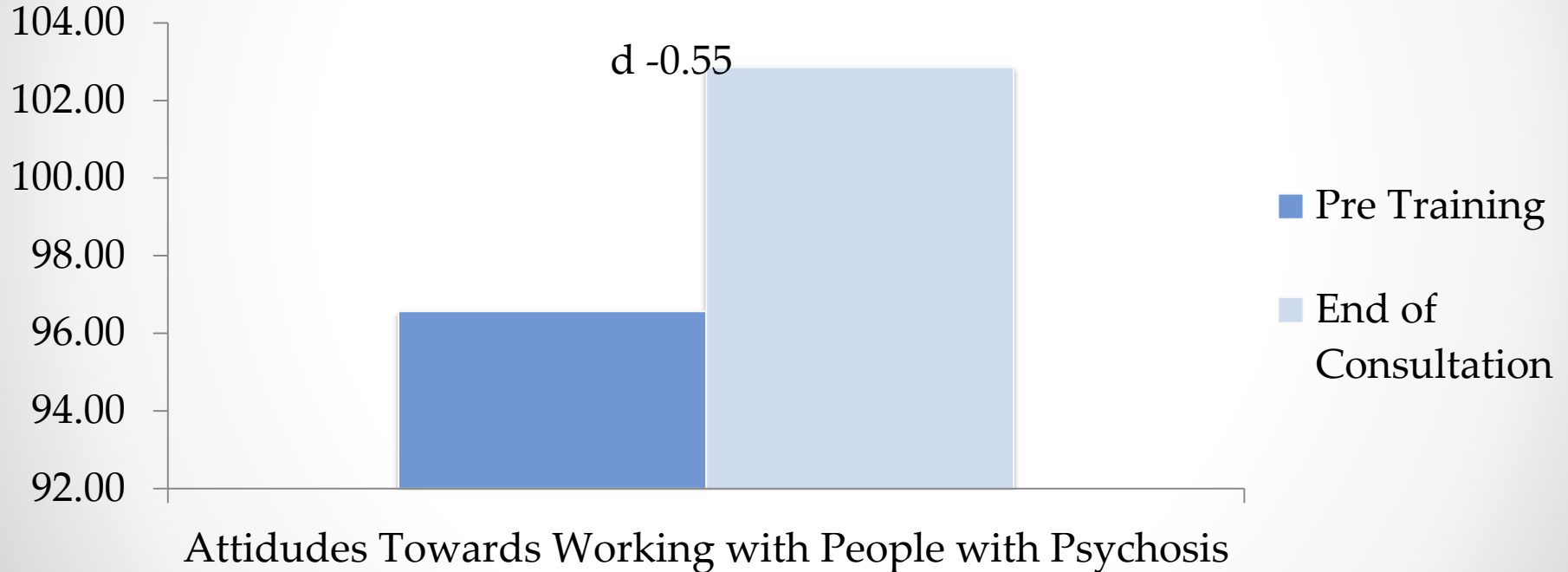


CTRS Outcomes

- 86% of outpatient clinicians achieved competency in CT-R by the end of consultation!

Higher Scores at End of Consultation = More Positive Attitudes

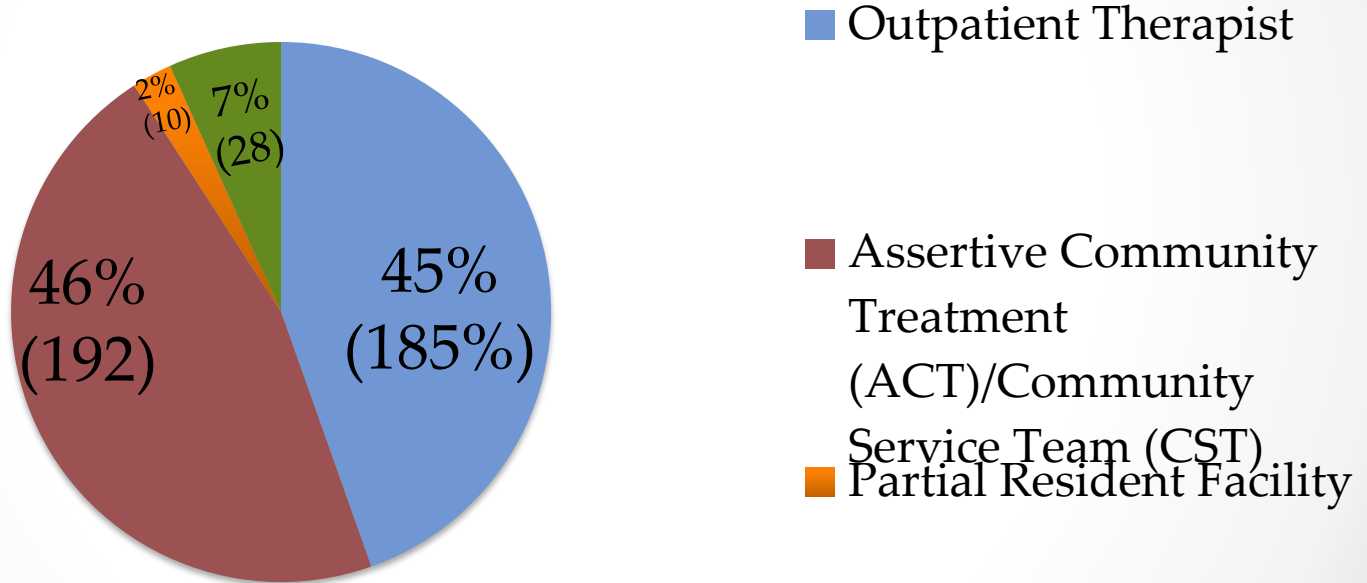
Towards Working with People Who Have Psychosis



