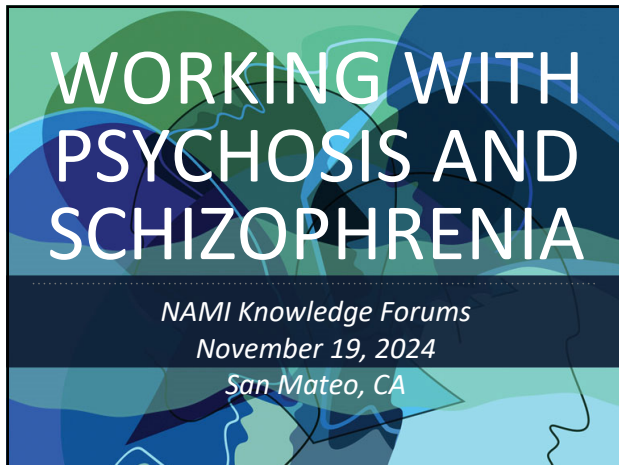
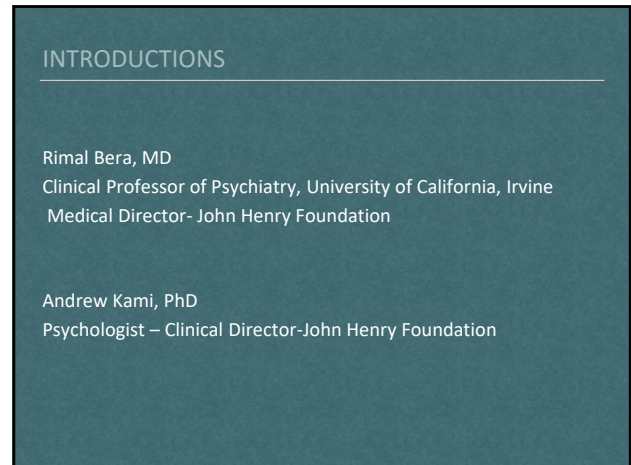




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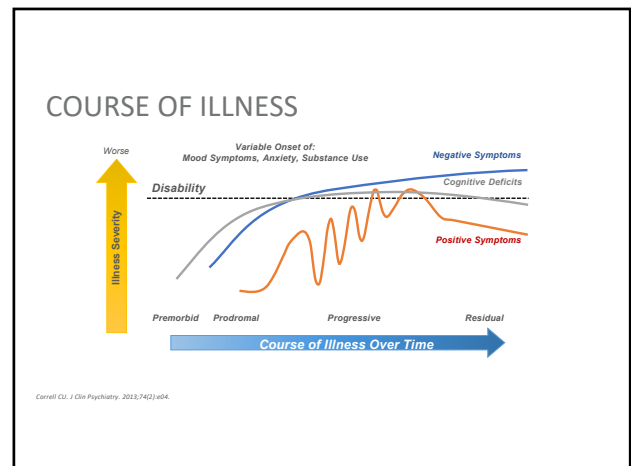


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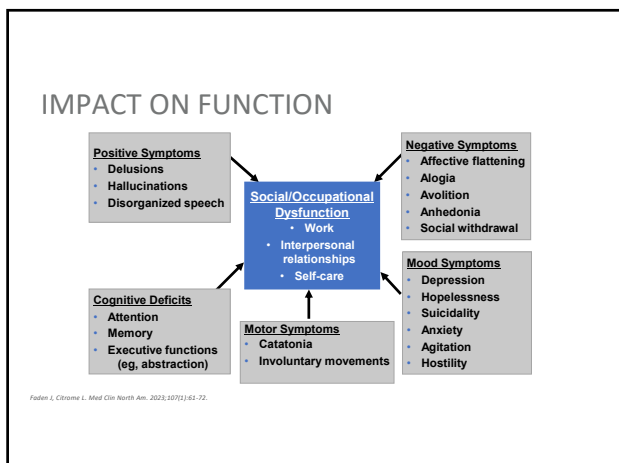
OVERVIEW OF SCHIZOPHRENIA

