



# CENTER FOR COGNITION AND RECOVERY, LLC

February  
2010  
Vol. 4  
No. 1

[www.cetcleland.org](http://www.cetcleland.org)



## SAM FLESHER IN MEMORIAM

On Wednesday, January 27, 2010, Sam Flesher, PhD, passed away after fighting a second round of cancer since late 2008.

Sam was many things to many people. To some he was a father, a grandfather, a brother, an uncle, a singer, songwriter and a dear friend.

For those of us in the CET world he was also many things: co-developer of CET (Cognitive Enhancement Therapy); CET Coach extraordinaire; source of infinite information and wisdom about research; our comedian and musician; and our mentor.

As most of you who read this newsletter already know, CET has transformed the lives of many, many people with schizophrenia and other mental illnesses across the country. Sam's dedication to making CET available to as many people as possible was unprecedented.

Over the course of 10 years, to disseminate CET to Cleveland alone, he spent at least 500 nights in a motel; traveled more than 1,500 hours; drove more than 80,000 miles and ate innumerable restaurant meals. There were additional hours as he added travel for Community Support Services in Akron, Northcoast Behavioral Healthcare in Northfield, and Chestnut Ridge Center in Morgantown, WV.

Words cannot capture all the gratitude for Sam's work. As we have joined Sam in training CET Coaches, we've heard people say time and again how much the program means to them. Group members say, "Tell Sam thank you, tell him I can think again; I can laugh again; I can concentrate and read a book now; I'm holding a job; now I understand better how to get along in social interactions; I'm more accepting of my illness now." And the gratitude goes on.

The reality is that as CET Coaches we join CET group members in their appreciation for Sam's work because his work has changed our lives as well. Sam taught us to lighten up and use more humor in our work; he taught us to think more; listen better and ask more engaging questions. He gave us a whole new approach to our work that has given us new energy and passion for what we do. We will personally be forever grateful for the way that working with Sam has transformed our lives.

Sharon Shumaker, Clinical Director, CCR  
Wendy Maayan, Associate Director, CCR  
Ray Gonzalez,, Executive Director, CCR

## CET AND CBT FOR SCHIZOPHRENIA: WHICH MAKES SENSE FOR WHOM AND WHEN:

An Editorial by Samuel Flesher, Ph.D.

We live in an age when the two innovative psychological treatments for individuals with schizophrenia begin with the word "cognitive". Cognitive Enhancement Therapy (CET) is one of several versions of cognitive remediation that have demonstrated effectiveness in treating both cognitive deficits and ameliorating functional disability in persons with a schizophrenia spectrum diagnosis. Cognitive Behavioral Therapy (CBT) has a proven track record of treating symptoms of depression, anxiety and obsessive compulsive disorder in the United States. CBT also has been used in the United Kingdom and elsewhere for treating some persistent positive symptoms of schizophrenia.

Both CET and CBT are interventions with demonstrated efficacy that deserve to be more widely available to appropriate populations in the United States. Despite these similarities these treatments are based on different assumptions and are used in very different ways. An understanding of each treatment, together with its assumptions about the illness and its indications is a first step in resolving some of the potential confusion.

**Cognitive Behavioral Therapy:** Cognitive Behavioral Therapy (CBT) was pioneered in the United States by Albert Ellis and Aaron Beck. The assumption underlying CBT is that illogical or false beliefs are the root cause of many of the symptoms of mental illness. When people leap to conclusions about themselves, depression, anxiety and obsessions often follow. The term "cognitive (see CET or CBT)

## CET PRESENTATIONS AROUND THE US

The last several months have been busy ones for the CCR. We've done presentations at: Dorothea Dix Psychiatric Center, Bangor Maine; JFS of Boston; ADAMHS Board of Cuyahoga County; Northwest Ohio Psychiatric Hospital Toledo; University hospitals of Cleveland and JEVS of Philadelphia.

CET will be presented at national conferences in the next several months including: Dominican Univ. of California, April 9th, San Rafael, CA; The Association of Jewish Family & Children's Agencies' National Conference April 12, Los Angeles; International Association of Jewish Vocational Services National Conference April 26 St. Louis; USPPRA (United States Psychosocial Rehabilitation Association) June 15 Boise Idaho. Visit [cetcleland.org](http://cetcleland.org) for additional sites. If you would like the CCR to come to your organization or community to make a CEU eligible presentation, please contact us at 216-504-6428.

The Center for Cognition and Recovery is a joint venture of PLAN of Northeast Ohio, Inc. and Jewish Family Service Association of Cleveland to focus on both disseminating CET as a proven effective treatment and on providing CET services in the greater Cleveland area for persons recovering from schizophrenia spectrum disorder, bi-polar disorder, depression, high level autism and other cognitive disorders.

