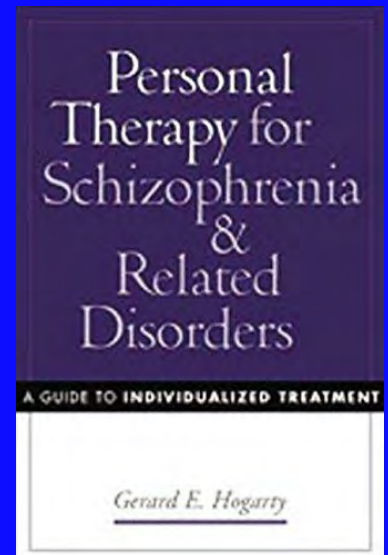


# Hogarty Principles

- Conversation is central to recovery
- Families are allies
- Medicine is essential to psychosocial treatment success

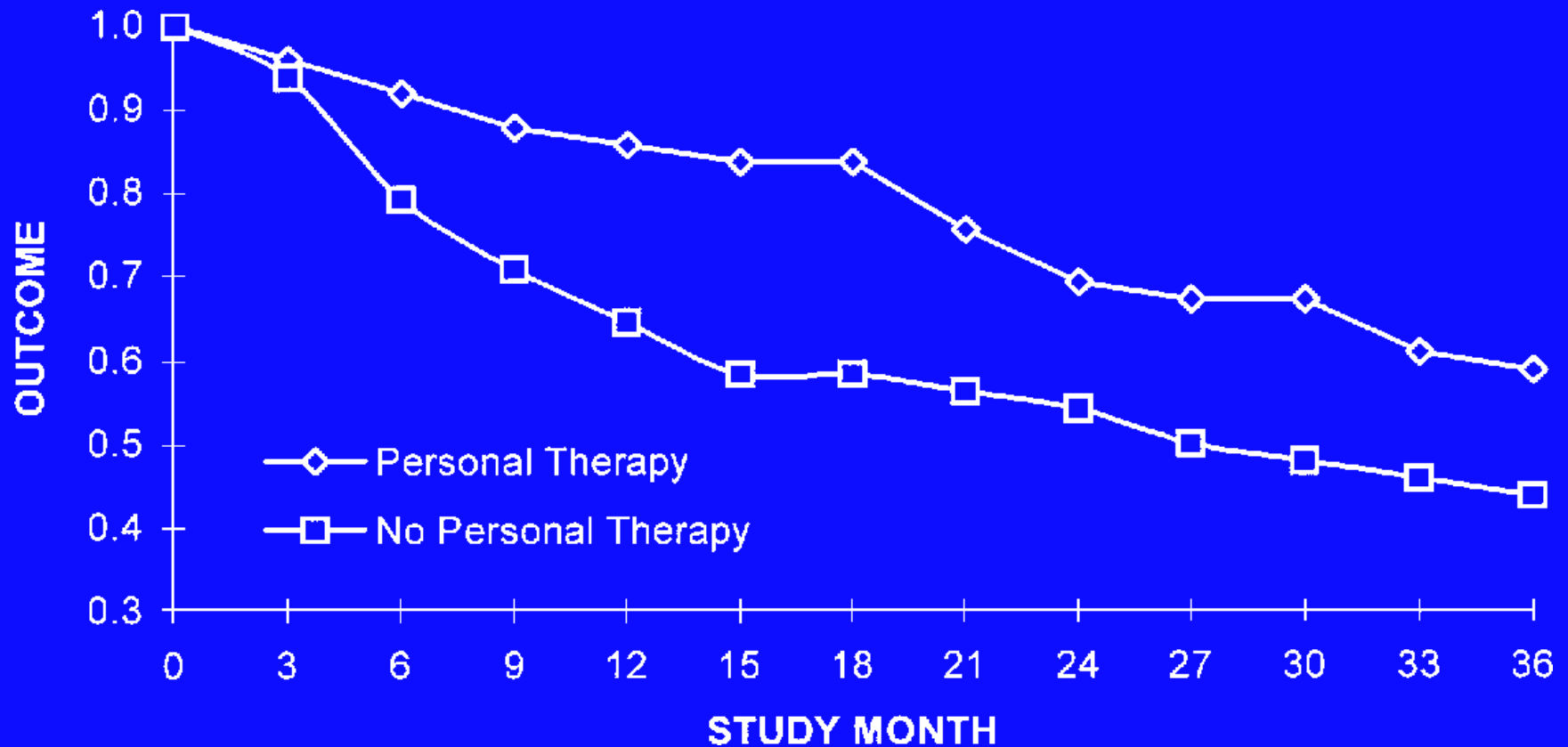
# Psychosocial Treatment and Relapse Prevention

