The SRT Model

SRT
SOCIAL RECOVERY THERAPY

The SRT Model will cover....

- Social disability and social recovery
- The SRT philosophy
- SRT Basics
  - Phases
  - Components
  - Considerations

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Discuss

What is social disability?

What might Social Recovery Therapy look like?

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The SRT model

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SRT Development

- Theoretical and empirical influences
  - Clinical observations
  - Threat vs. reward / approach vs. avoidance
  - Hopefulness / meaning in life / positive self-schema
  - Behavioural aspects of CBT for psychosis
  - Observations from longitudinal cohorts
  - Personal recovery approach
  - At Risk Mental States (ARMS)/ Non-ARMS outcomes
  - Development of Time Use Survey measure of structured activity
  - Modelling time use trajectories
  - Trialling SRT in 8 years post-psychosis, first episode psychosis, complex youth mental health

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Social disability as an index of severity

- Most socially disabling and ‘chronic’ mental health problems begin in adolescence
- Severe mental health problems often preceded by social decline
  - often becomes stable
  - predicts long-term course of the mental health problems
- People with highest risk of persistent social disability and long-term complex mental health present with:
  - Social decline and social withdrawal
  - Anxiety (especially social) and depression
  - Low-level psychotic symptoms
  - Often substance misuse, risk to self and possibly others
  - Struggle to engage

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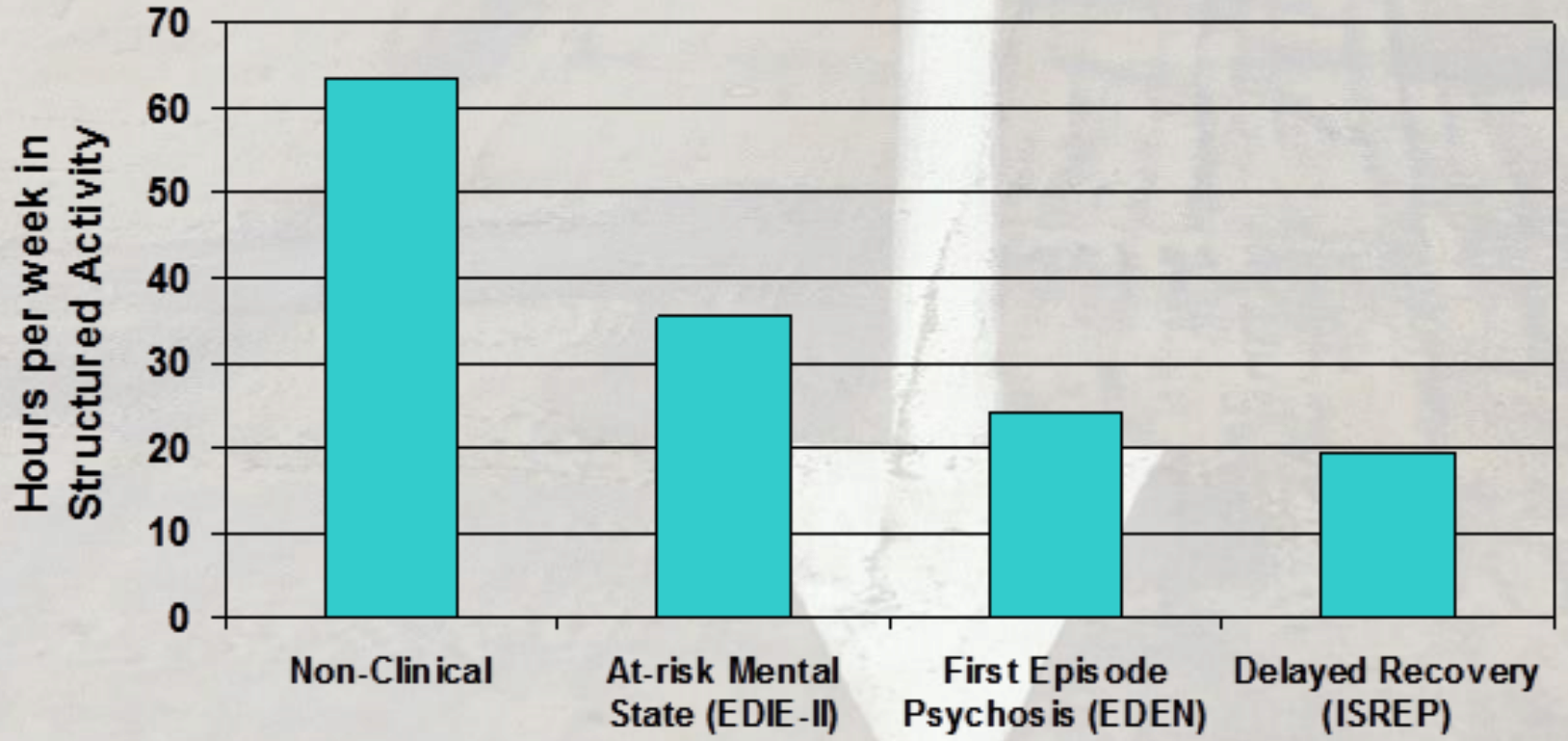
Social disability as an index of severity



