

# FROM TRAPPED SELF TO LIBERATED SELF: RECOVERY- ORIENTED COGNITIVE- BEHAVIOUR APPROACH FOR WORKING WITH PEOPLE WITH MENTAL ILLNESS

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# Baptist Oi Kwan Social Service

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BOKSS has been serving in the mental health field since 1982. We have been using different innovative services and recovery oriented approaches to serve PIR and their carers.

We started to collaborate with Professor Wong to use CT to facilitate users with different mental illness in their recovery since 2012. CT trainings and monthly supervisions were given by Professor Wong and our supervisors. The use of CT has helped improved the recovery of many service users.

# Research History/ Background

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The emerging Recovery-oriented practice in mental health field, BOKSS and Prof Wong embarked on a journey to explore the integration of recovery concept into CT in 2014.

9 colleagues with basic recovery and CT trainings are invited. Each worker has 3 cases using CT recovery approach in case work with a monthly group supervision by Professor Daniel Wong.

*How to integrate & transform a “deficit/ problem ” approach to a “recovery/ strengths” approach?*

After 1.5 years of case work/studies, subjective sayings from cases and objective data collected both showed significant improvements.

We integrated theories and frontline experiences and formulated a recovery oriented CT approach in working with people with mental illness.

◎「認知治療」輔助手冊

復元為本的認知行為介入法

# 從捆綁到自主

黃富強 陳玉清 編著



# Recovery

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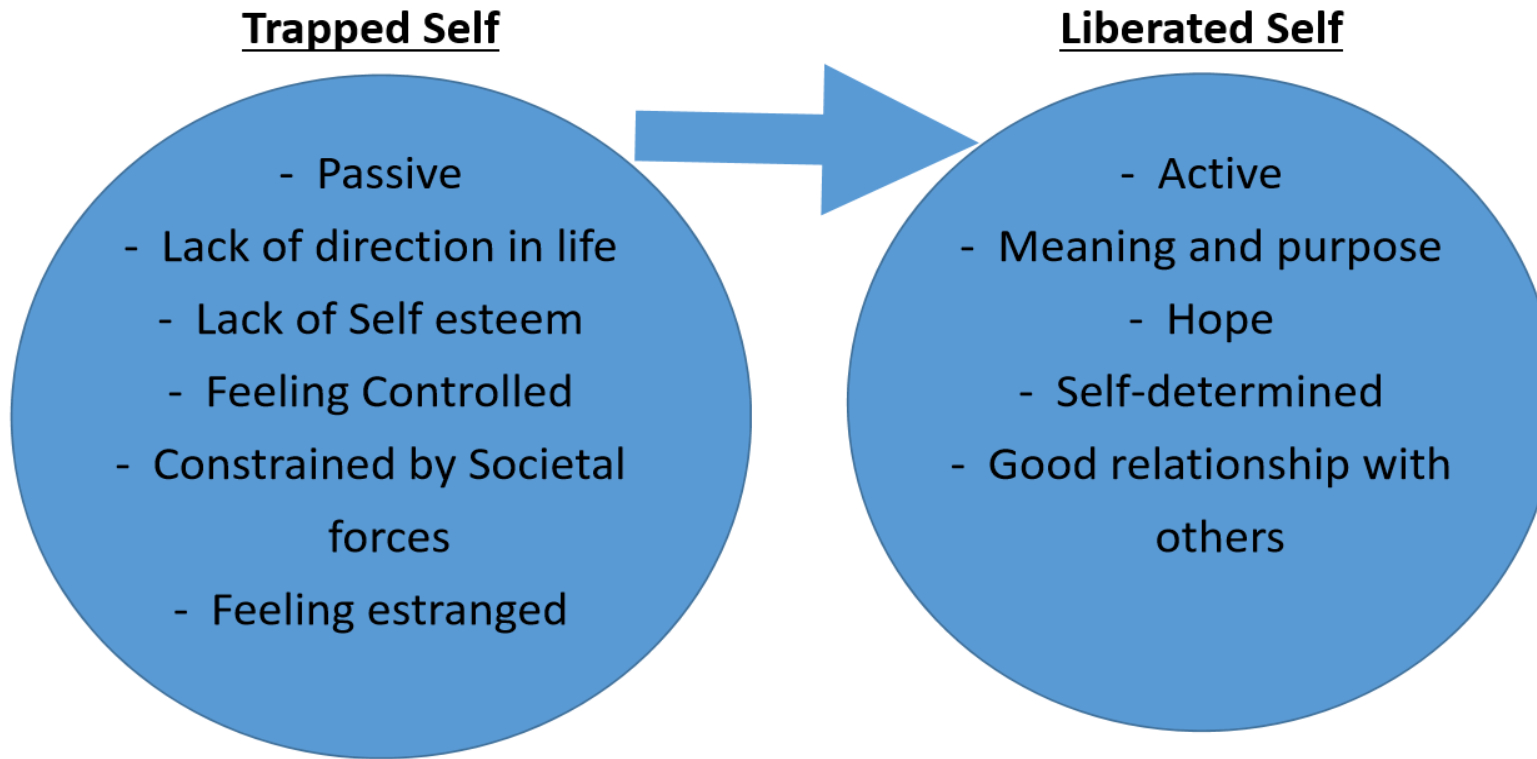
Does not assume a full return to a former state of health or functioning, but emphasizes the development of new meaning and purpose

# People with mental illness

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## People with mental illness:

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# Why do people get stuck in the trapped self?