- Until the early 2000s, psychosocial treatments largely focused on relapse prevention
- They were very successful
- Emphasis was on managing stress
- For example in Personal Therapy:
  - Identify early cues of distress
  - Develop coping strategies
  - Follow a healthy daily routine
  - Manage criticism



# Personal Therapy

( $N = 151$ )



# Personal Therapy

“Finally, we conclude with the caveat that although relative gains in adjustment were clearly achieved, in absolute terms most recipients of personal therapy were still recovering from a severe mental disorder....These clinically meaningful but relative improvements would not qualify as optimal recovery from schizophrenia.” (p. 1523)

# Hogarty Principles

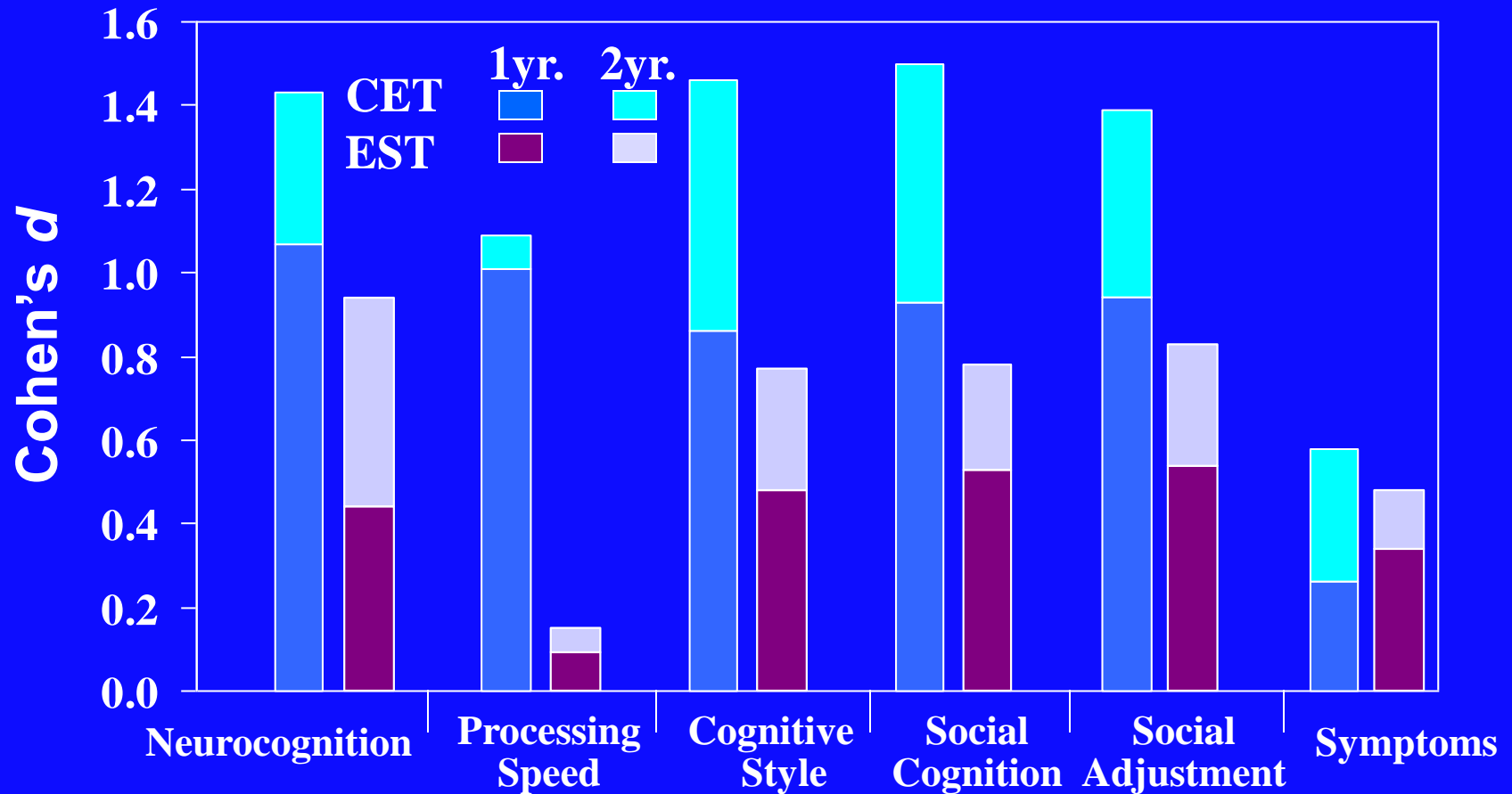
- Conversation is central to recovery
- Families are allies
- Medicine is essential to psychosocial treatment success
- Strive for progress, keep pushing

