Part 1
Hope for Recovery - Recovery of Hope
A look at the role of the brain and coping behaviors in Schizophrenia

AGENDA

- **Introduction**: Hope for recovery – Recovery of hope
  Are intervention and recovery possible?

- **The Brain & Cognition**: How they relate to behavior
  Brain structures associated with cognitive functions
  Impaired cognitive functions resulting from brain dysfunction
  Cognitive impairment as a cause or trigger of behaviors others may find distressing
  How other people's behaviors might be distressing to a person with brain impairment

- **The Brain and Schizophrenia**
  Brain changes in schizophrenia
  Cognition in schizophrenia
  Behaviors in schizophrenia

- **Assessment and Intervention to address cognition**
  Assessing cognitive functioning for intervention planning

- **Four factors**: For assessment and intervention
  Person, Environment, Caregiver interactions, Task & daily routines
  Individualizing assessment and intervention to person and disorder

- **Interventions that address cognitive functions**
  Improving the ability to perform cognitive functions
  Relying on intact cognitive functions
  Supporting impaired cognitive functions
  Compensating for impaired cognitive functions
  Interventions in Schizophrenia
  Interventions to reduce difficult behaviors
  Interventions to improve quality of life

- **Recovery & Psychosis**
  Long term recovery from Schizophrenia
  United States and world

- **Normalizing: Key component of talk therapy for schizophrenia**
  Hearing voices
  Paranoia
  Out of the box thinkers

- **Correlates of Schizophrenia diagnosis**
  Keeping brain changes in perspective
  Brain and experience

- **Principles of psychotherapy for schizophrenia**
  Relationship
  Realistic collaborative goals
  Addressing the person's distress

- **Roots of cognitive therapy for schizophrenia**
  Voices
  Explore, don't ignore
  Meaning of voices approach
  Reducing hallucinations, delusions, and negative symptoms

- **Evaluations**

- **Adjourn at 4:00 pm**

Description: Difficult behaviors are common among adults with a variety of psychiatric and neurological disorders, such as severe mental illness including schizophrenia, traumatic brain injury, and dementia. All of these disorders, including mental illness involve intact and impaired functioning of various parts of the brain. Many behaviors are expressions of needs, desires, or strategies for coping with altered brain functioning. Today we will delineate the functions of specific parts of the brain and the resulting cognitive, behavioral, and functional changes that occur when these parts are impaired. The use of intervention strategies that address cognitive functions underlying a behavior can increase the chances of success in reducing the behaviors and improving quality of life, regardless of the disorder. We will look at strategies for understanding, preventing, and responding to behaviors in ways that address the individual and cognition in specific situations, regardless of the disorder and the severity of the disorder. Interventions that accommodate a person's strategies to cope with life experiences and frustrations will be identified. The paradigm shift toward psychological and relational concepts in psychosis work will be introduced, along with innovative trends in interventions for psychosis.

Learning Objectives:

1. Identify brain structures associated with functions that may result in behavioral, functional and cognitive activities that are relevant to difficult behaviors
2. Describe at least two specific strategies and principles for interventions that address the cognitive impairment resulting from brain dysfunction
3. Describe a minimum of two intervention strategies that reduce difficult behaviors and improve quality of life
4. Learn about the research base that suggests full recovery from 'schizophrenia' is possible.
5. Introduction to two methods to facilitate self exploration and self esteem among people with 'SMI' diagnosis: 'normalizing' symptoms and Voice Dialogue.
6. Introduction to three innovative approaches to helping with psychosis: CBT for psychosis, Hearing Voices Network self-help groups, and Open Dialogue family therapy.

TODAY'S MESSAGES

1. **Brain Disorders:** **All psychiatric and neurological** disorders (such as Severe Mental Illness, Traumatic Brain Injury, and Dementia) are **brain disorders** and **involve altered cognition** as a result of altered function of specific parts of the brain. **Specific cognitive functions** play a significant role in the behaviors, level of functioning, affect, verbal statements, and general quality of life in all the persons seen by mental health and other health care professionals. Recognizing the role of each cognitive function can increase understanding of a person and the possible impetus for behaviors and ways of thinking.

2. **Cognition:** Adding **interventions that directly address cognitive functioning** to a repertoire of interventions currently used can expand the pool of intervention options.

3. **Behaviors:** Very often a person with altered cognitive functioning views the behavior of a caregiver or health care professional as difficult. By taking a good look at the specific cognitive functions underlying interactions with persons with altered cognition, we can **avoid unintentionally engaging in** some of those **difficult behaviors**.

4. **Coping Strategies**: Behaviors often reflect a person's strategies for coping with life experiences, frustrations, and altered cognitive functioning. A behavior can be a window into a person's needs, desires, and capabilities (strengths and vulnerabilities), and to discern how this behavior may be an effort to address this person's needs or desires (that is, how it is a coping strategy). It is important to **avoid depriving a person of their coping strategies** (i.e, their behavior) without addressing the source or cause of the need to use a coping strategy. When the trigger or cause of the behavior is removed or addressed, the behavior often becomes unnecessary and is therefore reduced or prevented. Sometimes interventions can replace or improve coping strategies, as well.

5. **Diagnosis:** Neurological disorders frequently look like psychiatric disorders. Such a distinction in labels may inhibit some types of assessment and intervention. When diagnosing a disorder, carefully **avoid a misdiagnosis**. Especially avoid misdiagnosing neurological disorders, like non-Alzheimer's dementias as psychiatric (since they can look so much alike). The consequences may be very important.

6. **Common Triggers:** Common triggers of distress and of changes in behavior or cognition **that can be immediately addressed** are: pain with or without movement; hypersensitivity to touch, sound, smell, etc; temperature fluctuations in the air, water, and inside the person's body due to the body's reduced ability to control its own temperature; an unmet need or desire; feeling overwhelmed; confusing cues; too little information; not knowing what to do next; feeling alone.