- Schizophrenia is a chronic and debilitating condition with a global prevalence of approximately 1%, varying by location and diagnostic criterion
- The average age of onset is in late adolescence to early twenties in men, and slightly later in women
- However, determining the age of onset depends on the recognized symptom, with changes in personality and cognition often occurring before frank psychosis
- Schizophrenia is associated with considerable morbidity, and is considered one of the top 20 causes of global disability and the top cause during its acute phase

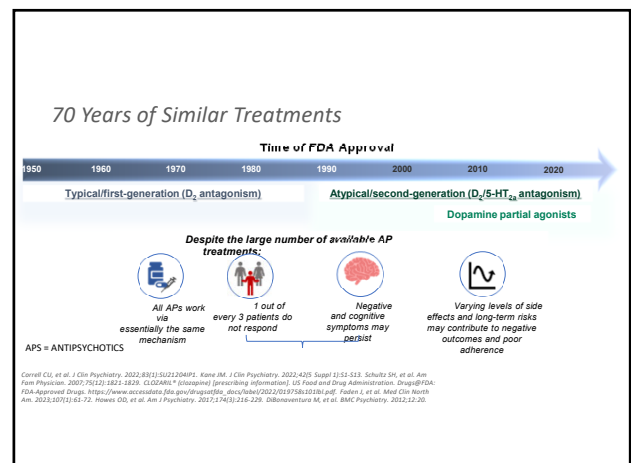
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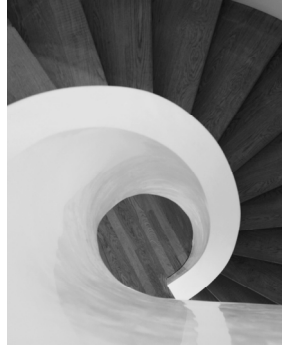
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6

MAJOR CATEGORIES OF SYMPTOMS

- Positive Symptoms (Psychosis)
 - Like what?
- Negative Symptoms
 - Like what?
- Cognitive Symptoms
 - Like what?



7

PSYCHOSIS/POSITIVE SYMPTOMS

- How might you define psychosis?
 - Loss of touch with consensual reality
- What is the difference between hallucination and delusion?
 - Sensory input versus a false belief
- Organic vs Acquired psychosis
- What are the types of hallucinations?
 - Auditory, Visual, Tactile, Olfactory
- What are the types of delusions?
 - Somatic, Persecutory/Paranoid, Referential, Erotomania, Nihilism, Grandiosity



8

8

NEGATIVE SYMPTOMS

- Alogia
 - Poverty of speech- fewer words, longer to talk
- Anhedonia
 - Lack of interest, enjoyment or pleasure
- Affective Flattening
 - Reduced/absent expression of affect
- Avolition
 - Lack of motivation or initiation
- Asociality
 - Lack of motivation to engage in social interaction/preference for solitary activities



9

9

COGNITIVE/EXECUTIVE SKILLS

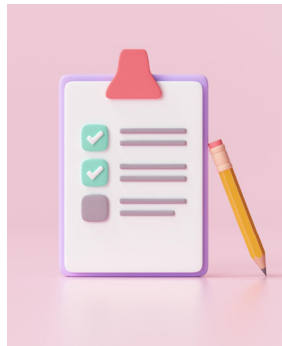
- | | |
|----------------------|-----------------------------|
| ➤ Planning | ➤ Flexibility |
| ➤ Attention | ➤ Working Memory |
| ➤ Shifting Attention | ➤ Monitoring |
| ➤ Organization | ➤ Emotional Self-Regulation |
| ➤ Task Initiation | |
| ➤ Inhibition | |
| ➤ Persistence | |



10

HOW WE HELP - EXAMPLES

- Getting a job
 - Too much support
 - Too little support
- Going back to school
 - Too much support
 - Too little support