# Cognitive Enhancement Therapy

- A recovery-phase intervention for remediating neurocognitive and social-cognitive deficits originally developed for schizophrenia by Hogarty and colleagues (2004, 2006).
- Neurocognitive Training
  - Computer-based training in attention, memory, and problem-solving.
  - 1 hour/week
  - 60 hours total
- Social-Cognitive Group Therapy
  - Training in perspective-taking, gistfulness, non-verbal communication, emotion perception, and much, much more.
  - 1.5 hours/week
  - 45 sessions
- More information and CET Training Manual (Hogarty & Greenwald, 2006) at [www.CognitiveEnhancementTherapy.com](http://www.CognitiveEnhancementTherapy.com)

# CET in Long-Term Schizophrenia

( $N = 121$ )



# Hogarty Principles

- Conversation is central to recovery
- Families are allies
- Medicine is essential to psychosocial treatment success
- Strive for progress, keep pushing
- People with schizophrenia are capable of more than is recognized



# Key Questions

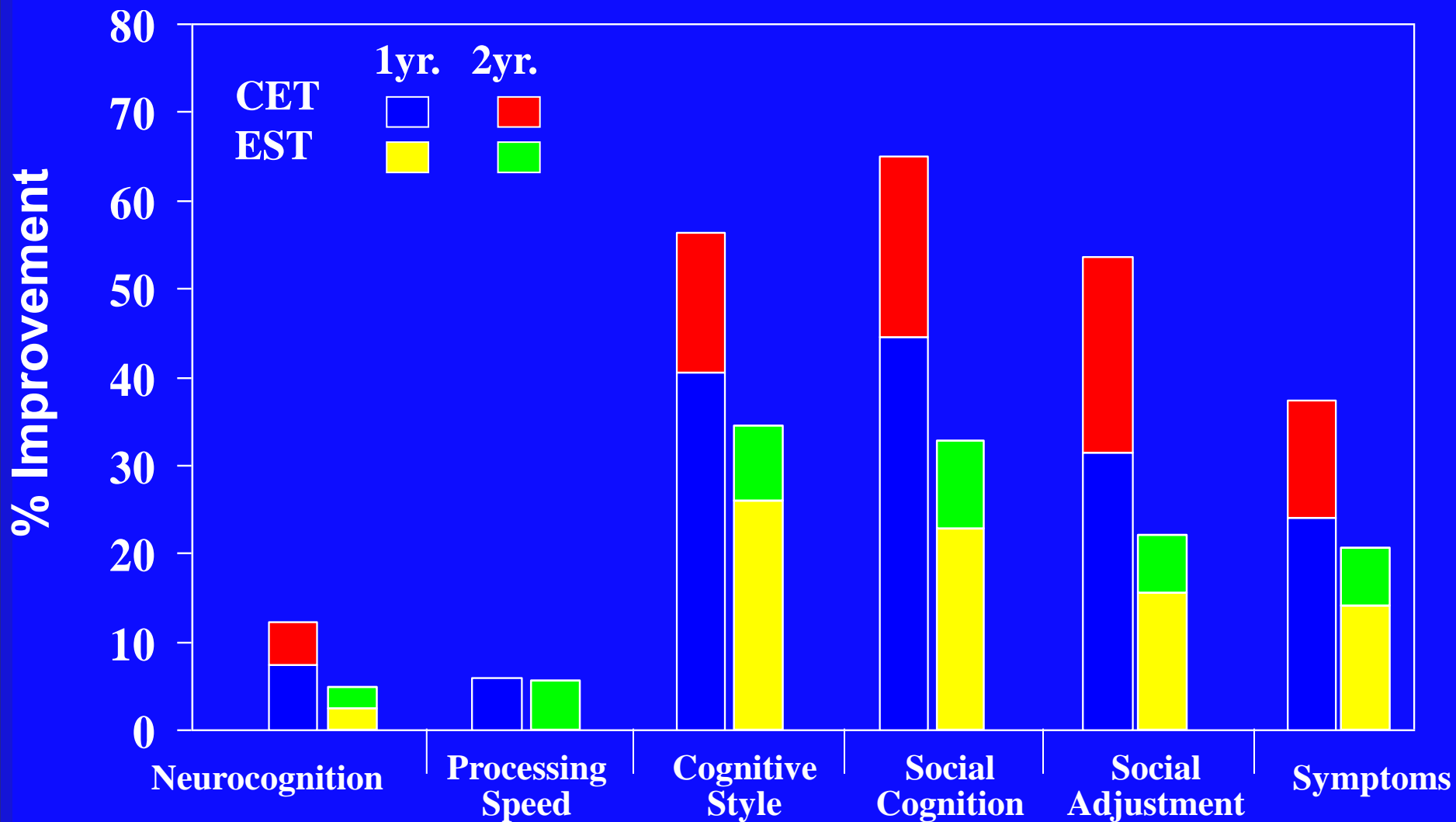
- Would sooner delivery help more?
- Are cognitive improvements reflective of actual brain changes?
- Do benefits last?
- Could benefits be extended to similar populations?
- Can providers be trained to do this well?

