

Center for Cognitive Innovation

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Aging with Grace

By Sam Flesher Ph.D.



As the community of practice CET grows, new coaches are emerging and bringing their own unique experiences to the table. E Grace Culbertson MSW/LSW is known to every one at Mercy South 9th Street in Pittsburgh as Grace. She is both an individual and a group therapist. Her signature group is called “Aging with Grace” where topic is, well, aging with grace. The signature group is a hit with consumers. After all who does not want to age with Grace?

Grace’s journey to becoming a therapist was a long one. For twenty years she worked in the finance department here at Mercy before returning to graduate school to earn an MSW. She brings a long life and work experience to her therapeutic work. Obviously her experience running groups prepared her for CET. The structure of the group and the psycheducational talks are somewhat new to her. No worries. The group she is leading is now in the home stretch. She has done dozens of psycheducational talks. Each Tuesday, she comes in at 9 AM to review her manual and by 10 she is ready for the group and the talk. Grace’s real journey has been in the individual coaching. She helped the group members prepared their homework and exercises. She has also built strong relationships with the group members. These relationships have contributed to the continuity of the group and to the recovery journey of the members.

Grace is beginning to see some rewards. B was an angry man struggling just to stay grounded at the beginning of the group. He has calmed down. He talks more to the point and he is holding a job. R a highly educated but somewhat blunted group member is beginning to show some signs that he has hope for the future. The billing arrangements at Mercy have prevented Grace from participating in the computer exercise. Nevertheless, she has begun to take to the CET way of doing things. She is eager to learn both from, Sam Flesher the trainer and from her fellow coaches Bill and Kim. Grace has a great deal to share too.

She knows a great deal about relaxation and guided imagery. Her expertise and materials in this area has added greatly to the group. The psychoeducational talk on internal coping she gave was a real experience. When Group 2 at South 9th Street graduates, she is likely to help to organize and lead another group.

Childhood Versus Adult Relationships

By Sam Flesher Ph.D.

On November 7th 2007, the CCI clinical staff met for a discussion. The impetus was the educational talk “Childhood versus Adult Relationships”. Sharon Shumaker had encountered this topic as a coach and a master coach numerous times. Yet, as is often the case, presenting a CET topic to a new group we see it from a fresh perspective and different questions come to mind. This time Sharon was raising the question “What does this topic really have to do with CET group members anyway?” The exchange that ensued is well worth recounting.

The idea of development in the types of relationships we have was articulated by Robert Selman. He found that children moved from influencing their peers or being influenced by their peers to negotiating their views with their peers. At the more advanced levels, individuals negotiate with each other to develop a shared understanding of a situation. On the basis of this theory the members of the clinical group wondered what this has to do with our population considering that they are all adults and not children.

Although Selman worked with children and adolescents his work may still apply to our population. First, many CET participants express frustration over feeling they are treated like children by their families and mental health professionals. Many have payees and have little control over their own finances. Many feel that decisions are being made for them. They live in group homes and need to abide by many rules and earn privileges. All of this reduces their sense that they are fully adults. To be sure there are reasons why families and professionals make decisions for mentally ill individuals.

Some individuals are ill equipped to handle their finances, make plans and live independently. Families and professionals need to step in and help. But as a result opportunities to practice managing one’s life and learn from experience are also lost. More on Page 3

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.

A Day of Contrasting Things for a CET Coach

By Gilho Cho, Ph.D. and CET Coach-in-training.

December 19, 2007 was a day of contrasts for me. It was the day, as a CET Coach currently being trained at the Northfield Campus of Northcoast Behavioral Health Systems (an Ohio Dept. of Mental Health hospital), when I had the joy of visiting the CCI at PLAN in Cleveland Heights. The CCI is the center of training and dissemination of this emerging new therapy for individuals with Schizophrenia and associated disorders.

Contrast started on the way there as I was listening to the Morning Edition of public radio. News was about Mr. Ramos, diagnosed with schizophrenia, being locked away in jail at US Virgin Islands without treatment for years there. He was sent there after being found by court as not guilty by reason of insanity for stealing a bike. There was no public psychiatric treatment facility there and no funding to build one either. Several other mental patients were in same predicament, even after a federal judge made several rulings against the practice and urged officials there to find least restrictive setting with treatment. Eventually, court found the officials in contempt of the court but still no change to the practice. I said to myself. What a contrast to what we try to do at the Northcoast Behavioral Health-care - "Making Recovery a Reality" I saw CET as important pilot project that has a huge potential as a treatment modality in making recovery happen.

Another Contrast was waiting for me at the PLAN. I was greeted by six other coaches including Sam Flesher, Ph.D., the main architect of CET. Not only greeted with kindness and hospitality but with their book review on "Mindset: the new psychology of success" by Carol S. Dweck, Ph.D. (which I later read carefully), that contrasted two types of mental sets – fixed vs growth. Those with fixed mindset view themselves as either born with talents and smartness or without. Life events are only to prove or disprove their inherited qualities. Unfortunately, those self-claimed smartest burden themselves with self-doubt, tendency to avoid difficult tasks with uncertain outcomes, and shun them from constructive feedback and criticisms. They don't grow. If they fail, that life experience will break them or they have to find excuses from outside. Lee Iacocca and John McEnroe were depicted as examples.