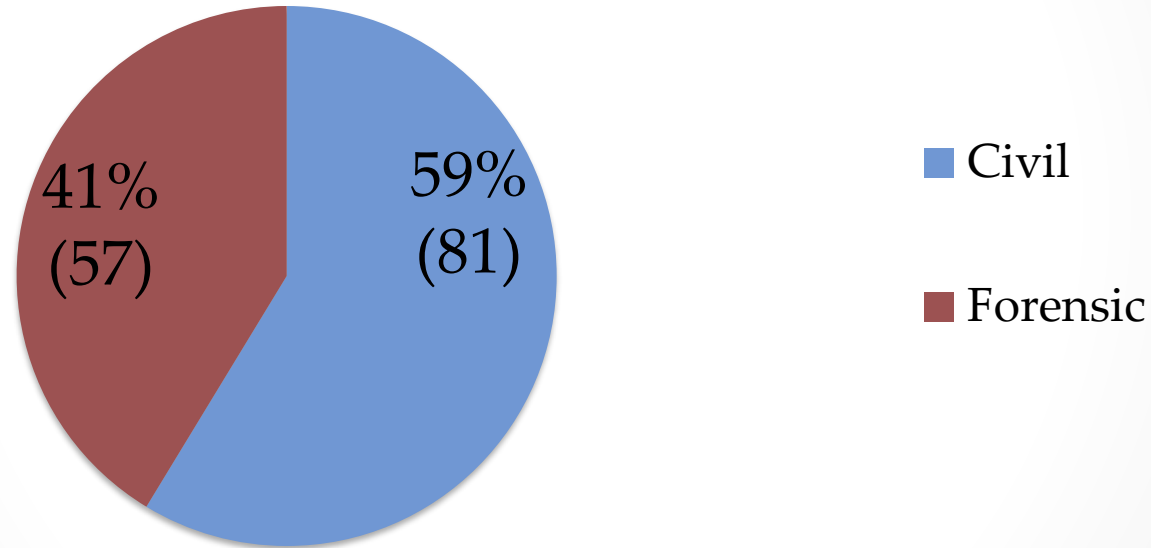
Individuals Receiving Supervised CT-R

...

Total Outpatient Individuals: 415



Total Inpatient Individuals: 138



Individual Recovery Outcomes



“...I thought I couldn’t even do the things that I’m able to do now, like go to school...keep a relationship with a very nice boyfriend...” -Individual

Outcomes during six months of supervised recovery-oriented cognitive therapy for a sample of 376 individuals with low-functioning schizophrenia*

*100 (27%) treated in state hospitals, 130 (34%) treated by ACT teams, and 146 (39%) treated in outpatient settings.

**Recovery dimensions derived from <http://www.samhsa.gov/recovery>. Data based on therapist reports of patient outcomes.

***All 376 had significant functional impairment: prominent negative symptoms = 214 (57%); delusions = 184 (49%); hallucinations = 163 (43%); thought disorder = 26 (7%); behavioral obstacles such as substance use, aggressive behavior, hypervigilance = 304 (81%); environmental obstacles = 192 (51%); and physical health problems = 28 (7%).

Recovery Dimension **	n (%)
Purpose <ul style="list-style-type: none"> Engaged in positive activity outside sessions: 189 (39%) Moved toward valued aspirations: 147 (39%) Began participating in a hobby Obtained employment: 34 (17%) Took on a new/unique role: 24 (6%) Started participating in school/college: 9 (2%) 	220 (59%)
Community <ul style="list-style-type: none"> Spent time with others outside the treatment team Joined an organization Started dating Made a new friend 	107 (28%)
Health <ul style="list-style-type: none"> Engaged in physical activity outside sessions Experienced improvement in obstacles *** to recovery 	186 (49%)
Home <ul style="list-style-type: none"> Experienced an improvement in environmental obstacles (legal, housing, economic, support system) 	36 (10%)