# Key Questions

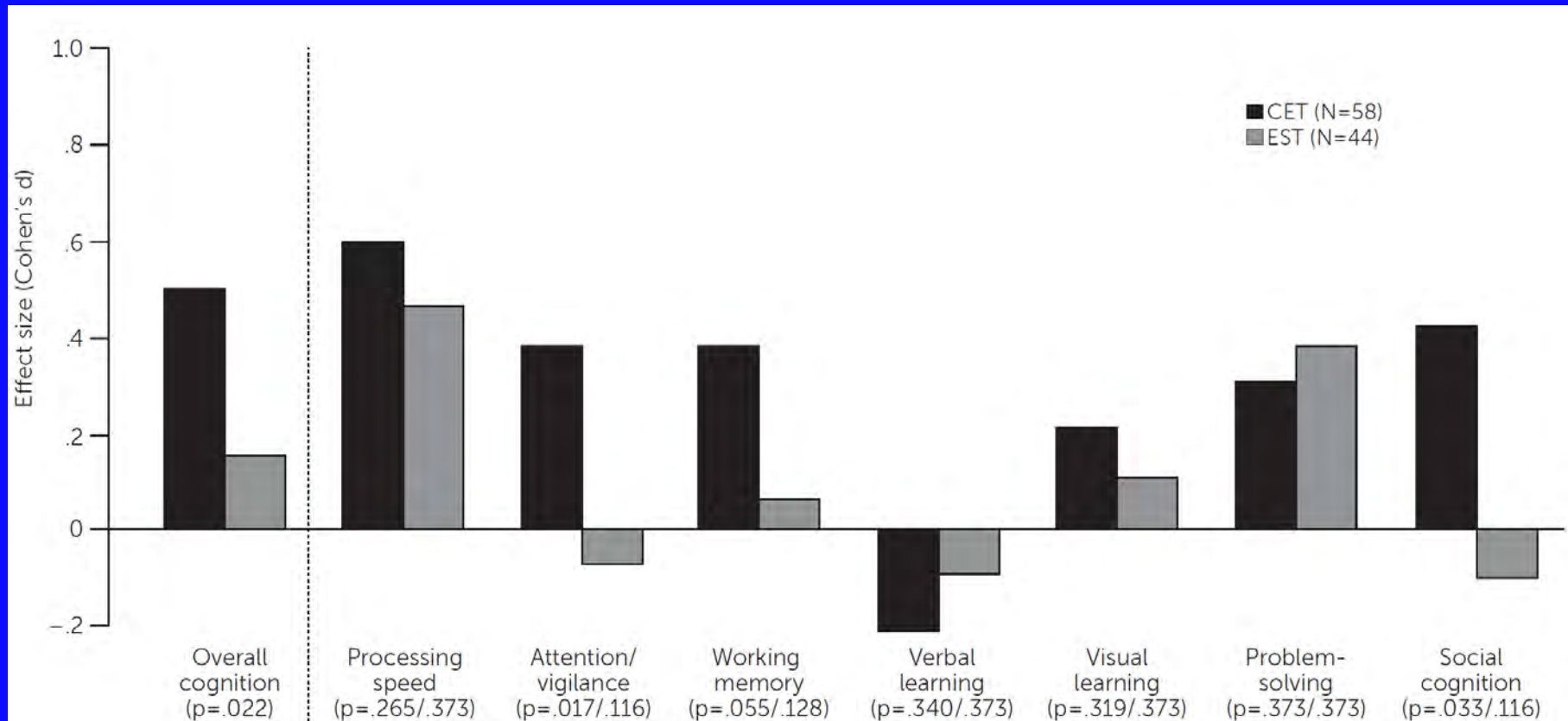
- Would sooner delivery help more?
- Are cognitive improvements reflective of actual brain changes?
- Do benefits last?
- Could benefits be extended to similar populations?
- Can providers be trained to do this well?

# CET in Early Course Schizophrenia

( $N = 58$ )



# CET in Early Course Schizophrenia ( $N = 102$ )



# Key Questions

- Would sooner delivery help more?
- Are cognitive improvements reflective of actual brain changes?
- Do benefits last?
- Could benefits be extended to similar populations?
- Can providers be trained to do this well?