11

CHALLENGES & INTERVENTIONS: OPEN-ENDED & GIANT TASKS

- Open-ended tasks present the largest challenge for challenged executive functioning
 - Ex. Clean your room
 - Ex. Write in your journal
- Giant tasks do not have clear end points and can be overwhelming
 - Tasks w/o a clear end point diminishes motivation

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CHALLENGES & INTERVENTIONS: CLOSED-ENDED & SMALL TASKS

- When tasks are open-ended it is helpful to close the task (i.e., break the task into small parts)
 - Ex. Put dirty clothes in a pile / socks
 - Ex. Write about your holiday / lunch
- Small tasks have clear end points and are not overwhelming
 - Tasks w/ a clear end points increase motivation



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INTERVENTIONS: GOAL SETTING

- Step 1: Describe the problem
- Step 2: Set a goal
 - Relates to the problem
- Step 3: Establish procedure to reach the goal
 - Use a checklist / outline
- Step 4: Provide supervision
 - Use reminders, prompts, cues, feedback, & praise
- Step 5: Evaluate & make changes as necessary
 - Provide monitoring that refines the process & teaches problem solving skills
- Step 6: Fade supervision
 - Decrease support (e.g., reminders, prompts, cues) and allow for increased self-monitoring



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INTERVENTIONS: PLANNING

- Skill: The ability to create a road map to reach a goal or complete a task. Includes focusing on what is important and excluding what is not
- Modifications:
 - Supported provided plan or schedule
 - Break long-term projects into clearly defined subtasks w/ deadlines
 - Use visual organizer or task outline



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Mon	Tue	Wed	Thu
25	26	27	28
Creamy taco bake	BBQ chicken rollups 7:30 Mira ortho	falafel	Coq a vin
3	4	5	6
take out	chicken tenders (bailey)	JB early release Tortellini with red sauce/ 8 Mira conference	SK meeting Steak/spinach and avoca Bailey's birthday 11 SEO PB
10	11	12	13
OCUSD - Spring break Chicken fajitas with lime	Falafel with Israeli Salad	Penne with spring veggies	Chicken BBQ sandwiches

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INTERVENTIONS: ORGANIZATION

- Skill: Ability to place things in a system
- Modifications:
 - Cleaning room
 - Chore list w/ days and times (like laundry)
 - Plastic bins
 - Desk organizers
 - Medication Regimen
 - Identify and label a pill organizer
 - Dosage, time, with/without food

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Interventions: Organization

- Skill: The ability to estimate, allocate, and execute within time constraints
- Modifications:
 - Provide a schedule
 - Provide prompts each step of the way
 - Use cueing devices (e.g., clocks & alarms)
 - Impose time limits w/ reminders for time remaining



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TODAY'S TO-DO LIST

- Take medications (morning or evening?)
- Have breakfast (how long will that take?)
- Exercise (what type and how long?)
- Laundry (what time do we start?)
- Grocery Shopping (make a list?)



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INTERVENTIONS: TASK INITIATION

- Skill: To begin a task in a timely manner w/o procrastinating
- Modifications:
 - Provide verbal cue to start
 - Use visual cues
 - Provide assistance on the first part of the task to get them started
 - Provide start and stop times
 - Break the task down into small parts*

*Task initiation problems may be the result of an overwhelming task

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INTERVENTIONS: CONCENTRATION

- Skill: To maintain focus and vigilance over time on specific tasks or activities
- Modifications:
 - Positive reinforcement
 - Appropriate environment (temp, noise, etc)
 - Provide breaks as necessary on tasks

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INTERVENTIONS: SELF REGULATION OF AFFECT

- Skill: Manage emotions in order to achieve goals
- Modifications:
 - Anticipate problem situations for the person
 - Structure the environment to avoid known problem situations
 - Teach coping strategies (e.g., relaxation)
 - Provide scripts to use in target situations
 - Model positive self-statements
 - Teach self-dialogue to manage emotions
 - Provide breaks when they appear upset, stressed, or irritated
 - Break overwhelming tasks into smaller parts
 - Provide pep talks
 - Offer as needed medication

22

COMMUNICATION

- What can you say?