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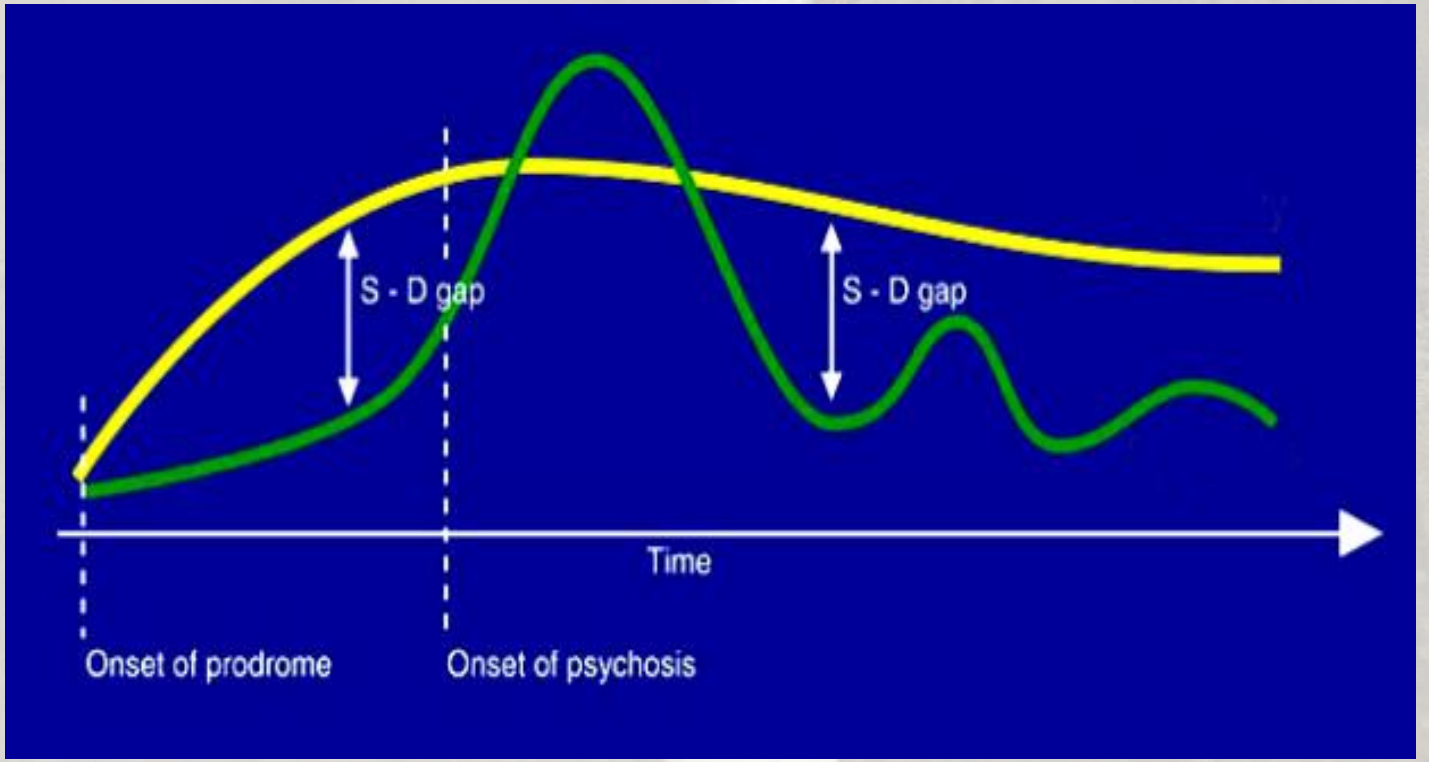
Hodgekins et al., 2015

