Part 4
"Hope for Recovery - Recovery of Hope"
Intervention to address Cognition and Coping Behaviors in Schizophrenia

AGENDA

- **Introduction**: Hope for recovery – Recovery of hope
  Intervention and recovery are possible
- **Brief review of Seminars #1 & 2 & 3**
- **Intervention for the Person vs Other People (and Other People?)**
  Address quality of life, distress, and coping behaviors in Schizophrenia
- **Four Factors to Address**: For assessment and intervention
  Person, Environment, Caregiver interactions, Task & daily routines
  Individualizing intervention to the person
- **Cognition and Intervention:** Addressing Cognitive Functions
  Improving the ability to perform cognitive functions
  Relying on intact cognitive functions
  Supporting impaired cognitive functions
  Compensating for impaired cognitive functions
- **Cognitive Impairment Intervention Protocol (CIIP)**
  Four parts: Person, Environment, Caregiver interactions, Task & daily routines
- **Behavior, Task performance, and Intervention**
- **Intervention and Schizophrenia**
  Addressing Cognition
  Addressing Behaviors
- **Building Relationships**
- **Addressing Trauma**
- **Collaborative Methods**
  Safety planning and risk Reduction
- **Conclusion**
- **Evaluations**
- **Adjourn at 4:00 pm**

Description:

This seminar will focus on assisting people toward recovery. Interventions based on assessment of cognition (eg visuospatial, perception, and comprehension) will be identified and developed. Healing through relationship will be explored. Inviting people who have experienced extreme states into dialogue, understanding the language of 'symptoms', enhancing emotional safety and reducing risk will be discussed.

Learning Objectives:

To address quality of life, distress, and coping behaviors in Schizophrenia, participants will be able to:

1. Identify three intervention strategies that address cognition.
2. Identify three environmental interventions.
3. Identify three communication strategies.
4. Identify three structural features of a task that can be modified.
5. Explore evidence-based psychodynamic practices for building relationships and addressing trauma among people with 'psychosis'.
6. Review collaborative methods of safety planning and risk reduction.

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. **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.

3. **Cognition:** Adding **interventions that directly address cognitive functioning** to a repertoire of interventions currently used can expand the pool of intervention options. Some cognitive functions will improve, some decline, and some will stay the same. Use interventions that rely on, support, or compensate for cognitive functions. Nurture the cognitive functions that are improving.

4. **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.

5. **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.

6. **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.

7. **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**.

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.