Part 3
"Hope for Recovery - Recovery of Hope"
Assessment of Functions of the Brain and Coping Behaviors in Schizophrenia

AGENDA

- **Introduction**: Hope for recovery – Recovery of hope
  Intervention and recovery are possible
- **Brief Review of Seminars #1 & 2**
- **Assessment for Intervention Planning vs Classification**
  Assess to address quality of life, distress, and coping behaviors in Schizophrenia
- **Four Factors to Assess**
  Person, Environment, Caregiver interactions, Task & daily routines
  Individualizing assessment to the person
- **Assessment of cognition**
  5 phases of cognitive functioning:
  Sensory, Comprehension/Perception, Executive, Expressive, Motor
- **Cognitive Impairment Assessment Protocol (CIAP)**
  Four parts: Person, Environment, Caregiver interactions, Task & daily routines
- **Behavior, Task performance, and Assessment**
- **Assessment and Schizophrenia**
  Cognition in schizophrenia
  Behaviors in schizophrenia
- **Building Relationships**
  With people who have lived experience of psychosis
- **"Maastricht Interviews"**
  Exploring voices and unusual ideas
- **Life Story**
- **Conclusion**
- **Evaluations**
- **Adjourn at 4:00 pm**

Description:
This seminar will focus on assessment and understanding coping behaviors. Concepts from Parts 1 & 2 will be briefly reviewed (including cognition, brain function, and alternatives to mainstream concepts about "serious mental illness"). Additional information about brain function and structure, resulting behaviors, behavioral expectations and resources for potential adaptations staff/helpers might consider to assist in optimal functioning will be discussed. Skills for building relationships with people who have lived experience of psychosis will be practiced, including the "Maastricht Interviews" for exploring voices and unusual ideas and use of the life story in place of diagnosis.

Learning Objectives:
To address quality of life, distress, and coping behaviors in Schizophrenia, participants will be able to:
1. Identify three cognitive functions to assess.
2. Identify three environmental features to assess.
3. Identify three interpersonal features to assess.
4. Identify three aspects of a task to assess.
5. Explore the use of the "Maastricht Interviews" for both voice-hearing and unusual beliefs to help psychiatric survivors build self-understanding and relationships with others.
6. Explore the use of life story, or "making sense of symptoms" approach, to understanding severe psychological distress.

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**: Assessing cognition and adding **interventions that directly address cognitive functioning** to a repertoire of interventions currently used can expand the pool of intervention options.

3. **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** (that is, 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.

4. **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**.

5. **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.

6. **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.

7. **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.

8. **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). It is also important to avoid misdiagnosing mental illness and **delirium** as dementia. The consequences of misdiagnosis are very important. Consider medication side effects, pain, medical/physical disorders, aging, emotional and environmental changes, as well as changes in the person's family and support system.

9. **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.

10. **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.