Social disability in psychosis



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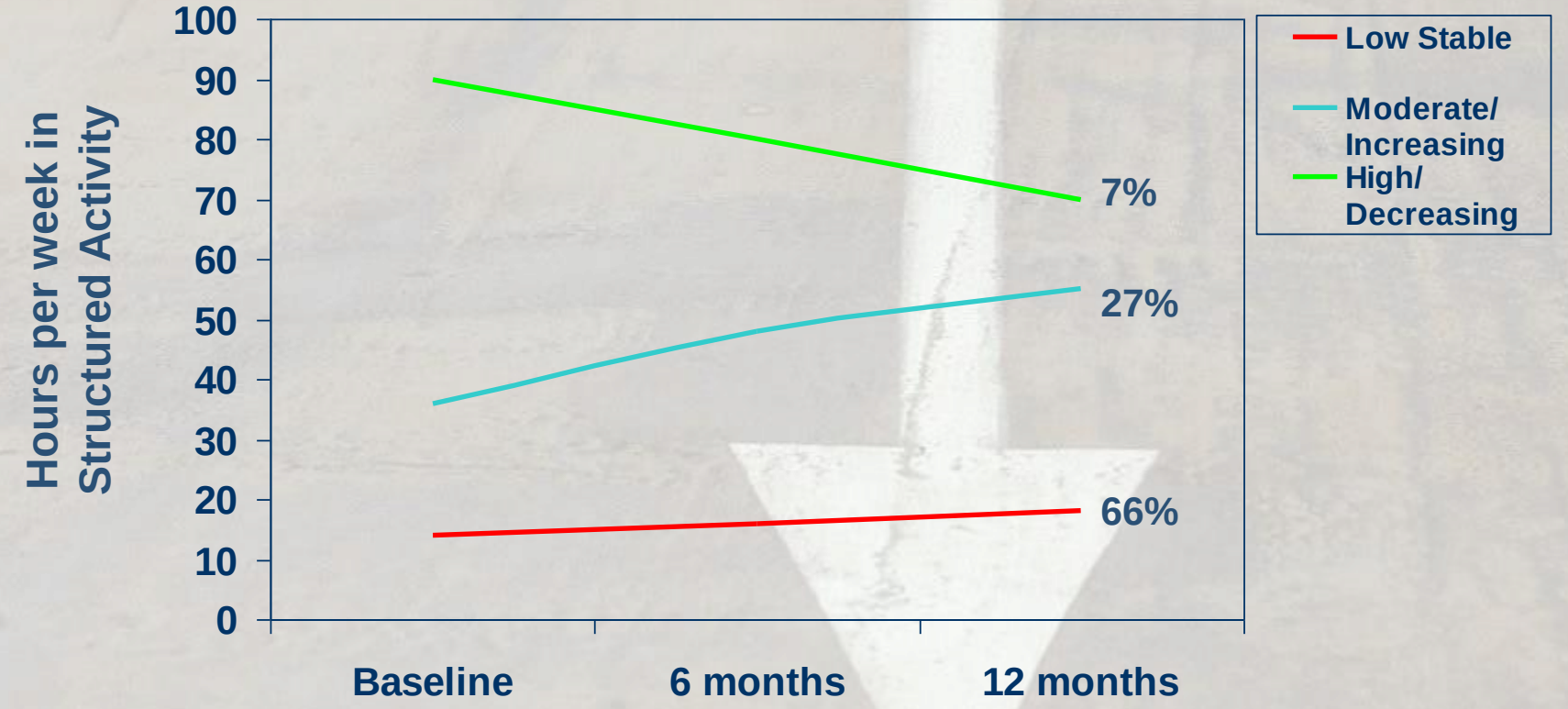
Trajectories of social recovery