(CET or CBT) behavioral” is somewhat of a contradiction in terms. Early behavioral treatments focused only on behavior and deliberately ignored thoughts. The cognitive behavioral tradition compromised and used behavioral techniques in order to change cognition. This was revolutionary at the time for two reasons. First behaviorist did not believe in addressing thinking. Second, much of the community of treatment, in the tradition of Freud, believed that symptoms arise not in conscious thoughts, but rather in the unconscious mind. Practitioners of CBT were able to demonstrate the utility of dealing with irrational beliefs as a way of treating symptoms. CBT tended to be short term and targeted intervention. Therefore CBT was easy to research and lent itself well to the demands of managed care. For all these reasons, CBT became the standard of care for several different symptoms of mental illness in the United States.

CBT got to live in another form in the United Kingdom. The United Kingdom with a system of national health care made CBT a standard treatment available all over the country. The psychiatrists Douglas Turkington and Nicholas Tarrier developed applications of CBT to schizophrenia. This in some ways was a bold leap. Under the influence of Freud, most psychiatrists in particular and therapists in general had come to believe that symptoms of schizophrenia could not be treated by a talking therapy. In other words, talking patients out of their delusions was believed to be a fool’s errand.

Years of practice and research demonstrated convincingly that a careful application of CBT to delusional beliefs could indeed work. The CBT practitioners build relationships with their clients and then carefully use logic and counter examples to counter the delusional beliefs. CBT has also been used for adherence to medication in schizophrenia. Understandably, some people in the United States want to import the successful use of CBT in schizophrenia to the United States.

**Cognitive Enhancement Therapy:** Interest in basic cognition in schizophrenia began early in the 20<sup>th</sup> century. David Shakow began studying reaction time in schizophrenia at Worcester State Hospital in Massachusetts in 1932. By the early 1980’s the research on cognition and schizophrenia was voluminous. Keeping up with the various avenues of research became difficult. Understanding seemed elusive. In 1984 Keith Neuchterlien and Michael Dawson of UCLA published a series of articles in the Schizophrenia Bulletin that integrated and made sense of the research on schizophrenia and cognition. In the years since, the importance of cognition in schizophrenia has become evident. Before we continue, we need some context about what is meant by cognition. Cognition as used in Cognitive Behavior Therapy means something very different from cognition as used in CET. In CBT, the behavioral therapist is interested mostly in the accuracy of the content of cognition. Suppose a client believes that people don’t like her. This becomes a hypothesis that can be tested as part of the therapeutic process. Often clients discover in CBT that their negative or delusional beliefs are not correct.

## CET AROUND THE COUNTRY

**PLAN of NEO:** has one group on session 28; they are piloting the 48 week version. Because some group members have particular difficulty with impulsivity & being gistful, the Coaches have implemented some behavioral strategies. Look for more information in the future about what they are learning from this.

**PLAN of SWO:** group 4 is going strong and recruiting for group 5 has started. Two CET graduates are involved in ongoing CET programs. One assists with the computer session and the other co-leads the post CET group along with a CET Coach. (see page 4) A grant for making CET available to low income individuals who are not otherwise able to participate in CET Is being developed. Stay tuned for updates.

**PLAN of No. TX:** groups 3 and 4 are going strong. A group member also attends lectures at the Center for Brain Health in Dallas. She shares information from these lectures with the CET group which reinforces the CET curriculum. A fifth group will be starting in March. They are also starting a second time limited (10 session) Post CET group. In the First Post CET group they spent time working on humor and found it interesting that it was so difficult for group members to understand humor.

**JFSA of Cleveland:** groups 5 & 6 are graduating in early March. One group encountered challenges with diminishing group size which raised issues of how to maintain a cohesive group in smaller than typical group; more on this in a future issue of this newsletter. JFSA will be starting one or two new groups in late March.

**Chestnut Ridge Center** (Morgantown, WV) graduated their second group in November, 2009 and certified four Coaches. They are in the process of doing assessments for their third group.

**Northcoast Behavioral Healthcare** started their third group in Nov. and are recruiting for group 4. They are piloting an Inpatient version of CET which is a shortened, intensive version designed for inpatient settings where patients are often discharged before a 48 week course can be completed. Northcoast is also conducting research on these CET groups

**The Center for Cognition and Recovery** is starting Regional CET groups for individuals in the greater Cleveland area who are not clients of PLAN NE Ohio or JFSA. Two groups are in the process of being formed: call 216-544-6428 to make referrals.

