



CT-R APPLICATION IN A TELEHEALTH ENVIRONMENT

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Recovery-Oriented Cognitive Therapy

Recovery-Oriented Cognitive Therapy (CT-R) is a treatment modality that encourages both providers and the individuals they serve to take an active approach toward recovery. This treatment model requires providers to engage in experiential learning with individuals and activate them to realize their aspirations. As the COVID-19 pandemic has impacted the country, many mental health providers have had to adjust their work and adapt to a virtual environment using telehealth counseling. Given that CT-R requires a provider to take a more active role, the Georgia CT-R trainers found it necessary to be creative in supporting providers in how best to use the CT-R protocol in the telehealth environment.

Impact of COVID-19 on Individuals With Serious Mental Illness

One major concern during the COVID-19 pandemic is the impact that social distancing would have on an individual with mental health challenges. Isolation can often increase the challenging symptoms an individual with a serious mental illness experiences. As a result, the need for interventions that support recovery become ever more pertinent.



Impact of COVID-19 on Providers' Application of CT-R

Data were collected from 17 CT-R providers to assess COVID-19's impact on their use of the CT-R protocol, work environment, burnout level, and professional and personal concerns. On average, providers reported a moderate level of professional burnout and a low level of burnout related to their ability to make progress in their professional roles. Regarding service delivery, the majority of providers ($n = 82\%$) reported meeting more with individuals on their caseload over the phone, and about one-third ($n = 35\%$) reported interacting with individuals less frequently during the pandemic. At the beginning of the pandemic, most providers ($n = 76\%$) provided services in community or office settings, and most ($n = 53\%$) did not change their work environment when the state reopened in April. For those that did experience a

change after the shelter-in-place order ended, most (n = 59%) returned to working in the field or office. The top two concerns for providers about their role as mental health professionals during the pandemic was engaging with the individuals on their caseload (n = 82%) and protecting the health of those individuals (n = 82%). Overall, almost half of the providers (n = 47%) surveyed reported their experience using CT-R during the pandemic as either difficult or very difficult.

Adapting the CT-R Training and Consultation Process for Telehealth

During the CT-R training and consultation protocol, one-hour weekly consultation calls are held with providers immediately after their CT-R training workshop. These calls focus on helping providers apply the skills learned in the workshop with individuals in recovery. The first step in adapting the CT-R consultation protocol to assist providers in applying CT-R in a telehealth setting was incorporating more discussion about COVID-19 into these consultation calls. This approach allowed the trainers to address the ever-changing needs of providers who were still actively involved in the training process. During these discussions, the trainers focused on learning more about the impact of COVID-19 on the providers' service delivery.

GROUNDING QUESTIONS FOR COVID-19 CONSULTATION CALL DISCUSSIONS

- Through what various telehealth settings were providers interacting with their clients? For example:
 - Phone
 - Video conference
 - Face-to-face with social distancing (e.g., outside, sitting with appropriate distance)
- What aspects of CT-R did providers find were transitioning well in the various telehealth settings?
- What challenges did providers face when implementing CT-R in the various telehealth settings?

Through these discussions with providers, the trainers learned that providers were engaging over an array of telehealth platforms. Some providers maintained face-to-face contact, others provided only phone counseling, while some used video conferencing. When using CT-R with telehealth, most providers mentioned the following barriers: (1) individuals' inability to access platforms (i.e., phone access, internet access, or privacy) and (2) challenges with transitioning the activation of the adaptive mode to telehealth. The activation of the adaptive mode is the first step of the CT-R protocol. This step requires providers to be actively engaged with the individual through an activity that is of interest to the individual, such as playing movie clips or card games. Many providers found it difficult to complete this engaging step in the telehealth setting.

Through eliciting feedback from providers who were actively involved in the consultation process, the trainers compiled a list of strategies to adapt the interventions that required activity so they could be applied over various telehealth settings.

STRATEGIES TO ACTIVATE THE ADAPTIVE MODE VIA TELEHEALTH

- Talking about common interests
- Having an individual teach a skill to a provider via phone or video conference
- Taking virtual walks

Providers expressed that the second phase of the protocol, eliciting aspirations, was easily transitioned to a telehealth setting. They mentioned that they could readily assist an individual in visualizing and dreaming about their aspirations. The adaptation of this part of the CT-R protocol is important because aspirations can provide a sense of hope in an uncertain time, and they can serve as something that the person is moving toward and looking forward to.

In the third phase of the CT-R protocol, actualizing the adaptive mode or taking steps toward meaningful aspirations, the trainers assisted providers in adapting the way they define action steps. By conceptualizing action steps in a new way, the trainers helped them consider preparatory steps individuals could take while waiting and practicing social distancing until they can resume larger steps toward aspirations.

METHODS TO ACTUALIZE THE ADAPTIVE MODE VIRTUALLY

- Online classes
- Reading to prepare for returning to school
- Online job applications
- Having friends or family members accompany the individual to take initial steps when the provider cannot do face-to-face services

To further adapt the application of the CT-R protocol, trainers developed a list of ideas to adjust steps in a virtual world while adhering to social distancing. This list was informed by providers

who were actively involved in the CT-R training and consultation process. To help share this information to a wider audience of providers applying CT-R, it was distributed during a quarterly sustainability webinar offered to all providers who are certified in CT-R. The webinar gave the opportunity for CT-R-trained providers to give feedback on the compiled information and a platform to voice any additional concerns and challenges. Trainers were able to support these providers by addressing their challenges in real time with other adaptations.

Adapting the CT-R Training to a Virtual Environment

In addition to adapting the application of CT-R, the training team also made changes for training providers in a virtual space. For this transition, feedback was elicited from previously trained providers about the best ways to break up the training content. The training team researched online platforms and best practices to engage providers virtually. This information gathering helped the team to develop a nine-week virtual training consisting of two-hour weekly sessions from the three-day in-person training workshop historically conducted. Using provider feedback, the nine-week virtual training has been further revised to be offered as three-hour sessions twice per week over three weeks.

KEY COMPONENTS OF TRANSITIONING CT-R TRAINING TO A VIRTUAL SETTING

- Breaking the material into smaller, weekly segments to reduce providers' virtual fatigue
- Incorporating poll questions to reinforce learning and increase engagement
- Creating space and encouraging providers to share about their current experiences and innovative strategies for the virtual setting
- Using breakout rooms to provide tailored assistance to apply the learning in small groups
- Assigning tasks between weekly training sessions to bridge learning and let providers apply parts of the CT-R protocol outside of training time
- Outreaching periodically, via phone, to trainees to elicit their feedback on the sessions' material and encourage their continuous active engagement in the training



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