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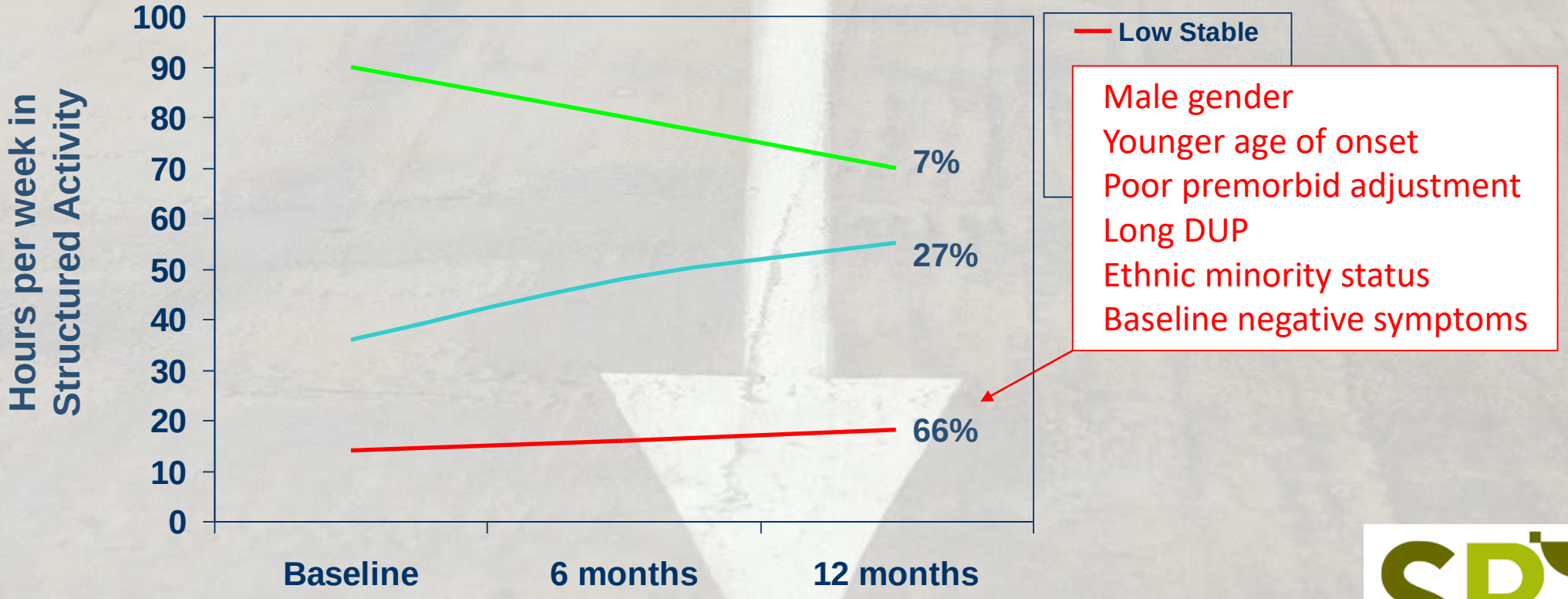
Trajectories of social recovery