**(CET or CBT)** This can lead to an amelioration of symptoms.

Cognition for the CET Coach means something very different. Cognitive impairments associated with schizophrenia are not so much problems with content, but problems with information processing. These include: problems with vigilance, attention, processing speed, working memory and planning. These impairments can be measured with various neuropsychological tests. Deficits in cognition in schizophrenia are present before the onset of symptoms, during episodes and even during remission. The deficits may even be observed in "healthy" family members. Therefore the cognitive deficits of schizophrenia are believed to be a core feature of the illness. These cognitive deficits have also been referred to as markers of schizophrenia. In other words, in the absence of a definitive genetic test, cognitive deficits are one strong indication that an individual may have inherited a vulnerability to schizophrenia.

More recently, these well studied cognitive deficits in schizophrenia were identified with variables associated with functional disability in schizophrenia. Michael Green (3) and his colleagues at UCLA have been particularly persistent in documenting the link between cognitive impairments and functional disability. Functional outcome measures include skill acquisition in rehabilitation, ability to solve interpersonal problems in role play situations and social/vocational community functioning. Functional outcome is, of course, in the end the goal of any recovery oriented intervention. The association between cognition and functional impairment is particularly important given that many studies are longitudinal. Cognition not only relates to functional outcome but predicts it.

Not surprisingly, interest is growing in intervening to improve cognition. The logic is simple. Cognition predicts functional outcome, thus improved cognition may be a necessary step on the road to recovery. A major initiative inspired in this light is called Measurement and Treatment Research to Improve Cognition (MATRICS).

The purpose of MATRICS is not to test new psychological approaches to cognitive remediation, but rather to test new drugs targeted to improve cognition. For the most part these drugs do not yet exist. While some neuroleptic drugs have very modest effects on cognitive deficits, clinically significant drug effects on cognitive deficits remain elusive.

Ironically, existing cognitive remediation treatments, including CET, have demonstrated significant effects on cognition. The draw of the magic bullet, a pill that will treat the underlying deficits, is understandably strong. No one can guarantee that such a pill will be available any time soon. CET, however, is ready now for those who are willing to take the effort to master it. CET is one of many remediation therapies that have demonstrated effects in cognition.

**CBT and CET and the Future of Treatment for Severe Mental Illness:** On the plus side, CBT for schizophrenia has demonstrated effects in the treatment of positive symp-

toms. As an individual therapy, it is relatively easy to learn and implement. Certainly, many individuals could benefit from a therapy that would offer symptom relief. On the down side, the main practitioners of CBT for schizophrenia are from the United Kingdom and Australia. CBT has become a regular part of the treatment delivery system in these countries. The National Health Service in Great Britain mandates CBT as a standard treatment. Such a standard of care and training will take time in the United States.

CBT does have some drawbacks as a main line treatment. For a majority of individuals with schizophrenia, persistent positive symptoms are not a problem. Medications when adhered to often can control positive symptoms. CBT can be helpful in promoting adherence. Moreover, positive symptoms, unlike cognitive deficits do not correlate very well with functional disability or recovery. While CBT could help some patients to manage their symptoms, it would be hard to see how reduced symptoms alone in a minority of individuals would contribute toward recovery for the majority of individuals who are severely mentally ill.

CET on the other hand does directly address the cognitive deficits that predict functional recovery. We also know from the research, that social adjustment of those individuals in CET improves during the course of the treatment. These gains continue for at least a year after the treatment (2). The reasons for this may lie in the fact that CET is a holistic intervention. Basic cognitive or non-social cognitive deficits are addressed at the same time the group experience focuses on remediating deficits in social cognitive deficits.

Social cognitive deficits are related to the more basic cognitive deficits. Problems in social cognition often lead to problems with work and relationships. CET therefore addresses the core issues of severe mental illness, the same issues that have been shown to be related to functional disability and recovery. While drug therapy for delusions and paranoia is available, currently there is no drug that can meaningfully treat these core cognitive deficits. While there is no drug, CET is available and has proven efficacy. On the downside, CET is more difficult to master than CBT. (to read more: 1)"David Shakow - Begins clinical work at Worcester, continues research at NIMH" - <http://psychology.jrank.org/pages/580/David-Shakow.html#ixzz0FOZnqJTD&A>; 2) Durability and Mechanism of Effects of Cognitive Enhancement Therapy; Hogarty, Greenwald, Eack, Psychiatry Services 57:1751-1757, December 2006 3) Am J Psychiatry 166:749-752, July 2009, Michael Green

## Introduce Yourself Part II

Amy Gould, CET Coach, JFSA of Cleveland

This has been another exciting season of CET as my second year as a CET Coach. I am always amazed and surprised by the marvelous strengths that clients develop as they progress through CET. One of my joys is watching how clients prepare for the speeches in CET: The Introduce Yourself, Introduce A Guest, and, finally, the Graduation Speech In my last article for the newsletter, I talked about one client who struggles with many fears, including one of the most (see Intro)

**(Intro)** common which is getting up front of an audience and giving a speech.

I had tremendous hopes for this client in terms of broadening his affect, and perhaps, sending him on his way into a career of public speaking, but I realized quickly that my expectations were unrealistic, and began to see that the progress was in his ability to simply get up in front of the group, give his speech, and not be overly self-critical.