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1. Severity of illness
2. Habituated patterns of responses in life
3. Lack of recognition of own strengths and weaknesses
4. Family/Interpersonal contexts
5. Environments fostering dependency

# Focuses of Recovery oriented CBI (Informed by collaborative recovery model from University of Wollongong Illawarra Institute for Mental Health)

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1. A unique and personal journey towards hope, meaning, identity and responsibility for self
2. Focuses on (a) identifying and developing strengths and (b) finding ways of overcoming the obstacles to goal attainment
3. Draws on the person's own experiences to explore and develop strengths
4. Involves using a set of techniques to facilitate the person to engage in a meaning-making process



# How CBT can be incorporated into a recovery model?

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1. Recovery oriented CBT is strengths oriented, focusing on the positive aspects of an individual
2. Recovery does not deny the existence of deficits. CBT focuses on identifying some of the deficits that pose obstacles to recovery
3. CBT has a set of tools, techniques and skills that can be transformed into strengths oriented tools, techniques and skills (\*\*\*)Indeed, this fills the gap in current literature concerning the availability of user-friendly tools and techniques that can actualize the concepts of recovery in daily practice

Table 1: *Stages of recovery and their associated intervention tools and techniques*

Stage	Techniques
Instilling hope and motivation for change	<ul style="list-style-type: none"> <li>● Validation/appreciation of strengths</li> <li>● Dysfunctional and functional cycle</li> <li>● Worker being curious, non-judgmental, supporting, and communicating trust and respect</li> <li>● Understanding the person's personality styles</li> </ul>
Identifying needs (Assessment)	<ul style="list-style-type: none"> <li>● Recovery Oriented Needs Assessment</li> <li>● Event-based exploration – understanding client's response patterns</li> <li>● The auction game of life – Identifying future aspirations</li> </ul>
Developing goals	<ul style="list-style-type: none"> <li>● Event charting/ exploring past successful experiences</li> <li>● Brainstorming</li> <li>● The auction game of life – Identifying future aspirations</li> </ul>
Exploring internal and external resources	<ul style="list-style-type: none"> <li>● Event charting/ exploring past successful experiences</li> <li>● Recovery-Oriented Needs Assessment</li> <li>● Drawing dysfunctional and functional cycles</li> </ul>
Developing the tasks, strategies and plan to achieve the goals	<ul style="list-style-type: none"> <li>● Implementing specific life goals: A step-by-step process</li> <li>● Building successful experiences through exposure/behavioural experiment</li> <li>● Pie chart</li> <li>● Validation/appreciation</li> </ul>
Identifying personal and environmental barriers in goal attainment	<ul style="list-style-type: none"> <li>● The five-steps to handling negative emotions</li> <li>● Modifying dysfunctional beliefs</li> <li>● Event charting/ exploring past unsuccessful experiences</li> <li>● Drawing dysfunctional cycle</li> </ul>
Engaging in ongoing evaluation and feedback with the person	<ul style="list-style-type: none"> <li>● Old me/New me</li> <li>● Strengths list/piggy bank technique</li> </ul>

# Instilling hope and motivation for change

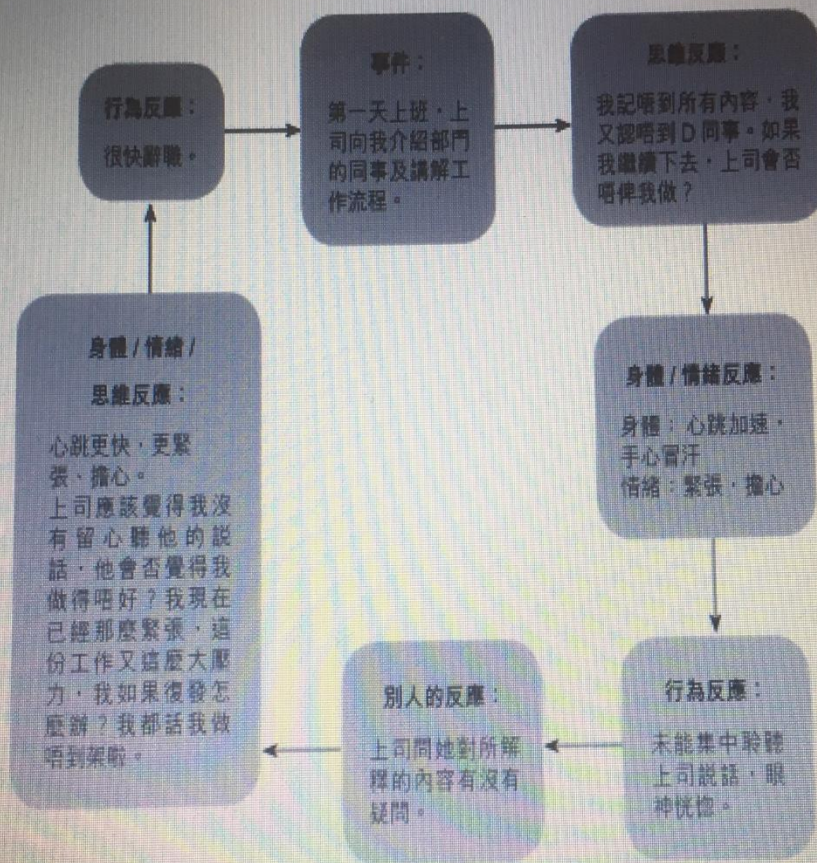
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1. Validation/appreciation
2. Dysfunctional and functional cycle
3. Worker being curious, non-judgement, supporting, communicating trust and respect
4. Understanding the person's personality

