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LISTENING

By Sharon Shumaker,
CCR Clinical Director

Listening is an integral part of CET. It is the core of asking follow-up questions, which challenge group members to think and grow. In this article I will discuss four distractions that commonly interfere with listening.

Because we all listen many hours a day it is easy to take listening for granted or to listen without listening. As a result we often completely miss what people are telling us or we hear something and immediately connect it to what we already know thereby missing new information. This is natural and important to our need to be efficient with our listening. An example of this is listening to the traffic report on the radio. For these reports to be useful one needs to listen efficiently and catch the key words about where the difficulties are. Listening for details leaves one miles behind.

But in settings, such as a CET group, one needs to use a listening style that is more finely tuned. David Rock, in his book Quiet Leadership, talks about four things that distract us from effective listening: details, filters, agendas and hot spots.

The **details** can distract us from listening when we become too focused on them. Perhaps we are paying more attention to whether the person answered the homework questions to our satisfaction or whether the person is speaking clearly or too much or taking meds as prescribed. Focus on these details can cause us to miss more important information. We might miss the more significant content about someone's struggle with accepting their disability or the fact that they were able to motivate themselves, for the first time, to call a friend. (see Listening pg 2)

BENEFITS OF CET FOR SCHIZOPHRENIA PERSIST AT LEAST 2 YEARS

By Norra MacReady [Medscape Medical News](#)

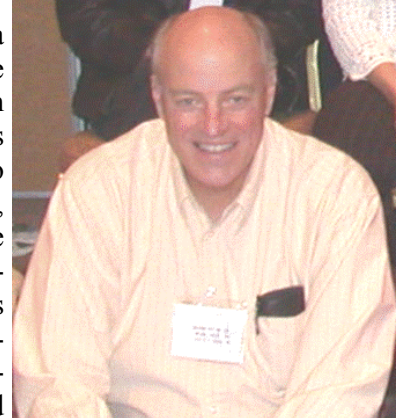
11/25/09 — People with early-stage schizophrenia show a robust and persistent response to a form of cognitive rehabilitation called Cognitive Enhancement Therapy (CET), investigators reported in the Nov. 09 issue of *Psychiatric Services*. Compared with patients receiving standard Enriched Supportive Therapy (EST), people in the CET group showed greater improvements in social cognition, cognitive style, social adjustment, and symptomatology composites during the first year of treatment, and differences extended into the second year. Patients in the CET group also demonstrated better neurocognitive function during the second year.

In addition, patients in the CET group were significantly more likely to find and maintain paid, competitive employment, "so there was real-world improvement as well," (pg 2 Benefits)

WASHINGTON CITY MISSION BECOMES TENTH CET SITE

The Center for Cognition and Recovery welcomes the Washington City Mission in Washington, PA as the latest CET dissemination partner. Sharon Shoemaker, CCR Clinical Director, has begun training staff at the WCM with the first group to start in June.

While not primarily a mental health agency, the Washington City Mission describes itself: "WCM has for 69 years pledged to serve the homeless, poor, working poor and otherwise disadvantaged of our region. The Mission was founded to assist in providing food, shelter and clothing for the least, the last and the lost. It has always been our desire to serve through the understanding of the needs of the homeless men, women and children who come to us broken and destitute."



Bob Scott, PhD, Lead CET
Coach-in-training for the WCM

"Today, as the Mission continues to (see WCM pg 3)

NATIONAL CET COACHES CONFERENCE

Save the date for the second National CET Coaches' Conference on **Tuesday, August 31, 2010 in Cleveland, Ohio**. Steven Silverstein, PhD, Director, Division of Schizophrenia Research UMDNJ-Robert Wood Johnson Medical School Will be giving the first Samuel Flesher Memorial Lecture. CEU's will be available for this daylong conference. Please contact the CCR for more information.

CET PRESENTATIONS AROUND THE US

If you like to learn more about CET, the CCR staff will be presenting at national and regional conferences in the next several months including: USPRA (United States Psychosocial Rehabilitation Association) June 15 Boise Idaho; Wellness and Recovery Management Conference in Dayton Ohio on June 21; VA Medical Center, Brecksville, OH June 25, The Cleveland Clinic Grand Rounds, Sept. 16 and University Hospitals Sept. 17, Cleveland OH; Sustaining Evidence-based Practices Columbus OH October 12

Visit www.cetcleveland.org for additional presentation 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.