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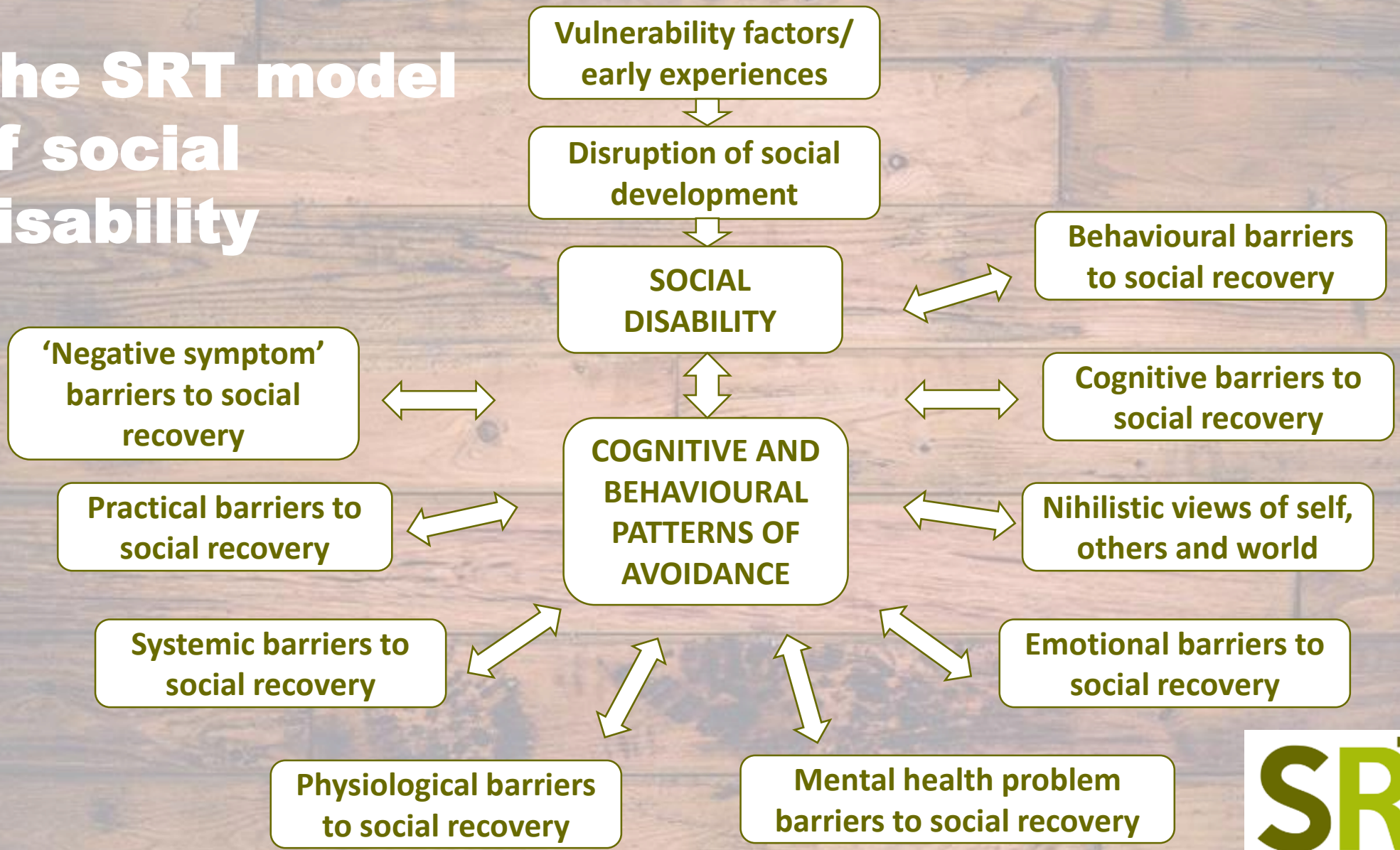
Hodgekins et al., 2015