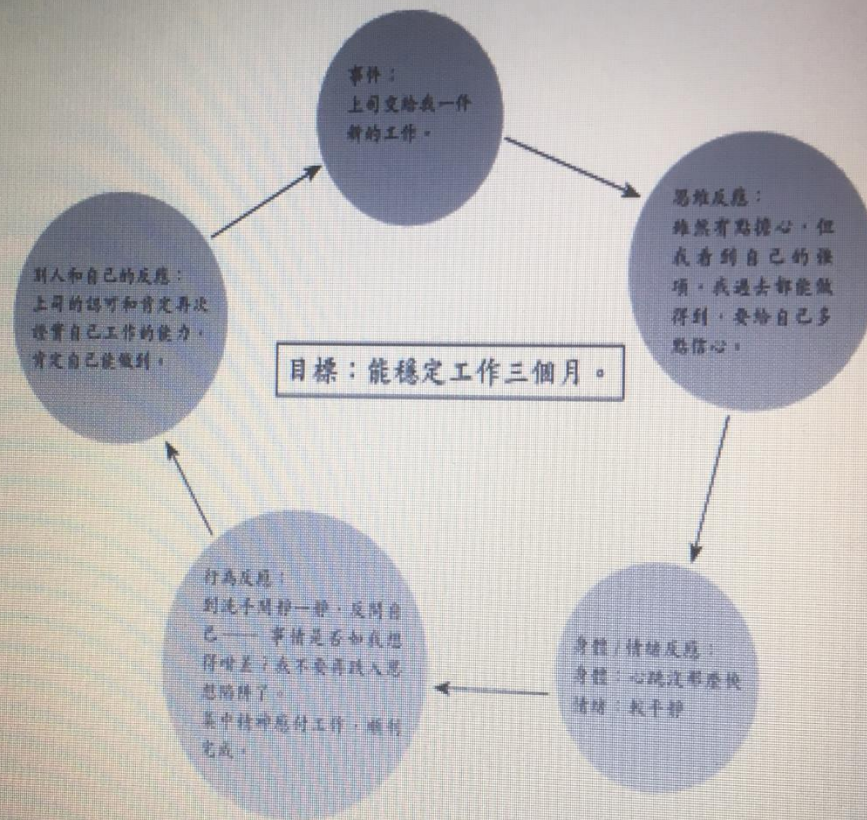


# Dysfunctional and Functional Cycle

■ 02. 欣的惡性循環圖



■ 03. 欣的良性循環圖





# Identifying needs (Assessment)

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1. Recovery oriented need assessment
2. Event-based exploration (i.e.身心思維自我分析表)
3. Exploring past experiences

# Recovery oriented need assessment

掘到的內外資源或優勢，去幫助他們達成目標。本單工更足起見，以下  
的案例，講述個人能力評估表如何幫助案主發展目標。

個人能力評估表內容全面，可找出案主多方面的優勢。個人優勢並不局限在性格或能力方面，這評估表網羅生活中的不同面向，包括：「居住環境」、「交通、流動性」、「經濟、保險」、「工作、教育」、「社交支援、親密關係、宗教信仰」、「健康情況」和「消閒活動、天資、技能」七個範疇，探索周遭有甚麼是可以運用的優勢與資源。

評估表除了橫向概括生活各方面不同範疇，也從縱向探討過去、現在、將來三個層面。在每一個範疇中，不但講及現時的情況，也會問到個人要求與志向，以及過去曾作出的嘗試。

在討論「現時的情況」時，很多案主難以識別現況中的資源，但透過評估表所附建議問題的引導，以及工作人員的提醒，協助他們用嶄新的目光去審視生活，從而發現有助復元或達成目標的優勢。

個人要求與志向的部分，是讓案主描述自己期望中的將來是怎樣的，使他們可以更清晰地思考，於不同範疇中想得到甚麼東西。這可以協助無法訂定目標的案主，通過描述對未來的想像，找出自己的

## 2. 居住環境

- |                                       |                          |
|---------------------------------------|--------------------------|
| ① 你目前在 <u>哪裡居住</u> ？獨居還是跟他人一起居住？      | <input type="checkbox"/> |
| ② 你對現在的居住環境有甚麼滿意的地方？                  | <input type="checkbox"/> |
| ③ 你對現在的居住環境有甚麼 <u>不滿意</u> 的地方？        | <input type="checkbox"/> |
| ④ 你現階段希望繼續住在這裡還是想 <u>搬到其他地方</u> ？為甚麼？ | <input type="checkbox"/> |
| ⑤ 請形容 <u>以往你住過最滿意</u> 的居住環境。          | <input type="checkbox"/> |

現時的情況	個人要求與志向	個人和社交資源（過去曾作出的嘗試）
在宿舍住，租金平，環境比套房好。	上樓（成功申請單人公屋）	曾住套房，每月需付近 5000 元租金，社工助我申請入住議華樓單身人士宿舍，在宿舍可有獨立空間，租金便宜。認為居住的地方十分重要，以往的經歷令我覺得有宿舍住值得感恩。

# Social support, interpersonal relationship and religion

② 你和家人的關係有沒有甚麼令你憤怒或不快的地方？	<input type="checkbox"/>
③ 你希望你和家人的關係會有甚麼改變？	<input type="checkbox"/>
④ 你喜歡在哪個地方休息和放鬆自己？為甚麼喜歡那地方？	<input type="checkbox"/>
⑤ 當你感到孤單時你會做甚麼？	<input type="checkbox"/>
⑥ 你有沒有一個可以給他打電話，聊天，一起做些事的朋友？如果沒有，你是否希望可以找一個這樣的朋友？	<input type="checkbox"/>
⑦ 你是否渴望能與另一個人發展親密的關係？你會否希望有這樣的關係？	<input type="checkbox"/>
⑧ 宗教信仰對你的生命有沒有甚麼意義？如果這方面對你來說是重要的，你是怎樣經歷和表達你靈性／信仰上的一面？	<input type="checkbox"/>
⑨ 你喜歡大自然嗎？	<input type="checkbox"/>
⑩ 你喜歡動物嗎？	<input type="checkbox"/>
⑪ 你現時有沒有飼養寵物？如果沒有，會否想飼養一隻？	<input type="checkbox"/>
⑫ 以前曾否飼養寵物？	<input type="checkbox"/>