What's Happening Now

Center of Excellence Training

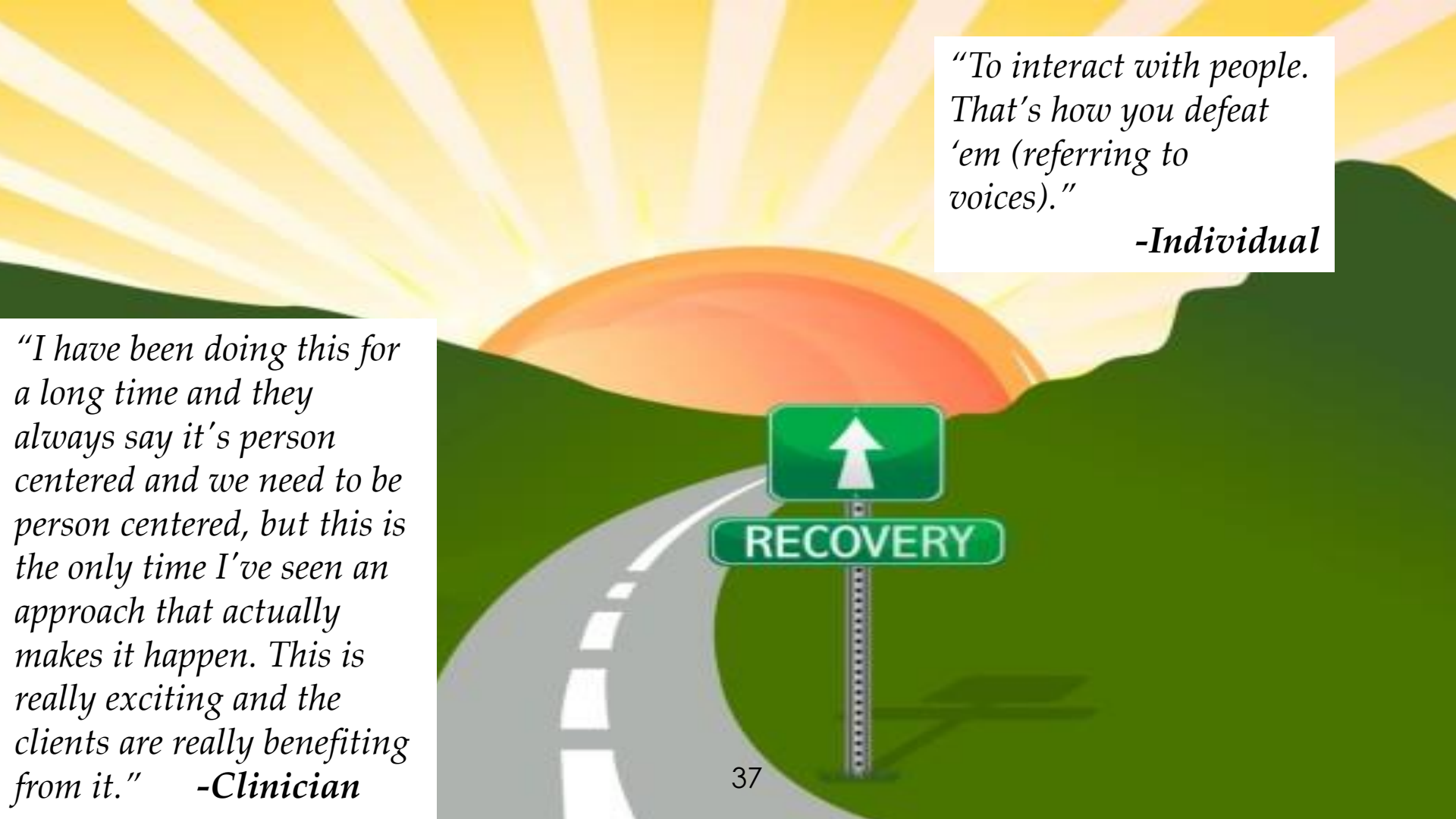
- Two experts in CT-R
- Replenish pool across Georgia

Early Episode

- Working with individuals who have been identified with first episode psychosis
- Train peers/ parent peers

Proposed Client-Level Outcomes

- Utilization and costs
- Changes in hospitalization and ER Visits
- Changes in cost of care/services
- Length of Stay
- Employment

A stylized illustration of a sunrise over a green landscape. A road with white dashed lines curves through the scene. In the foreground, a green signpost with a white arrow pointing up and a sign that says "RECOVERY" is visible. The sun is low on the horizon, casting long rays of light across the sky.

*“To interact with people.
That’s how you defeat
'em (referring to
voices).”*

-Individual

*“I have been doing this for
a long time and they
always say it’s person
centered and we need to be
person centered, but this is
the only time I’ve seen an
approach that actually
makes it happen. This is
really exciting and the
clients are really benefiting
from it.”* *-Clinician*