The SRT model of social disability



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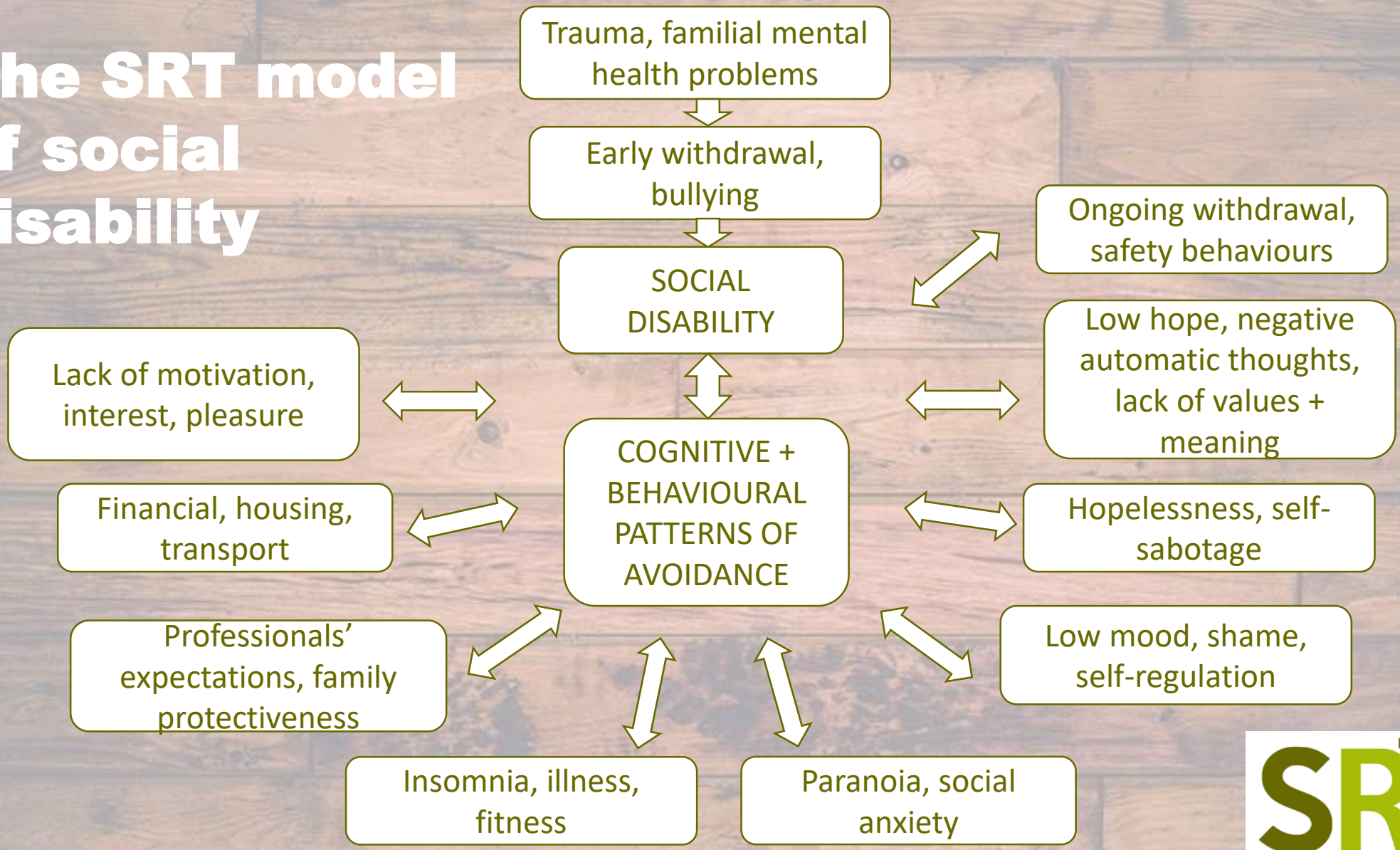
The SRT model of social disability



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SRT Philosophy

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Formative, restorative, normalising and hopeful supervision + peer support

Therapist walks alongside

Trust
Hope
Connection

Supportive-
Hopeful-
Flexible-
Assertive-
Persistent-
Collaborative-
therapeutic
relationship

Clear and transparent expectations, including agreement to be collaboratively assertive in encouraging engagement in feared tasks

Re/connect with values + re/establish social recovery goals

Emergent hope, positive self and motivation for change

Engagement in multi-layered behavioural work / increased activity in line with values and goals

Identifying positive aspects of activity + updating core beliefs

Initial achievements inspire increased hope and self-agency + motivation for change

Increased tools and self-understanding – need to push self to do feared things

Living in accordance with values and social recovery goals

Building systemic supports + challenging systemic barriers to social recovery

The SRT therapeutic relationship

- **Walking alongside: The SRT therapeutic relationship**
  - The therapeutic relationship is paramount to the delivery of SRT
  - In the context of the active behavioural intervention and behavioural work outside of the clinic room with the therapist, the intent is that the therapist ‘walks alongside’ the individual

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The SRT therapeutic relationship

- **Supportive, hopeful and flexible**
  - The development of trust and meaningful connection are important considerations of the SRT therapeutic relationship
  - Providing a secure and supportive base from which individuals can begin to increase their activity, engage in feared situations and move towards their goals is essential

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The SRT therapeutic relationship

- **Assertive and persistent but collaborative**
  - Individuals can arrive at SRT with a sense of futility and hopelessness and a history of struggling to engage with mental health services or alternative interventions
  - SRT therapists need to consider flexible but assertive engagement
  - SRT therapists may need to persist in encouraging individuals to engage in active behavioural work
  - Assertive and persistent encouragement must be in the context of clear collaboration and transparent discussion of therapeutic expectations and tasks which frame therapeutic activities in relation to the SRT formulation, individual's values and goals

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“Walking alongside”

“the willingness to just walk alongside her and go to where she was”

“it might be not through the typical therapeutic means of engaging, it might be that I just take them out and to do something novel, or do something active, or to do something that we can enjoy together”

