

## CET Coach of the Hour

*By Sam Flesher, Ph.D.  
Director of CET Services  
PLAN of NE Ohio, Inc.*



George Corona, MSW  
CET Coach in his office at  
Mercy Behavioral Health Services

In the new millennium, George Corona, M.S.W. was the still very active first coach to be trained in Cognitive Enhancement Therapy (CET). Thus began the third millennium. He has now been practicing CET as a coach for going on 8 years now. George had earned a Masters Degree in Social Work from the University of Pittsburgh and had worked for many years in various aspects of mental health at several agencies when he started his CET training.

He had cut his teeth working with the big deinstitutionalization project known in Allegheny County as Unified Systems. His experience with that and with vocational rehabilitation helped shape his understanding of the problems working with the severely mentally ill. In 2000 he was in the process of transforming the venerable Pittsburgh agency Renaissance Center from a site dedicated to socialization and sheltered employment into a state-of-the-art psychiatric rehabilitation center. In October of that year, he began his training as a CET coach.

Reflecting in his 5<sup>th</sup> story office at 910 Avenue in downtown Pittsburgh, George said, "In the beginning CET was complicated. I mean it is still complicated. I am talking about the complexity both of the computers and the psycho educational material. That is what I like about it. There is a high ceiling both for the group members and the coaches. You can always raise the bar." Asked what he had learned from the training he answered without hesitation. "I've learned to identify and address the cognitive deficits."

When I first started doing CET, the cook at our agency who was also a consumer seemed fine to me. When you talked to

him you didn't really pick up any problems. But when he started CET and I saw him on the computer and heard his homework in the group, I understood how far we had to go with him."

For George the biggest challenge has been learning to coach during the homework. "Asking the follow-up questions during the homework was the hardest part. I mean how you do you know what to ask? Eight years later I think I've got it." George may have it, but the other coaches working with him still struggle. "I can see lots of times they defer to me when it comes to asking a follow-up question."

Perhaps the strangest day in George's CET career came in 2005. The Steelers had just won the Super Bowl. A parade was scheduled down Liberty Avenue near his office at 11:00 a.m. So was the second half of a CET psycho-educational group. George and the other coaches suggested that the group be cancelled so everyone could see the historic parade. The CET group members surprised George by saying they would rather do CET than see the parade. George and his fellow coaches used their good judgment, canceled the group and watched the parade.

Reflecting on how CET has influenced the rest of his practice George said, "Before CET, I was coming from a strength-based approach. It was a hard but significant shift to look for, understand and address deficits." Folding his arms and looking Delphic he then said, "If you don't know what's broke, you can't fix it."

## Preliminary Evidence of CET Effectiveness

*By Gilho Cho, Psy. D. Psychologist  
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A small replication study was conducted involving patients of CET (Cognitive Enhancement Therapy) groups at the Northcoast Behavioral Healthcare System (The ODMH long term Hospital in Northfield, Ohio, just south of Cleveland). The study showed statistically significant and clinically meaningful (a medium effect size) improvement in cognitive processing speed after 6 months of participation in the CET program.

The study was mainly interested in replicating the improvement of cognitive processing speed, one of the most significant findings in their 2004 publication by Hogarty, Flesher, and others at the University of Pittsburgh who developed the CET program. The Northcoast study involved visual psychomotor tasks, as well as verbal tasks. Repeated measurements were done before the program and then at 6 months into the program.

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The Center for Cognitive Innovation has been established by PLAN of Northeast Ohio, Inc. to focus on both disseminating CET as a proved, effective treatment and on finding, developing, implementing and disseminating NEW cognitive therapies and treatments for schizophrenia spectrum disorder, bi-polar disorder, depression and other major mental illness.

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Pre-test included 18 individuals who showed interest in CET, 14 joined in CET and 4 decided not to. Six-month follow-up tests were completed on 13 individuals: 11 of CET participants and 2 of 4 of the not participating patients. Two participants got discharged from hospital and were unavailable. One dropped out of the program and refused the follow-up test. Only two of 4 non-participants agreed to the post-test.

T-test analysis included only CET participants since the sample of non-participant was too small. The analysis yielded significant difference on the test of psychomotor speed and the test of verbal fluency, with effect sizes of 0.33 and 0.69 respectively. No significance was found on 3<sup>rd</sup> measure which assesses mental flexibility and executive functioning, in addition to processing speed.

The study plans to do a one-year follow-up.

## **CET with PLAN Southwest Ohio**

*By Stacy Martz, Ph. D., Executive Director  
CET Coach-in-training, PLAN Southwest Ohio*

I have to admit that when we started the PLAN of Southwest Ohio CET program last year, I wasn't at all convinced we'd see the startling positive results described by my PLAN of NE Ohio colleagues. After all, PLAN in Cleveland had developed the current incarnation of the program, and were interested in disseminating and essentially selling the program outside their area. It was their "baby" and I assumed there was a fair amount of bias in their reporting of results to us.

I was wrong (and happily so!). PLAN of Southwest Ohio is just about to graduate our first group of CET participants, and have a second group up and running. I try to guard against interpreting any change in group members as indication that CET has improved their thinking, but their behavior and verbal reports have convinced me otherwise.

CET group members routinely report they notice positive changes in their thinking. They almost seem surprised by their interest in the program and improvements in thinking. A recent email from the mother of a Group II participant is a good example of such:

*"I thought you would like to know that I have noticed a big improvement in Bob's reading habits. He was browsing libraries and bookstores and bringing books home and then leaving them laying around unread or reading only a few pages.*

*One evening I was working on my laptop computer in the living room and noticed that Bob picked up a book and started reading it. I noticed that he kept at it and when I put my computer away he told me that he had just read a chapter! He seemed as surprised as I was. Since that time, he has completed reading three books and is working*

*on a fourth. I asked him if he feels that he is able to concentrate better when reading and he said that his concentration has improved.*

*This is a huge change in his behavior and I am thinking that the CET classes have helped him in this regard. He still has a lot of problems, but I think he feels good about being able to focus on what he is reading."*

I recall one group member being amazed by the fact that he really enjoyed the challenge of a Word Sort exercise because he hadn't "had to do anything hard for a really long time." Another group member, whose initial CET interview was simply incomprehensible at times, will be featured as a guest speaker at a PLAN of Southwest Ohio fundraiser next month. He's mentioned repeatedly that he can't believe he's going to do this – he's truly amazed.

I had lunch with a Group I participant just today who told me that she's made more progress with CET in one year than with all the supportive therapy she's had combined (and she's been dealing with bipolar illness and supportive therapy for over 20 years). These are the types of reports we're hearing from our initial two participant groups.

I've spent some time thinking about the features of the CET group and wondering whether things such as increased social interaction at group, the structure provided by weekly meetings, or even the free dinners we provide as part of our project have anything to do with our participants reporting such positive results. And then I think of the myriad of groups that include the same features, where I've seen people start and stop, make little to no progress, or "maintain" their functioning. CET gets at what truly contributes to improved functioning: social cognitive and neurocognitive development. Group members see that as well. They participate at a high rate because they notice changes in their thinking and cognition and that keeps them coming to group.

I'm glad I assumed such a skeptical stance at the outset of our CET project. It makes the positive results we've noted that much sweeter.

## **Cognitive Enhancement Therapy—CET Is Available through PLAN of Northeast Ohio, Inc.**

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