As I mentioned previously, this particular client often has the demeanor of a serious newscaster, with flat affect and a monotone voice. He is extremely bright, and able to express complex ideas in a well-organized fashion, but has great difficulty and rigidity with regard to seeing himself as others may see him or accepting any suggestions with regard to what he could do to improve.

We videotaped his Introduce Yourself talk and the client was able to see that he may appear “a little bit rigid”, which was a huge awareness for this client! Still, even with my suggestions, like how a smile might help make greater connection with his audience, the client, when the time came, repeated his comfortable delivery at the risk, in his own words, “of putting his audience to sleep”.

This rigidity helped me to understand just how hard change can be, and how the process is slow, and may not fully develop until long after CET has ended. This client had gained an understanding of how he looked, and what he could change, but still was not quite ready for further change.

Since then, the client has presented his Introduce A Guest talk and is now preparing his Graduation Speech, which actually, in terms of content, is excellent. I am very much looking forward to hearing his Graduation Speech which, in itself, will be a remarkable accomplishment for this client. If he improves his delivery, that will be a bonus!

### **LIFE AFTER CET GROUPS – GRADUATES TAKE IT A STEP FURTHER.**

Victor Lloyd & Stacey Martz, PLAN SWO

Just a little more than two years ago, D. was standing outside the CET break room dragging deeply on his second cigarette as he rambled on, at times in great and often graphic detail about his delusions about women and relationships and how much trouble it got him into. What made it even more interesting was that this was only the second time I had really ever spoken with him informally and yet it sounded like I had been his therapist for years.

H. spoke so softly that it was nearly impossible to hear her and she appeared so fragile that it seemed she would shatter into a thousand pieces in front of us if we asked her to speak a little more loudly so we could hear her.

Hardly a sentence came out of J. that didn't contain or make reference to some self-deprecating comment or reflect his hair-trigger moods.

M. just seemed lost. He stuttered. He rarely spoke except when absolutely necessary. Every statement was second-guessed, taken back and rephrased when he did speak. He felt broken because of past drug abuse & legal issues with his benefits. He looked like he was always on the verge of

total panic just for being in the same room with people.

The others that occasionally sit around the large table in the meeting room of the small mental health agency where this meeting was being held all have their story as well; voices that won't go away even with medication; inability to find or hold a job because they lack motivation or the ability to stay focused and other issues that kept them prisoners of their mental illnesses. But they all have two things in common. First, they beat the odds through CET. All or most are now working or volunteering. Some are back to, planning on going back to or doing better at school. Two are now part of the CET team assisting with various parts of the program. And the guy with the poor boundaries is not only working part time, he has, since graduating from CET, gotten married & bought a home. Secondly, they are all gathered for another session of the Post-CET group of CET led by the man who, when starting CET, was nearly unable to focus because of his delusions and lack of attention.

Our Post-CET group was formed as a way for CET graduates to continue to review and deepen their understanding of CET concepts as well as maintain their friendships. Many of them gather occasionally for breakfast. Some have become close friends. The group is simple but effective. A topic or combination of topics or even just a section of a topic is chosen for the evening's review followed by a discussion or group exercise or both. Sometimes the group members write their own homework questions and the group votes for the one they will work on during the week. The session usually ends with about 30 minutes of computer work, each member choosing their favorite to work on that night.

The Post-CET group has been just one of the many blessings that CET has brought to Southwest Ohio. Group Five is to begin soon at the Lindner Center for Hope, a state of the art facility with both inpatient and outpatient facilities. It says something about CET when these doctors and mental health professional who are on the cutting edge of treatment of schizophrenia, bipolar disorder and personality disorders welcome a program like CET to be a part of their treatment offerings. What accounts for all this? Why are we so excited here in southwest Ohio? Well, simply put, CET works. Just ask D. and H., J. and M. who are sitting around the table this evening. They will be very clear about it.

### **CET Cleveland™ Is Available through the Center for Cognition and Recovery**

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