“I think part of the reason it worked with him was because what we did felt really enjoyable for me too. I enjoyed seeing him, I enjoyed thinking what we’re going to go to next, what were going to do, and I think there’s a real reciprocity in that therapeutic relationship in those moments”

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“Supportive, hopeful, flexible”

“all positive emotions, you know, I think you can kind of, share them with clients, you’re kind of channelling them almost when you’re excited by the fact that someone’s been out for the first time in a few months, it’s just letting them know that”

“Within our supervision actually there’s a lot to be celebrated and there's a lot of hope within this intervention and that needs to be replicated at every level; think about what, what goes well and the positivity of therapy, and the hopefulness actually, because it does breed hopefulness”

“it’s all about flexibility, we started with a few goals that, because of the different reasons we had to rearrange the goals, discuss different strategies, we had to work on a very flexible way”

“you can go a bit *off-piste* and talk very flexibly with people about their interests, or do something to hatch their interest”

“the flexibility to kind of mop up whatever, whatever is happening”

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“Assertive, persistent, collaborative”

“it’s not just about that one week session, it’s about potentially calling them in between, texting them in between, emailing in between”

“consistently carrying on, booking appointments, arranging and turning up, meeting up at the service even if he wasn’t there, week on week, I think led to him seeing that I was reliable, and that he could trust me”

“having a sort of conversation with the person about “At times I might be quite strongly encouraging you to do something, and if you really don’t want to do something, then that’s absolutely fine”. So you, you kind of got the collaboration through the permission of the person for you to be quite directive, and that, that, that can be collaborative too.

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100% Engagement

“I just feel comfortable in college and it's good that they can do it here cos if I couldn't do it here I wouldn't do it... I wouldn't have done it otherwise”

“I believe she understood me on a personal level as well obviously we didn't go it wasn't any it wasn't unprofessional at all but we spoke about sort of things in general rather than just straight to the therapy it wasn't as clinical as I can imagine some of these services can be with certain people”

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“Doing things that like I wouldn't normally you know stuff that would make me feel really anxious just like I know I have to just do it like regardless of the feelings I've got or thoughts or anything I know I have to just do it”

50% behavioural

“It worked so well for me because it was working in the area... I want to be able to go into my town and do, visit my shops and feel comfortable. [In the clinic] I don’t think it would have the same benefits because it’s- it’s detached... It was more about for me the practical walking round the streets by my house and that built the confidence for me because I was then working out from my house into [other] areas”

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20% multi-systemic

“She helped me with voluntary jobs. Because I was going to have a voluntary job at the hospital, and she helped me go for interviews and things like that. So I did loads – heaps of stuff with her… And she came in with me as well, you know, just like for support”

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SRT Phases

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3 phases

- 3 phases are tailored flexibly to each individual
  - iterative and non-linear
  - allowing for setbacks and relapses
- Introduction of cognitive and behavioural tasks and techniques idiosyncratic and formulation-driven
- SRT therapists should track progress collaboratively with the individual through
  - review of the formulation
  - checking progress towards social recovery goals
- SRT therapists should also track progress in supervision to guard against therapist drift and ensure progression toward meaningful structured activity related goals

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3 phases

- Stage 1
  - Assessment and developing a social recovery formulation whilst promoting hope for social recovery
- Stage 2
  - Identifying and working towards medium to long-term goals through the consolidation of hope and positive identity and the re/discovery of specific pathways toward activities guided by the individual's values
- Stage 3
  - Active promotion of structured and meaningful activities using active behavioural work and supporting engagement with other organisations and institutions.

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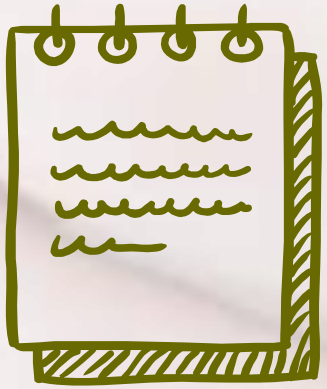

SRT Blueprint

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YOUR SOCIAL RECOVERY THERAPY BLUEPRINT

1. What were your problems with social recovery?

It might help to think about:

- How were you spending your time?
- What were your main problems?
- How were you coping with the problems?