現時的情況	個人要求與志向	個人和社交資源 (過去曾作出的嘗試)
- 教會教友及朋友支援。 - 親戚關心我的情況，隔中一同食飯。 - 現時一年會探望父親2-3次。	- 作為基督徒，能有好的見證。 - 與上帝的關係更親近。	- 過往曾辦離婚，曾以過來人的身份做義工幫助有需要的婦女。 - 與家人的關係差，在最需要家人支援的時候（離婚），遭家人拒絕，不覺得家人對自己有正面的幫助，當時覺得不開心。

# Developing goals

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1. Event charting/exploring past experiences
2. Brainstorming
3. A balanced life game – Identifying future aspirations



# The balanced life game

表 06. 阿文的均衡生活檢視表

假設你現時擁有 100 萬，請你以期望的理想生活模式填寫「理想投資額」，並以現時生活狀況填寫「實際投資額」。

項目		理想投資額	實際投資額
1	工作	30 萬	萬
2	配偶或男女朋友相處	萬	萬
3	與家人相聚（父母、子女、兄弟姊妹）	20 萬	55 萬
4	與朋友相處	20 萬	10 萬
5	休息	萬	萬
6	娛樂	萬	萬
7	獨處	萬	萬
8	健體活動	5 萬	5 萬
9	發展個人興趣	5 萬	5 萬
10	進修學業	5 萬	萬
11	認識社會潮流或新事物	萬	萬
12	參加宗教活動	15 萬	25 萬
總共：		100 萬	100 萬

# Exploring internal and external resources

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1. Event charting
2. Recovery oriented needs assessment
3. Drawing functional cycle

# Event charting - Strengths focused

請嘗試回想在你的人生不同階段中，令你開心、有成功感及印象深刻的事件，請把事件扼要記錄下來。

童年	青少年	成年	老年
<b>事件一</b> 小學二年級（7歲）被老師稱讚我有一副好嗓子。老師邀請我在班中獻唱。	<b>事件一</b> 15歲時與幾位同學一起去露營。中間經歷了一些危險，但最後平安無事。	<b>事件一</b> 初時想不到，覺得自己18歲後一無是處；26歲時因賦閒在家，百無聊賴，便獨自跑到台灣流連了兩個星期左右，但去後感覺良好。	<b>事件一</b>
<b>背後的意義</b> 我喜歡唱歌，雖然不能成為職業，但也可以是興趣。同時，我不是一無是處。	<b>背後的意義</b> 我亦有一些解決問題的能力，可能我一個人做不來，但有別人幫忙就可解決到。	<b>背後的意義</b> 在不開心的時候，可為自己做點事，還算可以：這是第一次獨自出門，但仍能完成旅遊活動，我都算有能力計劃事情的人。	<b>背後的意義</b>

童年	青少年	成年	老年
<b>事件二</b> 小學一次旅行途中，一位同學傷了不能走動，我挺身而出，扶他去醫院。	<b>事件二</b> 16歲時，校際羽毛球比賽拿到團體亞軍，個人亦進入八強。	<b>事件二</b>	<b>事件二</b>
<b>背後的意義</b> 我關心別人；也不怕吃苦，因為扶着他走動時很辛苦；人與人之間可以相互扶持。	<b>背後的意義</b> 我刻苦，努力，就有成績；我很享受與朋友一起的時候，我真誠地對待朋友，朋友亦真誠地對待我。	<b>背後的意義</b>	<b>背後的意義</b>

在這些經歷中，你發現自己有甚麼正面特質？在面對這些事件中，你對自己整體有甚麼評價？

Developing the tasks, strategies and plan to achieve the goals

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1. Implementing specific life goals: A step-by-step process
2. Building successful experiences through exposure/behavioural experiment
3. Pie chart
4. Validation/appreciation

# Developing the tasks, strategies and plan to achieve the goals

表 09. 阿文的「生活目標逐個捉」工作紙

我的生活目標優次

第一位：最希望達到；第五位：做不到亦無妨

優次	生活目標	原因
第一位	擴大朋友生活圈子	1. 享受以往與朋友相處的時刻； 2. 讓自己開心一點，不至於終日留在家中
第二位	進修學習	希望能學得一技之長，有助日後找到合適工作
第三位	工作	希望找到一份穩定及長久的工作，不想再在經濟及生活上依賴父母；希望有一天可以獨立生活
第四位		
第五位		

我的目標

目標	具體計劃
目標一：擴大朋友生活圈子	1. 聯絡舊有的羽毛球隊員，參與他們的聚會。 2. 參加青年中心的歌唱班（因已有一段時間沒有參加）
目標二：進修學習：希望做文職工作	1. 學習基本會計的課程 2. 學習電腦班（Excel, Publisher，中英文打字等）
目標三：暫時不想作出找工作的具體安排	



# Developing the tasks, strategies and plan to achieve the goals (2)

我實踐目標的具體計劃

目標	具體計劃	策略/途徑	完成時間	所需資源
目標一：擴大朋友生活圈子方面	1. 聯絡舊有的羽毛球隊員，參與他們的聚會。	1. 在未來兩個月內會作出嘗試，參與舊同學聚會	沒有時限	無需要
	2. 參加青年中心的歌唱班（因已有一段時間沒有參加）	2. 回到青年中心報名即可	沒有時限	無需要
目標二：進修學習：希望做文職工作	1. 學習基本會計的課程 2. 學習電腦班（Excel、Publisher、中英文打字等）	參加不同的學習班	半年至九個月	無需要
目標三：暫時不想做出找工作的具體安排			完成目標一、二後再做打算	

