



Recovery- Oriented Cognitive Therapy



What is Recovery-Oriented Cognitive Therapy?

Recovery is defined as a process of change through which an individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential.¹ Foundational aspects that support a person in recovery include:^{1, 2}

- Engaging in meaningful and purposeful activities
- Managing health and stress
- Maintaining safe housing
- Establishing meaningful connections and relationships

Recovery-Oriented Cognitive Therapy (CT-R) is a strengths-based treatment approach designed for individuals living with serious mental illness.^{1, 2} CT-R aims to promote recovery, empowerment, and resiliency in individuals.^{1, 2, 3} More specifically, this recovery-oriented psychotherapy focuses on **identifying and attaining the individual's desired life**. CT-R sessions focus on the individual's beliefs, interests, values, and aspirations, rather than focusing on symptom reduction.^{1, 2}



What is the difference between CBT, CBTp and CT-R?

Cognitive Behavioral Therapy (CBT) is an evidence-based practice that helps individuals become more aware of the connection between their thoughts, behaviors, and emotions. During the course of CBT, individuals develop skills to recognize and modify unhelpful thought patterns and behaviors.⁴ More targeted forms of CBT were developed to support individuals living with serious mental illness, including Cognitive Behavioral Therapy for psychosis and Recovery-Oriented Cognitive Therapy. The goal of **Cognitive Behavioral Therapy for psychosis (CBTp)** is to improve an individual's functioning by reducing the distress often associated with symptoms of psychosis. The goal of **Recovery-Oriented Cognitive Therapy (CT-R)** is to assist individuals in identifying and attaining their desired life.^{2, 3} CBT, CBTp, CT-R are beneficial psychotherapy interventions; deciding on the most effective approach to use depends on the individual and circumstances:^{2, 3, 4, 5, 6}

	CBT	CBTp	CT-R
Key Features	A structured, evidence-based practice to raise individuals' awareness of the interconnectedness of their thoughts, behaviors, and emotions. During treatment, individuals develop skills to recognize and modify unhelpful thinking patterns and behaviors.	A form of CBT primarily focused on symptom reduction to enhance quality of life for individuals experiencing psychosis.	A form of CBT primarily focused on identifying and attaining the desired life of an individual living with schizophrenia or other serious mental health condition by increasing motivation, instilling confidence, and developing resiliency.
Target Audience	Effective for a range of mental health conditions, including depression, anxiety disorders, alcohol and drug use	Clinical high-risk of first episode or multi-episode psychosis, pharmacology-resistant psychosis, co-occurring substance use disorders	Low-functioning, low-motivation, socially withdrawn individual living with serious mental illness, regardless of duration of illness
Delivery of Service Settings	Individual, group, telehealth, in-patient, outpatient, and community-based programs	Individual, group, telehealth, in-patient, outpatient, and community-based programs	Individual, group, telehealth, in-patient, outpatient, and community-based programs



What are the impacts of negative beliefs?

Beliefs play an integral role in a person's recovery. Negative beliefs can impact the motivation and activity of an individual. Through CT-R, the individual works with their provider to access motivation by overcoming negative beliefs. Below are examples of common negative beliefs individuals may hold and the ways these negative beliefs can create challenges in recovery:^{2, 3}



Common Negative Beliefs

- I will never become successful
- I am incompetent
- I am unable to connect with people
- I am powerless over experiences
- I am powerless over symptoms
- I am unable to have healthy relationships

Impacts of Negative Beliefs

- Increased isolation
- Increased symptoms
- Increased focus on weaknesses
- Decreased self-efficacy and motivation
- Decreased participation in enjoyable activities



What is the difference between Patient Mode and Adaptive Mode?

CT-R was initially developed to enhance recovery for individuals experiencing significant challenges accessing motivation.³ To guide an individual towards motivation and achieve their desired outcome, a provider must first understand the individual's beliefs and assist with incremental shifts of negative beliefs (Patient Mode) to positive beliefs (Adaptive Mode).²

Patient Mode

- Focus on **negative** beliefs
- Perceive or label self by illness, diagnosis, symptoms, and challenges
- Struggle to consider future possibilities

Adaptive Mode

- Focus on **positive** beliefs
- Emphasize strengths, normalized self-image, capability to overcome challenges and adapt to life
- Consider future possibilities



How to activate Adaptive Mode in an individual?

Providers use CT-R to help an individual practice being in the Adaptive Mode more often so that it becomes the more prominent mode. More successful practices that activate Adaptive Mode require low effort and yield high reward.² An example is playing song trivia with an individual, being sure to use songs familiar to them. Such activities initiate Adaptive Mode by increasing mood, energy, and motivation for the individual beginning or continuing their recovery process.

DEVELOP

Develop adaptive mode by eliciting meaningful aspirations of the individual.



ACTUALIZE

Actualize adaptive mode by taking action toward meaningful activities and their aspirations.



STRENGTHEN

Strengthen adaptive mode by building resiliency and learning from experiences.



What elements help activate Adaptive Mode?

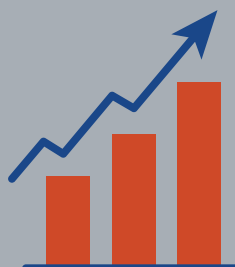
Key elements providers can use to activate Adaptive Mode in an individual:²



Identify
activities of interest, talents, and strengths of the individual.



Assign
small activities to increase opportunities for positive learning.



Build
activities and achievable action steps gradually.



Reinforce
positive learning through targeted questions and guided reflection.



What strategies enhance the adoption of CT-R?

Although extensive research and evidence-based guidelines exist, access to recovery-oriented psychotherapy in the United States is limited but growing.^{4, 5} CT-R trainings and services have been successfully implemented in Delaware, Georgia, Massachusetts, Montana, Pennsylvania, New Jersey, New York, Vermont, and Virginia.³ A multi-level approach using existing recovery-oriented mental health infrastructure and culture can help increase the adoption of CT-R.⁵ Below are^{4, 5} strategies to enhance the widespread adoption and implementation of CT-R:

- Apply change theory model to build motivation and sustain change
- Maximize the use of Coordinated Specialty Care (CSC) teams
- Engage supporters of the individual
- Utilize the Peer workforce
- Leverage existing programs and systems to introduce the intervention
- Encourage organizational readiness through leadership

To learn more about CT-R trainings, services, and programs, watch our on-demand recording about the **Georgia Recovery-Oriented Cognitive Therapy (CT-R) Initiative**.

References

1. SAMHSA. (2020). Recovery and Recovery Support.
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4. Hardy, K. (n.d.). Cognitive Behavioral Therapy for Psychosis (CBTp).
5. SAMHSA. (2021) Routine Administration of Cognitive Behavioral Therapy for Psychosis as the Standard of Care for Individuals Seeking Treatment for Psychosis: State of the Science and Implementation Considerations for Key Stakeholders.
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