2. What have been the barriers to your social recovery?

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SRT Components

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SRT Key components

Assertive Outreach principles

- Work flexibly
- See young people where they feel comfortable
- Work alongside, accompany to activities

Cognitive Behaviour Therapy techniques

- Work to help clients identify interests, goals and values
- Work to promote hope and positive sense of self
- Work with low mood, social anxiety, other anxiety, psychotic symptoms
- Work from cognitive point of view to identify and challenge unhelpful thoughts and appraisals.
- Use behavioural activation and behavioural experiments

Multi-systemic principles

- Help support clients into new activities
- Liaise with employment and education providers
- Engage with natural supports around clients
- Work with systemic barriers to social recovery, e.g. family, friends, partners, employers, education providers, other professionals

SRT Key components

Cognitive work

- Hopefulness
  Positive sense of self

Behavioural work

- Behavioural activation
  Multi-layered behavioural experiments

Multi-systemic work

- Developing and maintaining a social recovery-focused system

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SRT Adherence

- Collaborative identification of
  - SRT formulation and maintenance cycles
  - Values and goals for social recovery
- At least 2 pieces of behavioural work
  - With the therapist
  - ‘In the community’ i.e. outside the clinic room
- Collaborative creation of
  - SRT Therapy Blueprint

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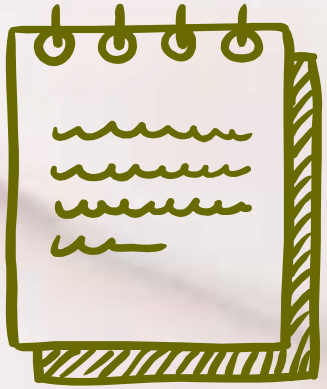

SRT Adherence Checklist

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ADHERENCE CHECKLIST

Participant ID: _____ **Therapist:** _____ **Session Number:** _____ **Session Date:** _____

Reviewer note: *When rating adherence, a score of 0 (not satisfying model component/no evidence), 1 (partial adherence/lack of information/component not completed), 2 (SRT model components clearly evidenced and completed) should be given. As a rule – ratings of 0 or 2 should be given. A rating of 1 is only given if evidence provided by the therapist is unclear or if it only partially satisfies the criteria for model components.*

Present?	Item	Description	Reviewer score (0-2)
	Engagement (compassion, validation, promoting hope)	Explanation of SRT at start of therapy, agenda setting, feedback, compassion, validation, promoting hope. This can and should be on-going throughout therapy. Identifying and discussing barriers to engagement. - *Adherent if therapist evidences explicit engagement strategies, client engages in session and agenda is set.*	
	Assessment	Developing a shared understanding of current difficulties; social, behavioural, cognitive and systemic. Behavioural and risk assessments included here. Explicit mood reviews and risk assessments should be included here. - *Only the first session will be ticked as an initial assessment. Any other assessment sessions will be ticked as ongoing.*	
	- Initial		
	- Ongoing		
	Timeline	Assessment/discussion of the impact of psychosis on current difficulties.	
	Problem and Goal List	Including development, setting and review. Any additional new problems or goals can be identified here even though it is not generated as part of a formal list. - *To satisfy a score of 2 on this item, explicit generation of problem/goal lists, reviews and discussions or additions thereafter must be evident. Working towards goals if linked within session can score a 1.*	
	Values-Based Assessment	Values map and work around values; including motivation to change which may not be classed as assessment but work on values. Developing values and reflecting back in later sessions to values. Thinking about things that are meaningful to the client and discussed as values	

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SRT Considerations

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SRT Considerations

- Setting
- Resources
  - Time, capacity, flexibility, finance
- Therapist CBT experience
  - Especially behavioural work

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Discuss

What might be some of the differences in delivering SRT with different populations?

E.g. under and over 25 years?
E.g. psychosis versus complex non-psychotic problems?

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Our reflections

Over 25

- Often more entrenched hopelessness
- Can be greater sense of ‘illness identity’
- Sense of ‘time running out’ can be motivational

Under 25

- Age 18 can be a positive trigger
- Can be greater belief in positive change
- Can be limited self-agency
- Fewer support services + vocational opportunities

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Psychosis

- Residual psychotic symptoms as social recovery barrier
- Trauma associated with psychosis, hospitalisation
- Negative symptoms can complicate engagement

Complex non-psychotic

- Potentially more varied symptom experiences
- Greater overt distress can aid engagement

Resources

- Fowler et al. (2013) – SRT in psychosis https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118330029.ch8

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