# Behavioural experiment

## 行為實驗法工作紙

### 1. 需要突破的心理盲點？

內向文靜的性格是不好的。

### 2. 把問題重點具體化：

(1) 甚麼叫做：內向文靜的性格？

例：在社交場合沒有話題。

例：在社交場合不主動。

(2) 甚麼表達才是：好的性格？

例：好像妹妹的外向主動。

例：自然地跟朋友交談，有話題。

### 3. 實驗活動的內容（可行及盡可能達致正面效果）：

### 3. 實驗活動的內容（可行及盡可能達致正面效果）：

(1) 留意那些性格文靜的朋友如何與人交往相處，比較他們和自己與人交往情況有沒有分別，又他們的情緒有無被人際相處問題影響。

(2) 訪問文靜內向的朋友對個人性格的看法，看看他們是否也覺得自己性格很差。

### 4. 回顧經驗（與之前所想 / 理解是否有分別，分別在哪裡，對個人的成長有甚麼啟示）

留意到性格文靜的朋友在與人相處時很自在，沒有不安與困擾，這種性格也不會妨礙其人際交往。自己與她們相處時也是感覺自在的，並

# Behavioural experiment

146 從順從到自主

沒有因為對方的性格而出現任何不快或難受。

文靜的朋友完全不覺得自己的性格不好，甚至認為這樣的性格和別人相處是舒服的。阿盈發現原來其他人的觀點，與她的想法截然不同。

原來內向文靜的性格沒有我想像那麼差。

## 成效

行為驗證法是由案主親自去經驗與體會，比工作員的講解更有說服力，因此能更有效地協助案主突破思維框框。完成行為實驗後，阿盈對性格的看法雖然並未產生戲劇性的改變，或覺得自己的性格很

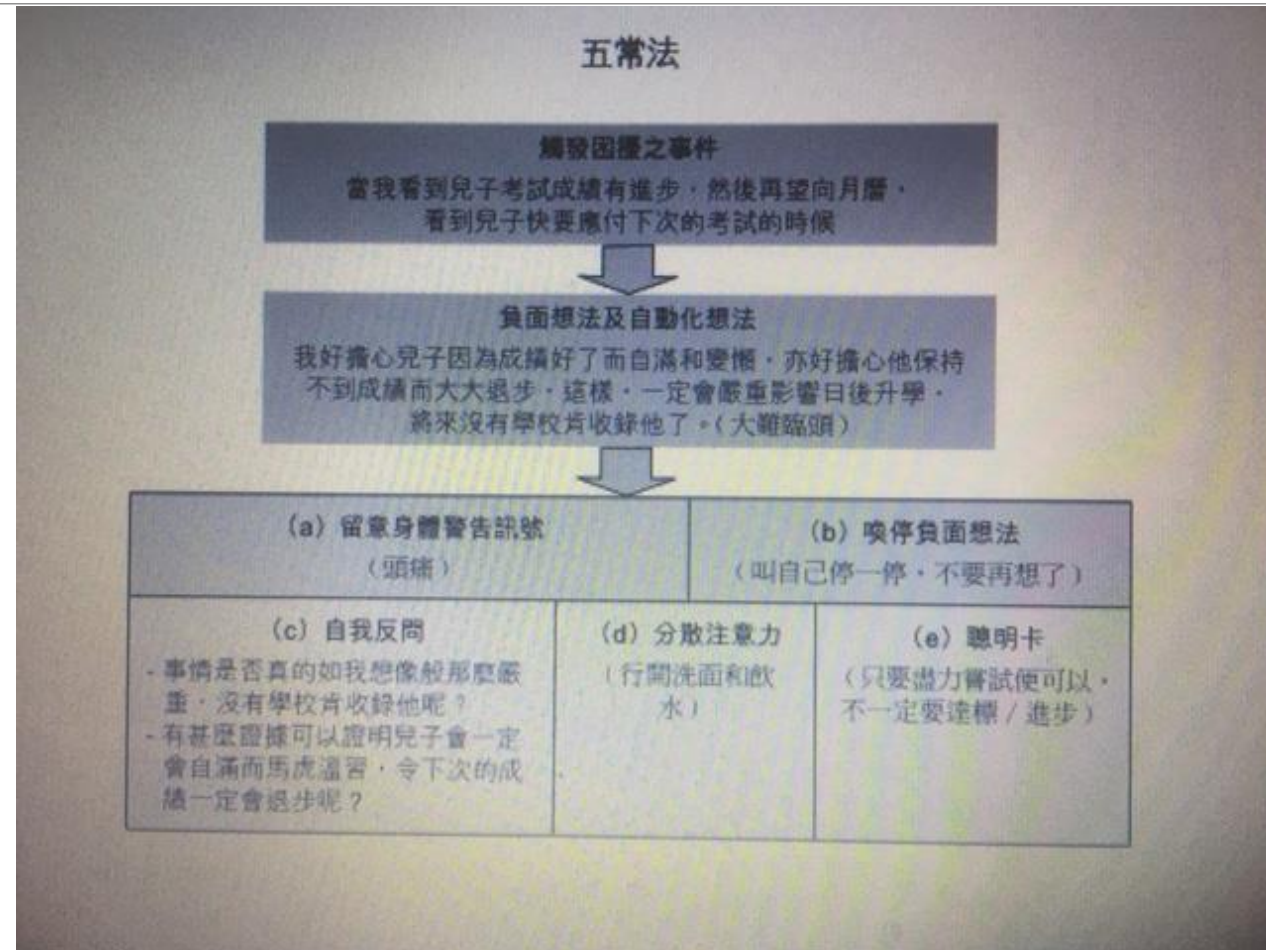


# Identifying and overcoming personal and environmental barriers in goal attainment

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1. The five-steps to handling negative emotions
2. Modifying dysfunctional beliefs
3. Creating new experiences

