

Part 2
“Hope for Recovery - Recovery of Hope”
Interventions that address the Brain, Cognition, and Coping Behaviors
in Schizophrenia

AGENDA

- **Introduction:** Hope for recovery – Recovery of hope
Intervention and recovery are possible
- **Review of Seminar #1**
- **Brain and Intervention**
- **Four factors:** For assessment and intervention
Person, Environment, Caregiver interactions, Task & daily routines
- **Cognition and Intervention**
 - Improving the ability to perform cognitive functions
 - Relying on intact cognitive functions
 - Supporting impaired cognitive functions
 - Compensating for impaired cognitive functions
- **Behavior and Intervention**
- **Intervention and Schizophrenia**
 - Brain changes in schizophrenia
 - Cognition in schizophrenia
 - Behaviors in schizophrenia
- **Open Dialogue**
 - Experience in Finland
 - Being heard
 - Recovery from psychosis
- **Cognitive Behavioral Therapy**
 - Psychosis
 - Paranoia
 - Out of the box thinkers
- **Recovery: A Collaboration**
 - Voices
 - Explore, don't ignore

Meaning of voices approach

Using voices

Reducing hallucinations, delusions, and negative symptoms

- **Psychotherapy for schizophrenia**

- Relationship

- Realistic collaborative goals

- Addressing the person's distress

- Keeping brain changes in perspective

- **Evaluations**

- **Adjourn at 4:00 pm**

Description: This seminar #2 is the second in a series on behaviors and brain function among adults. It follows and covers in more depth interventions briefly explored in seminar #1 titled “Hope for Recovery – Recovery of Hope: A look at the role of the brain and coping behaviors in Schizophrenia”. In this seminar #2, specific intervention strategies will be explored. These interventions are designed to address the cognitive functions underlying behaviors that result from altered brain function regardless of the disorder or severity of the disorder. Distressing behaviors are common in psychiatric and neurological disorders, including severe mental illness (such as Schizophrenia), traumatic brain injury, and dementia. All of these disorders, including mental illness involve altered functioning and dysfunction of various parts of the brain. The difficult behaviors may result directly from different or impaired cognitive functioning or may reflect important coping strategies. The specific cognitive functions related to specific parts of the brain can be addressed by concrete and practical intervention strategies, which can then reduce distressing behaviors and improve quality of life, and improve a person's coping strategies. An important goal of intervention is to help a person discover and act on her/his own abilities and desires. The interventions described in this seminar can be used by family caregivers and by health professionals when interacting with a person with a disorder, or when advising staff and family caregivers.

Learning Objectives:

1. Identify goals for intervention and assessment.
2. Identify four factors to assess when addressing difficult behaviors and cognition.
3. Identify cognitive intervention strategies that modify the environment, interactions with other people, and the task or daily routines.
4. Learn about the outcome research for two Evidence Based Practices: CBT-p and open Dialogue.
5. Review CBT-p workbook that can be used with groups or individuals.
6. Explore principles and concepts underlying the Hearing Voices self help movement.
7. Explore the roots and concepts of Open Dialogue family therapy, the most effective intervention known for early ‘schizophrenia’.

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 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 cognition 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. **Goals:** An important goal of intervention is to help a **person discover** her/his **own abilities and desires**, including her/his own ability to perform various cognitive functions, and to discern and implement the **interventions** that would be most helpful. Address the person's own self concept and life goals. Consider the relative importance to the person of their emotional versus physical health.
6. **Conditions – Four Factors:** Focus on the conditions surrounding a person and the situation. When assessing and intervening, systematically address the **Four Factors: Person, Environment, Interactions** with the person, and **Task** or daily routines. In general, **try modifying the conditions**, rather than modifying the person or behavior.
7. **Distress:** Address a **person's feelings** rather than simply the behavior. That is, in general, **address the distress**, rather than the behavior. Discern **who is distressed** and conscientiously include that person in the intervention.
8. **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.
9. **Optimism and Caring:** **You can improve a situation** no matter how severe or acute it is. Conscientious **discernment of causes** and implementation of **small interventions** are key. Focus more on the **person** than on the behavior, their disorder, or the tasks of caring.