In contrast, those with growth mindset take the failure as opportunity to challenge and improve themselves, and growth from those life events. I was shocked to learn that Michael Jordan was a repeated loser and did not have the talent (based on fixed mindset). That basketball genius had no talent (again based on fixed mindset)?

He was cut from the high school varsity team, did not make it to North Carolina state initially, & wasn't drafted by the first two NBA teams. He earned his chance into the basketball pro by his dedication and discipline working harder than anybody else and constantly working on his weakness. He just had a different mindset than John McEnroe.

What a contrasting life paths these two mindsets create! One of AA sayings flashed my mind, "Problems are opportunities dressed in work clothes." Confucius once said "When others do not recognize you but you are not angered by it, wouldn't that be a joy!" Now why all these talks when what I really wanted to talk about is CET. Well, it is the Contrasting ideas and approaches in CET that has grabbed my attention and impressed me. Maybe, I was tuned in to contrasting things in life that day because of CET.

First thing I quickly learned as a CET coach is that in CET coaches would "deliberately and sensitively shift the burden of coherent" speech to the patient. I used to, and still do occasionally, make sincere and serious attempts in making sense of patients' incoherent and disorganized speech, not realizing that it may inadvertently take away their need or efforts to make themselves clear.

In contrast to the presumed notion I had with Schizophrenia will continue their life course of progressive brain deterioration and loss of functioning, CET embraces idea of neuroplasticity reserve, and has designed a brain rehabilitation program working with individuals in recovery stage of Schizophrenia illness. I am excited about the idea of brain rehabilitation and positive change by reengaging in computer exercises, challenging them on cognitive tasks of attention, concentration, working memory, cognitive processing speed, problem solving, and reinforce these enhanced abilities in social cognition – perspective taking, appraisal of social contexts, meeting subtle but ever-changing social roles and expectations. Basically, they learn to cope with modern living and reclaim important social roles and relationships in the community like every other "normal" person.

One last thing I don't want to forget mentioning is the rich supportive but challenging environment for coaches I witnessed at my visit to the CCI at PLAN. I was struck by the resemblance of their environment and the environment we try to create in CET for patients, intellectually and psychologically stimulating, supportive but also challenging so patients will take risks and even fail, but learn on their own in the witness of coaches. They can take real pride in their achievement and grow in new mindset.

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Staff discussed group member K who has expressed frustration and resentment that he has lost control of managing many areas of his life. The clinical group concluded that this was a good opportunity to offer support. Of course it's understandable to feel frustration at having no control. But another opportunity was apparent. Everyone agreed that K had the intelligence to manage his own affairs. Perhaps the coaches could induce K to reflect on how he had lost control and what he needed to do to get it back. K also felt that he was always treated like a child. In fact the empathetic support he had shown to his fellow CET group members. Here was an example of K being an adult and controlling the very impulsivity that had robbed him of his adulthood. One of the coaches also indicated that K needed to grieve what he had lost in order to move on.

Another group member H, who could be particularly childlike expressed that his only adult relationship was the one he had with his CET coach. How remarkable. What a unique testament to the ability of the coach to relate to H. How could this be used as the basis for an interesting coaching question in group? H was in many ways completely dependent on his mother but he still felt he had an adult relationship with his coach. Another group member W, said that he was treated like a child by his mother but that he had an adult relationship with another member of his household. W had a history of having one sided relationships with other consumers. Did this new relationship represent an opportunity for growth?

The CCI clinical group reflected how mentally ill people seem to get locked into a perpetual adolescence. Some seem to spend decades fighting quixotic battles for independence. Some can be self absorbed and isolated. But others can find their stride eventually. M#1 is a CET graduate who had been living alone, watching, TV, smoking cigarettes and dreaming of a high paying job. He now volunteers several days a week. M#2 had been an angry man who had trouble finding his way. He is now married and a valued employee working with peers.

M#2's experience of working with peers seems to be a possible pathway to maturity. In Pittsburgh at Mercy's South 9th St. site, 4 CET group members are helping members of other groups in the CET computer exercises. When helping someone else, individuals seem to grow visibly. They can shift their focus from being cared for to mentoring someone else.

PLAN of Northeast Ohio also has a cadre of members working as Recreation Aids. The clinical group noted that many members who attend activities such as Supper Club have difficulty conversing with one another's ca-

This lack of interaction is yet another aspect of the ways in which consumers could be more mature. The possibility was raised that the Recreation Aides could be trained to promote interaction between the clients who attend these activities.

Focusing back on the CET group, this is the stage of group 10 when the issue of growth and taking control of one's life can be reflected in new treatment plans. Coaches can help group members learn to be realistically hopeful. This new hopefulness can be reflected in the new treatment plans. Sometimes hopefulness is a hard commodity to come by. Coaches can keep themselves hopeful by remembering those CET graduates who have matured. Many but not all, foster more adult relationships and careers.



(Left) Sharon Shumaker, LISW and Lead CET Coach, (Right) Dr. Zull

On January 23 Dr James Zull professor of Biology and Director of the University Center for Innovation in Teaching and Education at Case Western Reserve joined the CET coaches for an inservice on the biology of learning. As neuroscience advances in the understanding of human learning and behavior CET coaches are challenged to apply this knowledge to their work in the CET program. This knowledge increases our understanding of normal brain function and the impact of mental illness on this functioning. It also increases our sensitivity to methods that are most effective for the teaching/rehabilitation process.

By Sharon Shumaker

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

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