# The five-steps to managing negative thoughts



# Modifying dysfunctional rules – Cost benefit analysis

規條秤一秤				
<p>1. 個人規條：</p> <p>我一定要達到我所定的目標。</p> <p>你有幾相信？</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>相信</span> <span>非常相信</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>⑤</span> </div>				
<p>好處 / 幫助</p> <p>(1) 有的人生動力</p> <p>(2) 不會浪費時間及生命</p> <p>(3) 能幫助自己去實踐目標</p>	<p>分數</p> <p>8 分</p> <p>5 分</p> <p>7 分</p>	<p>壞處 / 不良影響</p> <p>(1) 好大精神壓力，令自己好緊張和不輕鬆</p> <p>(2) 浪費大部分時間去達標</p> <p>(3) 令自己睡得差</p> <p>(4) 浪費金錢</p>	<p>分數</p> <p>9 分</p> <p>6 分</p> <p>6 分</p> <p>6 分</p>	
共 20 分		共 27 分		
<p>2. 改寫 / 放寬後的規條：</p> <p>只要努力嘗試和盡力而為便可以，不一定要立即達到目標。</p> <p>你有幾相信？</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>相信</span> <span>非常相信</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>⑤</span> </div>				
<p>好處：</p> <p>精神壓力可以減輕</p>		<p>壞處：</p> <p>沒有</p>		

# Engaging in ongoing evaluation and feedback with the person

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1. Ongoing

2. Collaborative

3. Validating strengths and achievements

- Old me/New me
- Strengths list/piggy bank technique

# Old Me – New Me

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## 「舊我」：

我覺得以往的自己是傾向逃避，驚（害怕）處理問題，會常把責任推向別人，我會看到自己有很多缺乏，常感到無奈。我即使知道這種逃避的態度沒有益處，但仍繼續在這循環當中。我的處事方式，令我跟人常有衝突，常陷在負面情緒中。例如：我與職員在處理事情的方法（上）不一，其實我可以表達自己的想法，但我怕說出意見的時候情緒爆發，同時擔心職員會給我負面的評價，常懷着戰戰兢兢的心態，感到壓力大便逃避，結果令我失去很多與人溝通的機會，別人亦無法明白我。

## 「新我」：

現在的我願意從其他人的角度看事物，變得勇敢及樂觀。例如：我會嘗試去修補關係，主動送禮物給曾與我交惡的人，藉此與他恢復溝通。我亦開始懂得欣賞自己的好處和擁有的事物，我的情緒有改善亦促使我更願意與人溝通。

# Piggy Bank/Strengths List

(1) 願意聆聽別人的意見。

例證：在工作中遇上困難，打算辭職，僱主指出我若辭職只是逃避問題，建議我先放假休息，我接納僱主的意見，繼續維持工作。

(2) 嘗試的勇氣。

例證：主動與交惡的舍友溝通，即使有擔心對方仍不理睬我。

(3) 有分析能力。

例證：我與社工一同回顧自己今昔的改變。面對生活中的困難，我會收集不同人的意見再加以分析。

(4) 合宜表達個人情緒，以表達自己的心情取代發脾氣。

例證：我跟舍友及宿舍的職員傾談，不會再指責他人及大力關門。

(5) 發揮自己的藝術天分。

例證：幫忙佈置宿舍環境。

(6) 有能力幫助自己平靜心情。

例證：情緒差的時候，我會在房間安靜，離開令我感到辛苦的環境一會，經常提醒自己不要口快過腦，先想後說。



# Apple's story

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Background:

Apple is a 40 years old woman.

She was diagnosed with Bipolar in 2008. Irritable temper, impulsive, over-spending.

She is married with a teenage daughter.

# Apple's Concerns

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She claimed to have hot temper and was very impulsive. She worried that her temper will affect her daughter.

Her temper has also affected her relationships with colleagues.



# 7 steps of Recovery

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# 1. Instilling hope and motivation for change

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Acknowledge and appreciate her wants to improve herself

Appreciate her desire to change her temperament

SKILLS: 1) Validation 2) Support 3) Identify motivation

## 2. Identifying needs

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Identifying Apple's aspirations, strengths, and interests

- educated, eager to learn, love knowledge
- Very efficient, determined, and highly motivated.
- Wanted a meaningful life:
- Love her daughter Wanted to be a good mother

SKILLS: 1) curiosity 2) Respect 3) Trust

# 3.Developing goals

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Prioritize her needs

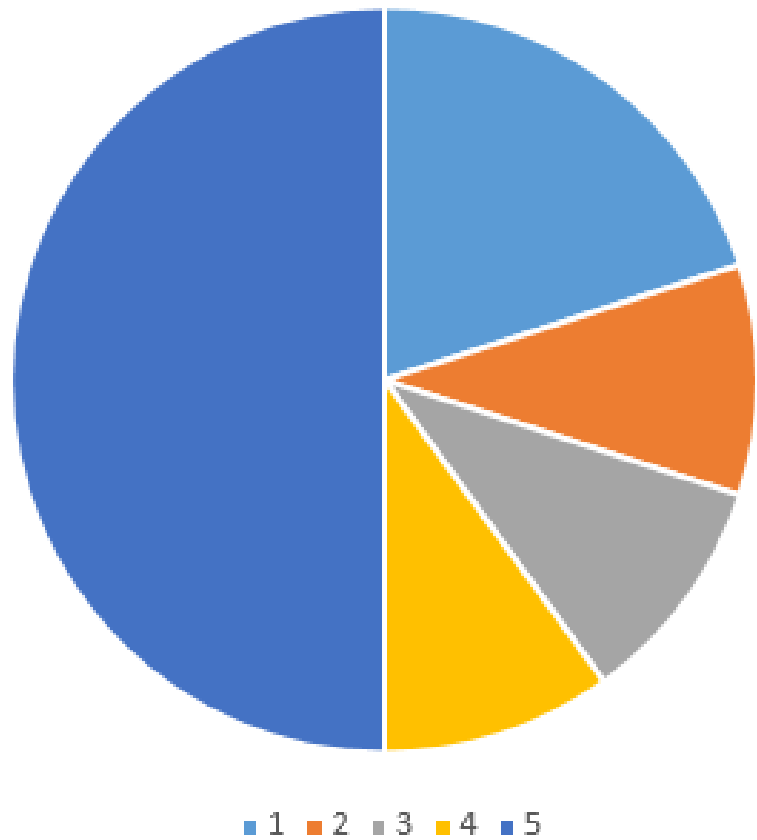
Exploring the meaning of being a good mother, a role model to her daughter