(WCM) provide these Biblically based services, it is challenged to enhance its knowledge base and services for the people and variety of complex issues they bring to our doors. Persons in residence today suffer from severe mental illness, chemical addictions; varied combinations of those problems, multiple relapses, time(s) spent incarcerated, histories of abuse, abandonment and isolation; and functional and vocational disabilities. It has become the mission of the Mission to competently address the needs of the whole person -- mental and emotional, medical, physical, spiritual, vocational, and career preparation." CET is being added to the WCM counseling program to help meet the holistic needs of their clients.

(Benefits) senior author Matcheri S. Keshavan, MD, professor of psychiatry at Wayne State University in Detroit, Michigan, told *Medscape Psychiatry*.

Comprehensive Cognitive Rehabilitation

This study is one of the first to examine the long-term effects of a comprehensive cognitive rehabilitation program in this patient population, the authors wrote. They concluded that early cognitive rehabilitation might provide "the critical ingredients needed to help individuals recover from this disorder."

CET involves an evidence-based, stepwise approach that strengthens "the basic neural building blocks of cognition," said Dr. Keshavan. The goal of CET is to improve social and nonsocial cognitive functioning, such as reasoning, problem solving, and speed of thinking, through a variety of techniques, including group and individual therapy, computer-assisted training, and homework assignments. It was developed in the 1990s by the late Gerard Hogarty, MSW.

The study participants were 58 outpatients who met the criteria for schizophrenia, schizoaffective disorder, or schizophreniform disorder but were still in the early stages of their illness. Their average age was 26 years. There were 40 men, comprising 69% of the study population. Forty-five (78%) had been ill for fewer than 5 years. All of the patients were taking antipsychotic medication and were monitored at least biweekly by a clinical nurse specialist.

The patients were randomly assigned to the CET or EST group. People undergoing CET typically had weekly neurocognitive training sessions in attention first. After 3 months, they also started attending weekly social-cognitive groups, where they engaged in exercises designed to improve social skills. For example, clinicians taught the patients to identify nonverbal cues or to put themselves in someone else's place to gain perspective on other people's feelings, Dr. Keshavan said. "This helps the individual learn how to act appropriately in different interpersonal situations." He referred to this technique as "gistful abstraction: the ability to grasp the main point in an interaction." Successful performance of this task requires the capacity to think abstractly and identify the main point of a conversation or a newspaper article. "Many patients tend to get lost in the forest, without getting the big picture," Dr. Keshavan (pg 3 Benefits)

(Listening) Listening through **filters** is hearing what's being said through the framework of our personal assumptions, expectations, predictions and decisions. When we know group members well we begin to predict how they will respond and what their actions will be.

It is easy to anticipate when Jane begins talking that she will talk endlessly and give too much personal information because that's what she has done so often. The obvious thing to respond to in these situations is Jane's lack of gistfulness. It's important to be aware of this and listen also for the content of her homework. When we listen and respond to the content we will be able to challenge her to think about planning her motivational account to her landlord when she announces she is moving out before her lease is up.

We also tend to listen with our own personal **agendas**. This clouds our ability to listen to the person's potential. As CET Coaches we all want the people we coach to present 'good homeworks'. We also want family members and other mental health professionals to be impressed with the progress people make in CET. These agendas can cause us to listen with an ear for opportunities to emphasize particular issues.

In a discussion about perspective taking it might be tempting to urge Frank to take his sister's perspective about the length of his hair. While this is a valid example of perspective taking, we may be missing the fact that for the first time Frank was able to think of a response to his homework question on his own and volunteer to share it.

Finally, **hot spots** can get in the way of listening. These are issues that have an emotional charge for us. When a hot spot topic comes up we tend to stop listening and react impulsively. Sometimes these situations can be anticipated but more often they catch us unexpectedly. A group member may share homework about flexibility in which the issue was making a decision about how to respond to a family pet's illness. For the Coach in the midst of grieving the loss of a beloved dog this can trigger a significant hot spot. The best thing for a Coach to do when this happens may be to sit back and let the other Coach ask the follow up questions.