23

QUESTIONS FOR YOU

- How have you spoken to your loved one or client when they were experiencing symptoms?
- What worked for you?
- What didn't work for you?
- How do you or have you gotten your loved one or client to take medications?
- What did you do when they didn't want to take medications?
- At what point did you have to call the police?
- What did you do to calm them down? What worked for you?

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COMMUNICATION

- How do you engage?
 - Low, slow and repetitive
 - Less words
 - Be confident
 - Distinguish Boundaries
 - Low Expressed Emotion
 - Use incentives
 - Show/Demonstrate
 - Don't personalize their feelings/words
 - Choose your battle
 - Use Positivity – at times – use humor*
 - Normalize their feelings (illness, symptoms, etc)
 - Explain the reasons for the action
 - Shower/clean makes us feel better

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DIALOGUE

LEAP

Listen

- Allow them to say everything they want to say and avoid reacting, omitting information or rushing to fix things for them

Empathize

- Be sure to empathize any feelings that they are willing to reveal and admit to you

Agree

- Develop a plan with specific information to aim to complete together

Partner

- Set a time/date and a means to actively follow through with the plan

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TOOLS

Delay having to give your opinion if you don't agree with them

- Honor the question by promising to answer it
- Attempt to change the topic
- Ask permission

"I promise I'll tell you whether I think you are sick. But first, if it's OK with you, I would like to hear more about _____. Would that be alright?"

"I will answer your question about the CIA. Can I ask you to give me some more details about what happened last night first?"

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TOOLS CONTINUED...

THE "A" TOOLS FOR GIVING OPINIONS

- APOLOGIZE : NO APOLOGIZING FOR YOUR OPINION, BUT FOR WHAT FEELINGS IT MIGHT EVOKE

"Before I tell you what I think about his, I want to apologize because what I think might feel hurtful or disappointing."

- ACKNOWLEDGE: NEED TO OWN THAT YOU MIGHT BE WRONG, EVEN THOUGH YOU DON'T THINK SO AFTER YOU APOLOGIZE, SAY SOMETHING LIKE,

"Also...I could be wrong about this. I don't know everything."

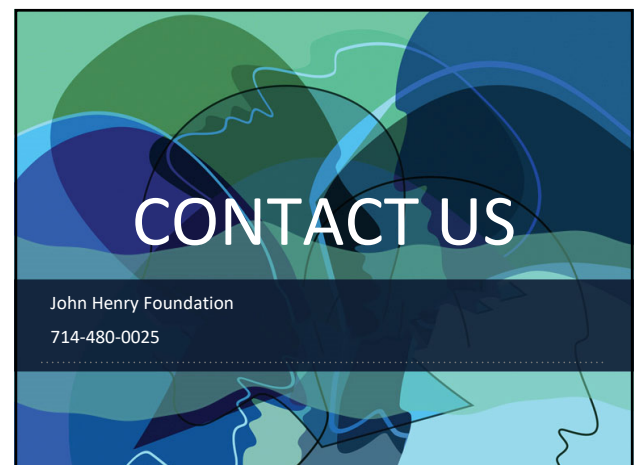
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- AGREE: YOU ARE NOT GOING TO AGREE WITH THE OTHER PERSON'S PERSPECTIVE OR THOUGHT SO...

"I hope we can just agree to disagree on this. I respect your point of view and I won't try to talk you out of it. I hope you can respect mine."

"I'm sorry because this might hurt your feelings. I want you to know I could be wrong. I don't know everything, but yes, I think you might have schizophrenia. I hope we don't have to argue about this – I respect your opinion on this and I hope you respect mine. Let's just disagree on this."

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