Explore the qualities/ criteria of being a good mother

SKILLS: 1) Pie chart, 2)clarifying values and thoughts,  
3)visualizing her goals, 4) daily activity emotion record

# Pie Chart: Qualities of a good mother

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1. Good economic condition (20%)
2. Provide good education to children (10%)
3. Company child, help child to develop good habits (10%)
4. Good moral teaching and moral education (10%)
5. Mother need to have stable mood (50%).

## 4. Exploring internal and external resources

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Find out Apple's strengths through worker's observation. E.g. reading & reflections

Invite apple to join growth group

SKILLS: 1) exploration and reflections (Stimulate client to find out her resource)

# 5. Developing the tasks, strategies and plan to achieve the goals

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Facilitate Apple to use the CT analyzing tools.

SKILLS: 1) Daily thoughts record worksheet 2) The five-steps (五常法)

# 6. Identifying personal and environmental barriers in goal attainment

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Continuous failure experiences in dealing with interpersonal relationship in daily life due to rigid rules.

SKILLS: 1) Rules exploration and loosening of rigid rules, its pros and cons



# Pros and cons of having the rule: “Life must be treated with fairness”

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## PROS:

Work: straight-forward, value of right and wrong, self of sense, courageous

Self: confident, proactive, independent thinking

Family: feel like a winner at home as I am right, I surpass others.

## CONS:

Work: hurt others, easily got tense and irritable, got into conflicts easily, affect work performance, others will think I am not mature enough, affect others work and make myself tense and nervous all the time

Self: unstable mood when I am impulsive, words are like a sword that hurt people, will feel guilty, affect my health.

Family: family members need will not be met, and they will be upset/hurt. Family conflict affect my mood

# 7. Engaging in on-going evaluation and feedback with the service user

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Identify and reinforce Apple's positive changes.

Affirm and appreciate Ann's effort and changes.

SKILLS: 1) Mood check 2) Daily thoughts record worksheet

# Feedback from Apple

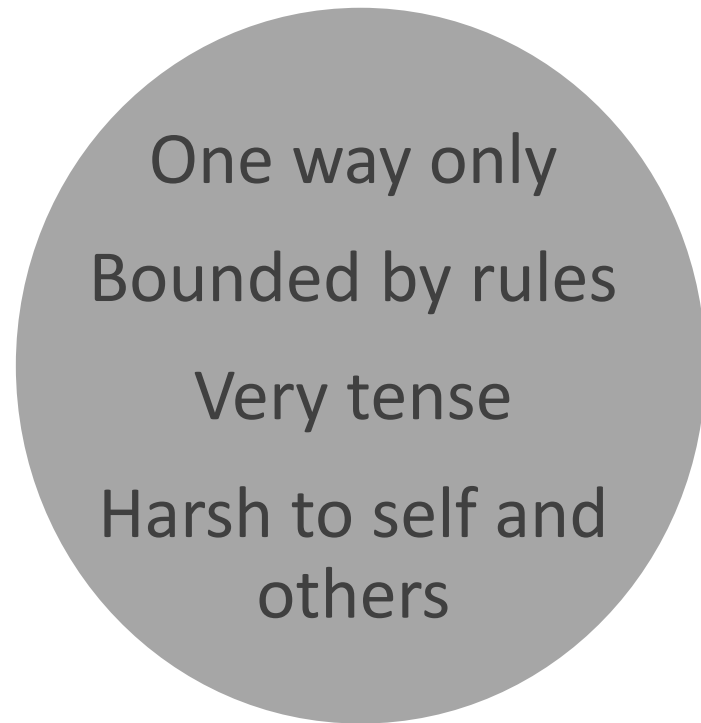
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“It’s so much more relax and happy to be able to let go and be more flexible... I now have a better working relations with my colleagues... I don’t shout as much at my workplace now... life seems to be easier”

# Progress of the case

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PAST



NOW



# Study Objectives

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1. To enhance mental health, hope, feeling of empowerment and quality of life of people with severe mental illness (SMIs) in BOKSS through Recovery Orientated case management (ROCM)
2. To collect clinical evidence on the effects of recovery-oriented case management model (ROCM) for people with severe mental illness (SMIs)

# Research design- Matched pairs Comparison Design

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9 social workers, each recruiting 3-4 experimental cases and 3-4 matched-pairs control cases. Therefore, there were at least 24 matched-pair control cases.

The matched pairs criteria were as below:

1. Same gender
2. Same diagnosis
3. +/- 3 years in age
4. +/- 3 years in duration of illness

# Criteria for participants

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## Inclusion criteria:

- Age 18 -60
- Had a clinical diagnosis of severe mental disorder, (e.g. chronic depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder)
- New service users (0-6months) at BOKSS Wellness Centre; were mentally stable at the time of recruitment and able to complete the questionnaire.



# Treatment fidelity

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1. All social workers delivering the services were/are registered social workers with minimal 3 years of experience in delivering services for the target participants.
2. Clinical supervision were provided by a Certified Cognitive Therapist on a monthly basis throughout the delivery of the intervention (1.5 years, 3 hours per session)

# Procedure

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1. Social workers of BOKSS were provided with a 3-day training on Recovery Orientated Case Management (ROCM) and monthly clinical consultation offered to them
2. Participants were recruited by social workers of BOKSS using matched pairs comparison approach
3. After obtaining an informed consent from the participants:
  - The experimental group participants received ROCM
  - The control group participants received standard counselling service (TAU)
4. Experimental group participants filled in a set of battery of self-administered instruments including basic demographics and the outcome assessments at 3 time points (1) pre-intervention, (2) 6-month assessment, (3) 12-month assessment.
5. Control group participants filled in the questionnaire at the same time as the experimental group.