These four distracters are common interferences to productive listening. There are many possible examples of how they happen. It is important for Coaches to be aware of these distracters and develop strategies for minimizing the times when they interfere with listening. For additional reading about listening the reader is encouraged to refer to [Quiet Leadership](#) by David Rock.

(Benefits) pointed out.

Stress Management

Patients in the EST group learned stress management techniques and other behavioral methods focused on avoiding relapse and enhancing adjustment. The EST had 2 phases: in phase 1, patients learned basic facts about schizophrenia and the role of stress in exacerbating symptoms. They also learned simple stress-reduction techniques. In phase 2, patients learned how to identify and cope with stressors that they found particularly threatening to their social or cognitive function. Both programs lasted 2 years, followed by annual neurocognitive and social-cognitive assessments.

"Basically, we found that CET was highly effective, compared to supportive psychotherapy, in all of the key domains of executive function and social cognition," Dr. Keshavan said.

Compared with patients receiving standard EST, people in the CET group showed greater improvements in social cognition ($P < .001$), cognitive style ($P = .023$), social adjustment ($P = .001$), and symptomatology composites ($P = .042$) during the first year of treatment, differences that extended into the second year. Patients in the CET group also displayed better neurocognitive function ($P = .023$) during the second year.

With its regular meetings and homework assignments, CET required a significant commitment from the participants, but the patient retention rate was high throughout the 2-year program. "Our observation was that once the patients stayed for the initial part of the intervention, our ability to keep them for the subsequent part of the therapy was very high: about 80% to 90% of the patients stayed. Some of them may not have appeared that motivated to begin with, but as they saw the benefits of the intervention, they stayed on," Dr. Keshavan said.

Sustained Effects

These findings are noteworthy in part because of their duration, said Stephen Marder, MD, professor and director of the section on psychosis at the Semel Institute at the University of California, Los Angeles, and director of the Mental Illness Research, Education, and Clinical Center at the Veterans Administration of Greater Los Angeles. "I don't recall another paper that looked for effects going into 2 years. It indicates that this kind of psychosocial intervention does have sustained effects over a 2-year period."

The improvements in social cognition and functional outcomes are particularly striking "because that's really what this treatment is targeting," said Dr. Marder, who was not involved in the research. "All in all, I think it is a very encouraging paper." *Dr. Keshavan and Dr. Marder have disclosed no relevant financial relationships.*

Cognitive Enhancement Therapy for Early-Course Schizophrenia: Effects of a Two-Year Randomized Controlled Trial; Shaun M. Eack, Ph.D., Deborah P. Greenwald, Ph.D. Susan S. Hogarty, M.S.N. Susan J. Cooley, M.N.Ed., Ann Louise DiBarry, M.S.N., Debra M. Montrose, Ph.D. Matcheri S. Keshavan, M.D. in *Psychiatr Serv.* 2009;60:1468-1476

CET Around the Country

Cleveland, Ohio The 12th group at **PLAN of Northeast Ohio** in nearing completion. This is the first group to use the 48 week version of CET. In the last update, we reported that the Coaches for this group were trying some behavioral strategies to address impulsivity and difficulty with gistfulness. There have been good results with some decrease in the problematic impulsive behaviors. The Coaches have been tested to make appropriate adjustments to the behavioral strategies to increase the challenges and maintain motivation.

JFSA of Cleveland continues to have a strong CET program. Two groups had a joint graduation in March with 60 attendees. Many guests commented on how impressed they were with the graduates and their speeches. The next group has already started as there were many people waiting for CET.

The **Center for Cognition and Recovery** started its first group. This is the first time CET is being offered to the broader community rather than to clients of a specific agency. There have certainly been challenges connected to bringing new clients in for the program but the group members are expressing a lot of appreciation for the program. The 2nd group will be starting in June.

The CCR and JFSA groups have implemented the pre/post assessment tools. These are now available in the form of online surveys. The CCR will be working with each of the sites to help you begin to use these assessments with the groups you are starting.

