Cognition 101: Cognitive Disruptions Commonly Experienced by Persons Labeled with Psychiatric Disabilities

6th Annual Housing Institute 2013

“MOVING FORWARD TOGETHER...”
Presented by

- Deborah B. Pitts, PhD, OTR/L, BCMH, CPRP
- Assistant Professor of Clinical Occupational Therapy
- Division of Occupational Science and Occupational Therapy
- University of Southern California
- 1540 Alcazar, Los Angeles, CA 90089
- pittsd@osot.usc.edu
- 323-442-2855 voice mail
- 323-442-1540 fax
Acknowledgements

• Content for this presentation drawn primarily from *Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities: A Handbook for Families and Friends of Individuals with Psychiatric Disorders* (2002) written by Alice Medalia, PhD and Nadine Revheim, PhD and sponsored by the New York State Office of Mental Health Family Liaison Bureau.
Learning Objectives

• To be able to list and describe common cognitive disruptions experienced by persons labeled with psychiatric disabilities that may impact supported housing success.

• To identify specific strategies for providing housing supports targeting cognitive disruptions experienced by persons labeled with psychiatric disabilities within the supported housing context.
What do we mean by COGNITION?
(Medalia & Revheim, p. 5)

- Different from academic skills
- Mental capabilities or underlying skills you need to process and learn information, to think, remember, read, understand and solve problems.
- Develop and change over time
- Born with certain cognitive capabilities
- Measureable
- Can be strengthened and improved
- When strong, learning easier
Myths about Cognition Problems
(Medalia & Revheim, p. 6)

• Go away when the hallucinations and delusions stop
• Always go away between episodes of depression and mania
• Simply reflect a lack of effort
• All caused by medications
• Caused by being in the hospital for too long
Truths about Cognition and Psychiatric Disabilities
(Medalia & Revheim, p. 7)

• Schizophrenia and many affective disorders can cause cognitive impairment
• Careful choice and dosing of medications will avoid cognitive side effects
• Positive attitudes about learning helps people make best use of cognitive skills
• Supportive and stimulating social and physical environments encourage people to cope better with cognitive problems
• Pre-existing and co-existing conditions can also cause cognitive impairment
Common Cognitive Problems
(Medalia & Revheim, p. 7-8)

**Schizophrenia**
- Ability to pay attention
- Ability to remember and recall information
- Ability to process information quickly
- Ability to respond to information quickly
- Ability to think critically, plan, organize and problem solve.
- Ability to initiate speech

**Affective Disorders**
- Ability to pay attention
- Ability to remember and recall information
- Ability to think critically, categorize and organize information and problem solve.
- Ability to quickly coordinate eye-hand movements
Attention and Everyday Life
(Medalia & Revheim, p. 8)

• Some people report that they have difficulty paying attention when people talk and give directions.
• Others find it hard to concentrate on what they read, and find that they lose track of the important points, especially when reading longer passages.
• They may find it hard to focus on one thing when other things are happening.
• They may get distracted or conversely, become so involved in one thing that they fail to attend to something else that is happening.
Memory and Everyday Life
(Medalia & Revheim, p. 8)

- The ability to remember and recall information, particularly verbal material, is often a problem.
  - Directions may be forgotten, or the ability to recall what has been read or heard may be reduced.

- Most people do not have trouble remembering routines they have learned, but they may find that they do not hold onto new information as well as they used to.
Executive Functions and Everyday Life
(Medalia & Revheim, p. 9)

• Critical thinking, planning, organization and problem solving are often referred to as the executive functions, because those are the skills that help you act upon information in an adaptive way.
  – Response times are slower or that it takes longer to register and understand information
  – Speech production can also seem slower
  – May seem less able to think of alternate strategies for dealing with problems that arise
  – May have difficulty coming up with a plan
  – Find it hard to listen critically to new information and know what is important and what is not
Impact on Daily Functioning
(Medalia & Revheim, p. 10)

• Impairments in memory and problem solving are associated with greater problems living independently.

• Problems with attention, concentration and thinking can make it very difficult to keep up with school work.

• People with mental illness who have difficulty with memory, problem solving, processing speed, and attention are more likely to be unemployed or have a lower occupational status.
How can cognitive dysfunction be treated?
(Medalia & Revheim, p. 13-15)

• Remediation techniques
  – Focus on improving cognitive skill
  – Informed by assessment of specific cognitive abilities

• Compensatory strategies
  – Assumes alternative method to perform task
  – Informed by observational assessments of task performance

• Adaptive approaches
  – Focuses on changing the environment, assume remediation not possible, compensation not probable
  – Prosthetic devices, memory aids, other environmental approaches
Strategies to Support Memory

(Medalia & Revheim, p. 19)

• Repeat instructions
• Ask person to repeat or paraphrase what you just told them
• Put things in writing when possible
• Review plans in a consistent manner
• Memory is difficulty to remediate, so memory aids are frequently useful
Strategies to Support Attention
(Medalia & Revheim, p. 22)

• Limit information to the span of attention.
• Don’t expect someone to be able to do multiple tasks at the same time.
• Regulate the tone, volume and rhythm of speech.
• Be aware of the need for rest.
• The more interesting and personally involved an individual can become in a task, the greater the attention.
Strategies to Support Attention [cont.]
(Medalia & Revheim, p. 22)

• Direct eye contact and sense of touch, when comfortable and appropriate, can be used to get someone’s attention and to sustain involvement.

• Be aware of distractions (e.g. extraneous or background noises, multiple speakers, poor acoustics, disorganized surroundings, complex visual patterns) and attempt to simply the environment.

• Provide a balance of activities across physical, mental and social domains
Strategies to Support Executive Function
(Medalia & Revheim, p. 25)

• Understand the need for routines, systematic procedures, organization and structure.
• Develop acronyms or short commands to eliminate impulsive actions.
• Provide encouragement and praise for actions that are initiated or maintained and followed-through by individuals who have trouble getting started or don’t complete tasks.
• Offer guiding questions ("what’s the first step?"; "how would you begin?"; "what do you think?") instead of ready-made answers for individuals
Strategies to Support Executive Function [Cont.] (Medalia & Revheim, p. 25)

• Demonstrate procedures and sequences to elicit awareness about steps taken during everyday problem solving.
• Use self-talk by verbalizing out loud.
• Don’t make assumptions about how an individual can perform daily tasks without asking how they would solve the problem or observing the actual performance.
Closing Remarks

• Always include a cognitive “lens” to your thinking and reasoning about what might be going with your residents and tenants
• Consider implementing a “universal design” approach in your setting that targets cognitive skills
• Add an OT to your housing team!