



Part 1: Gaudenzia's Program is Giving Individuals a New Outlook

The following article is a spotlight on a recovery-oriented cognitive therapy (CT-R) program at [Gaudenzia's](#) New Outlooks Residential Therapeutic Facility for Adults. Individuals come to this program from extended acute units, such as Norristown State Hospital and prison. This is often their first experience in the community after long periods of time in institutions. Individuals within this program are most often diagnosed with schizophrenia or other thought disorders and have been in treatment for most of their adult lives. Some individuals at New Outlooks are able to access this quality of treatment as a direct result of the 2015 class action [ACLU lawsuit](#) that helped individuals get access to adequate treatment in order to restore competency.

A CT-R program puts individuals' interests and aspirations front and center. Team members work with individuals to pursue meaningful action in life, overcoming obstacles along the way. CT-R is aimed at activating the adaptive mode: interactions with individuals designed to enhance connection, access interests and skills, energize and activate cognitive resources. CT-R also engages the individual's aspirations and helps them to take "positive action" towards these aspirations. These efforts help to overcome their negative beliefs about themselves, the world and others that have been formed by their life experiences.

CT-R interventions help the individual to come to more helpful beliefs about themselves, the world, and others so that they can achieve their goals and aspirations. This article is an interview with staff members and one member who received CT-R at the New Outlooks program. The staff include Colleen Dougherty (Clinical Supervisor), Joy Martin (Division Director), and Kulsum Holland (Mental Health Technician). Terry* is the member receiving services.

*Pseudonym

EPIC: What made you interested in Recovery-Oriented Cognitive Therapy (CT-R) and what about it made you think it would help your members?

Joy: We were kind of just told we were going to be using CT-R which we were open to from the beginning. We felt comfortable with incorporating CT-R into the program and we knew it would be successful because it was very similar to Cognitive Behavioral Therapy (CBT). We knew that CBT is an evidence-based practice (EBP) and it is a proven intervention with the adult mental health population. After we attended the two-day training and learned all of the concepts that made up CT-R, we knew from our own expertise with this population that it would work. It had already been shown to be effective with this population.

EPIC: What is your favorite thing about living here? Would you recommend it to others?

Terry: It [living at New Outlooks] helps me with my mental issues and it helps me with my anger issues. My favorite thing about living here is that I've got a lot of support.

EPIC: What makes the New Outlooks Program different?



Project done by members.

EPIC: What's an example of how CT-R directly improved the work you do?

Colleen: The therapy is in the action. It's kind of sneaking it in. The one thing we highlight a lot is the YMCA. That was a troubleshoot because, initially, if you asked members if they wanted to go to the Y, they would say, "Yes," but mean, "No." So, we changed it to, "We're going to the Y today." And we just go to the Y. We have 6 members who faithfully go to the Y and when they come back, they're energized.

Kulsum: If you don't go to the Y, you take a nice long walk and it's refreshing. We would ask members, "Where do you want to go?" They would say they wanted to walk to City Hall (about 2.6 miles) and afterwards, they would say "Aaah, that feels so good! Can we do it again?"

Colleen: Even with the therapy approach, we incorporate games. For instance, we have a jeopardy game with topics like sports or therapy. We could ask, "Who is your counselor here?" or, "What group do you have on Tuesdays?"

Kulsum: Colleen came up with personal calendars for each of the members to keep in their rooms. So, when they wake up, they know what's going to happen for the day.

EPIC: What are some of your favorite activities? In the house? In the community?

Terry: I like going to the YMCA. We work out there a lot. Lifting weights is my favorite thing to do there.

EPIC: Which part of CT-R was the hardest to incorporate into residential programming?

Colleen: What makes New Outlooks different is that we have Monday through Sunday planned. There is always structure. This helps all of us. It helps frame the day.

Joy: The component of the community involvement within the program. We say, "We are doing this today," and that approach motivates people to do it rather than wanting only to lay down.

EPIC: Do you want to work or volunteer in the future? Does this link to the dream you shared? What role do you see for yourself in the future?

Terry: I just got here [New Outlooks] in November 2018. I want to work up to the level where I can go out and volunteer. I do homecare so I want to go back to doing that. I like helping people. I want to help people stay well and get better.

EPIC: What would you say to someone skeptical about CT-R?

Joy: First, I would tell that person to do some research. With any EBP there is research on why it works. The other thing I would say is come to our program. I think anybody who comes here and gets familiar and understands it's a CT-R program will say, "Yes, it works."

Colleen: I'd ask them why they are skeptical. The results are there. I would answer them, "What would be an alternative?" It encompasses all therapeutic interventions and activities. Our program is diverse. We have different ages, diagnoses, medication, non-medication, all different types of people and it works.

Joy: Even we were a little anxious about our population and CT-R. We knew we would have some folks coming from Norristown and Philadelphia Prison system. We knew it would be folks with serious criminal backgrounds. We had reservations about whether we could use CT-R here. And 2 ½ years later and how successful it's been, we think, "Yes, CT-R works!"

Joy: The population is a lot of folks with schizophrenia and negative symptoms. That was a big focus in the CT-R training. How do you deal with that lack of motivation and pleasure. The CT-R training helps you deal with these symptoms and teaches you how to motivate them. I think the staff here are incorporating CT-R interventions.

Special Thanks

Special thanks to Terry, Colleen, Kulsum and Joy for sharing their experiences of success with CT-R. Click [here](#) to learn more information about Gaudenzia.

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