# Measures

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1. Mental Health Recovery Measure(Young & Bullock, 2005)
2. Recovery Self Assessment (Revised)  
(Campbell-Orde, Chamberin, Carpenter, & Leff, 2005)
3. Brief WHOQOL HK version (Leung et al., 2005)
4. Adult Hope Scale (Snyder, Harris, et al., 1991)

# Participants (experimental groups =27)

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Gender : Male (4) Female (23) , Average Age: 39.11

Employment: Around 41% were unemployed

Illness: 50% had schizophrenia/psychosis or chronic depression

Average years of diagnosis : 9.65

Around 80% were under stable medical consultation, and around 93% is under medications, around 89% had not been hospitalized in the past 6 months before intervention

Baseline scores in all outcome measures did not significantly differ between both groups. Thus both groups were comparable

# Demographics of Participants by Group

		Control Group (N=25)	Experimental Group (N=27)
		<i>n</i> (%)	<i>n</i> (%)
Gender	Male	3 (12.00)	4 (14.80)
	Female	22 (88.00)	23 (96.30)
Age	Mean ( <i>s.d.</i> )	40.36 (11.19)	39.11 (11.83)
Marital Status	Single	15 (60.00)	16 (59.30)
	Married	7 (28.00)	4 (14.80)
	Separated/Divorced	2 (8.00)	4 (14.80)
	Widowed	1 (4.00)	2 (7.40)
	Other	-	1 (3.70)
Education	Primary or below	1 (4.00)	1 (3.70)
	Primary	3 (12.00)	1 (3.70)
	Secondary	4 (16.00)	8 (29.60)
	Completed Secondary	6 (24.00)	5 (18.50)
	Preparatory Course	2 (8.00)	3 (11.10)
	Tertiary and above	9 (36.00)	9 (33.30)

# *Interaction Effects and Group Effects by Outcome Variables*

	Interaction effects (time*group)		Between Group Effects		Cohen's <i>d</i> Treatment Group	Cohen's <i>d</i> Treatment Group
	<i>F</i>	<i>p</i>	<i>F</i>	<i>p</i>	Pre vs 6-month	Pre vs 12-month
Mental Health Recovery Measure						
Overcoming Stuckness	.48	.62	.12	.73	.43	.36
Self- Empowerment	.56	.57	.06	.81	.40	.10
Learning and Self-Redefinition	3.06	.06	.18	.68	.56	.64v
Basic Functioning	3.97	.03*	.39	.54	.41	.58
Overall Wellbeing	1.76	.18	.11	.75	.37	.45
New Potentials	4.14	.02*	.39	.54	.73	.59
Spirituality	3.37	.05*	2.49	.12	.51	.47
Advocacy	.52	.47	1.11	.30	.30	.26



Total	3.73	.03*	.85	.36	1.01	1.09
Recovery Self Assessment Revised						
Lifegoal	1.77	.18	.60	.44	.10	.46
Involvement	.78	.45	5.28	.02*	.16	.15
Treatment Diversity	1.18	.31	2.88	.10	.28	.11
Choice	1.03	.35	.89	.35	.05	1.21
Individual Tailor Services	2.00	.15	2.27	.14	.37	.49
Total	1.87	.17	1.81	.19	.51	.40
Quality of Life						
Physical	1.50	.23	.01	.92	.39	.32
Psychological	.76	.47	.17	.69	.22	.33
Social	.37	.64	.44	.51	.09	.16
Environment	.58	.56	.95	.34	.03	.07
Total	1.50	.23	15	.70	.24	.27
Hope Scale						
Agency	1.46	.24	1.91	.17	.30	.45
Pathway	3.20	.05*	3.78	.06	.37	.58
Total	3.24	.05*	3.34	.07	1.02	1.34

# Conclusion

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1. ROCBT may have the potentials to enhance:
  - Mental health (especially basic functioning, spirituality and total score) of people with SMIs in BOKSS
  - Hope (especially pathway thinking and overall hope) of people with SMIs in BOKSS
  - feeling of involvement in recovery of people with SMIs in BOKSS
2. ROCBT did not significantly enhance the quality of life in people with SMIs in BOKSS.

# LIMITATIONS

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1. Not a randomized control trial
2. Positive gains could have been due to extraneous factors (e.g. Hawthorne effects)
3. More efforts to identify the techniques that can lead to positive changes in the recovery process
4. Small sample size

# Workers' reflections

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From a deficit/ problem based approach to a recovery oriented approach

- Started off with exploring users' strengths and aspirations.
- Exploration and reinforcement of users' internal and external resources.

From problem solving to overcoming challenges and difficulties.

- I am/ have “a problem” to I have a dream and I have a challenge
- CT provides the skills for overcoming challenges.

Focuses on service users' new/ positive experiences.

- Whenever there is movement, changes to patterns and thinking, celebrate and reinforce and evaluate those changes. How she did it?

From directing to facilitating/ guided discovery.

- Often ask why and the meanings behind
- Lay down our good intention, trust that what our service user is what she want.

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Recovery is about trusting that every PIR has the ability to recover, reclaim, and rebuild their lives which they find meanings and purposes. Recovery is a paradigm shift to us - workers. It's about taking risk and growing together with our service users.

CT provides a set of skills that help to facilitate service users to remove barriers, to overcome obstacles, to build new experiences, and to alternate the not-functional thinking patterns when people moves towards their meaningful and desirable goals.