Northcoast Behavioral Healthcare is piloting an inpatient version of CET that is designed for a residential setting where group members are not likely to be present for a full year. This has gone well in this setting. The first group of this pilot project will graduate in July; another group will begin soon after that

Cincinnati, Ohio PLAN of Southwest Ohio reports that they are doing their 4th group and are very excited about the commitment of everyone. "... group four is going so well it's almost scary. We have 7 in the group and get at least 6 at each meeting." A group member they had some initial doubts about is showing the most dramatic improvement. "He is so symptomatic that he talks out loud to his voices and doesn't seem to be bothered about it." His attendance has been remarkable so far attending 7 out of 8 sessions. He is typically focused and on topic with his comments, gives great feedback and participates in group activities.

The PLAN SW Ohio program has also implemented a system of Coaches sitting in on the group they are not actively Coaching. They then give the active Coaches feedback during their debriefing session. "It is amazing how helpful that is to both them and us!...It keeps everybody on their toes and active." Group 5 will be starting soon; location details have slowed the start up of this group. (pg. 4 CET in USA)

INTRODUCE YOURSELF PART III: CET GRADUATION

By Amy Gould, JFSA Cleveland CET Coach

The CET graduation is a very special event for me. I enjoy the excitement and watching clients sharing with family and friends they invited just how they have benefited from CET. Each client has their own highly crafted and personal accounts which are always interesting and illuminating. There are times I am able to see that the benefits and scope of CET goes far beyond what we as coaches may know and observe in the course of CET.

One of the most rewarding experiences as a coach is seeing clients use the skills they have learned to organize their speeches and to use perspective-taking to think about their audience and what would be most relevant and appropriate to share. This requires judgment and social effectiveness, two important skills they have developed throughout the course of the year

One of the clients I had coached worked very hard on his graduation speech. He is the very same client I talked about in the last two newsletters who learned the importance of appropriate affect, the tone of his voice, the volume, and rate of his speech, as well as using the language of the audience to communicate to them. He wrote and edited the speech several times, and met the challenge of rehearsing his speech with the group.

He excelled and exceeded every expectation I had. While his speech was lengthy, he delivered it well, and had expressed his ideas succinctly and with language that had impact. I can only explain this success by the CET process that he went through, getting feedback, learning to integrate the skills and feedback from others and from the videotaping of his prior speeches. He kept the audiences' attention. He had learned to give a good speech. I was very proud, but most importantly, the client had a sense of pride in his own accomplishment.

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

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(CET in the USA)

Dallas, Texas: PLAN of North Texas is busy with their 5th and 6th groups. The 5th group is half way through and the 6th group has just started the group sessions. Graduates from previous groups continue to be more involved in other activities than they were previous to CET. Some working, others volunteering. Staff at PLAN of North Texas continue to comment on the higher level of social engagement that they are seeing.

Washington, Pennsylvania: The Washington City Mission is the newest CET site. They began training in April and in May they started their first group with computer exercises. The first social cognition session for this group will be in June. The City Mission is excited about finally offering this long awaited service for their residents and others. (see article on page 1)

Morgantown, West Virginia: Chestnut Ridge Hospital, WVU, will be starting the computer portion of their third group in June. So far they have 6 group members who are eager to get started because they have heard so much about CET. More assessments are scheduled so they anticipate a full group by the time they start.

CET SITES IN DEVELOPMENT

The Center for Cognition and Recovery, LLC is working with an increasing number of new dissemination partnership sites cross the US. CET sites in development include:

- JEVS Philadelphia, PA
- JFS of St. Louis, MO
- CP of Colorado, Denver, CO
- Buckelew Programs, San Rafael, CA
- Tri-City Mental Health Center
- JFS of Detroit MI
- Coleman Professional, Ravenna OH
- JFS of Atlantic and May Counties, NJ
- JFS of Las Vegas NV
- Grafton Correctional Facility, Grafton, OH

If you are interested in learning more about how to support a newly developing CET site or how to become a CET dissemination partner, please call Ray Gonzalez at 216-504-6428 and visit the CCR website at www.cetcleveland.org

If you would like to see CET in action, please call to arrange a visit to a CET group near you.