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Cognitive deficits in mental health and the impact on day to day functioning

Introductory program aimed at clinicians working within adult mental health services.



Alice Cairns. Occupational Therapist

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How to work through this content

Structure:

- The modules are written across the top of the screen.
- The subsections of each module will appear on the left hand side as you choose a module.

Navigation:

- You can click on a module title at the top and then click on an item in the left hand list of subsections.
- Alternatively, you can go to the site map to see all of the headings and choose those that are of interest.

Activities and examples:

- You will find useful practice tips and challenges, consumer stories, resources and more. Some of this information appears on the page, while others will appear as you click on the icon or the coloured writing.

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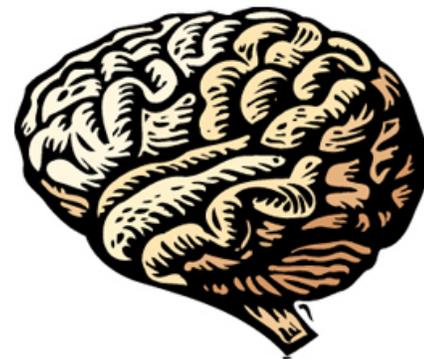
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Learning objectives

As a clinician working in mental health it is important to know about cognitive deficits as they are the most significant factor affecting a person's long term functioning. They impact on a person's recovery process and their ability to have success in work and relationships.

At the end of this program you will be able to:

- Understand the potential presence of cognitive difficulties in people with mental illness.
- Identify behaviours or clues which may indicate a person has cognitive difficulties.
- Develop a support plan for someone experiencing cognitive difficulties.
- Identify the therapies that may be used to support someone whose cognitive difficulties are impacting on their life.

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Meet Jack!

He will be with us throughout this module.

Later on in the module we will briefly meet Sue, Jessica and David (examples to consider), plus Adam, Sandra and Josh (Assessment: cooking a meal).

Jack is a 42yr old man who you have just started working with. The handover information reports that Jack has had a diagnosis of schizophrenia for about 25yrs. He lives alone in a government housing unit, his mother visits him at least twice a week to clean his unit and buy groceries for him.

The previous clinician describes Jack: "he's never home or doesn't answer when you try and visit, even when you go first thing in the morning. The only thing he has committed to is a soccer team; he always catches the bus for that once a week".

Jack also has type 2 insulin dependent diabetes. The previous clinician reports he only checks this when you see him and remind him. He also does not regularly take the insulin or other physical health medications. The symptoms of his mental illness are treated with a fortnightly injectable antipsychotic medication. Jack gets himself to the clinic for his doctor's or medication appointment but he does not remember when they are. Staff are required to visit Jack the morning of his appointment to remind him to attend. Jack has no phone contact.

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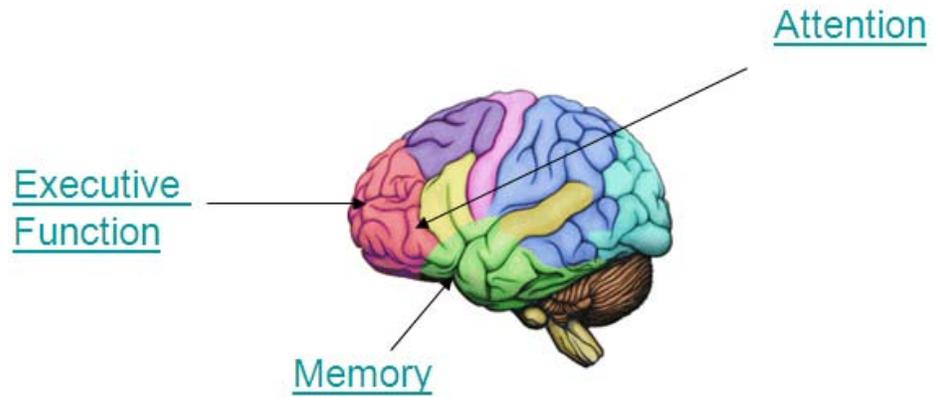
Site map

Definition

Cognition tends to be a broader term used to describe the ability to acquire and retain skills and make meaning of information.

Neurocognition is used when people are referring to discrete cognitive domains such as attention, memory, and executive functioning.

Where are the main problems?



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Formal assessment

Specific members of the multidisciplinary team will use formal assessments to confirm the presence of cognitive deficits. These assessments are important to ensure the appropriate treatment is given.

Each professional group has a slightly different focus in their assessment process, both formal and informal assessment is important. A psychologist or occupational therapist will be able to provide advice about formal neurocognitive or functional testing.

Psychologists: use formal cognitive testing to identify the global and specific neurocognitive domains that are impacted, e.g. working memory, executive functioning. Cognitive testing is completed using pen and paper or computer based tests within an interview setting.

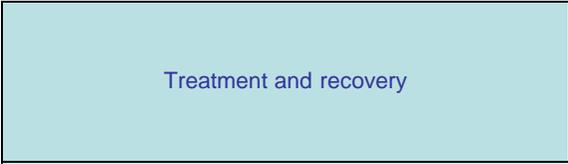
Neuropsychologists: are specialist psychologists with additional training in the biological processes of the brain and how they relate to thinking and behavior.

Occupational therapists: therapists also use formal testing to inform them of the global and specific cognitive domains affected. They tend to prefer cognitive screening, followed by assessment of functional tasks, to inform them of person's functional capacity. These assessments are primarily completed within the person's natural environment.

Treatment and recovery

There is no definitive gold standard approach to treatment of cognitive deficits in mental health. There are a number of different therapies and programmes which have been developed to improve a person's ability to function if they experience cognitive difficulties.

Undoubtedly we all must 'use it or lose it' which means people must have the balance of the right [challenge](#) in their environment to encouraging growth and stimulation but enough support and skills to ensure meaningful and successful living.



"Treat a man as he is and he will remain as he is. Treat a man as he can and should be and he will become as he can and should be."

— Stephen R. Covey: The 7 Habits of Highly Effective People.

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We hope that you find this product useful. If you would like to provide feedback about this e-learning program please email us at qcmhl@health.qld.gov.au.

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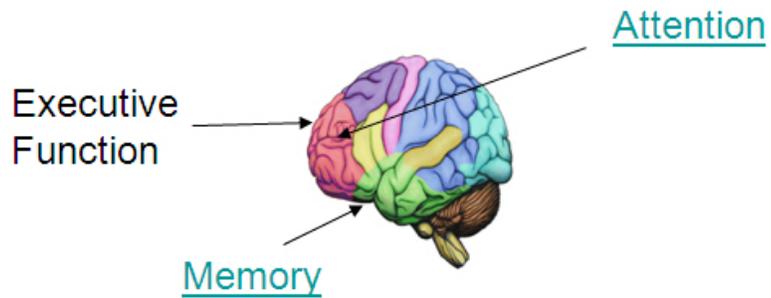
Executive functioning

A person's ability to make plans, start an activity, engage in purposeful action and self monitor or evaluate the outcome and their behavior and make suitable changes.

(Green, Kern, Braff & Mintz, 2000; Velligan, Ritch & Maples, 2010).



Example to consider



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Memory

Memory has a number of different parts to it. We will not cover all of them here but it is important to remember that both verbal and auditory memory appears to be significantly affected in people with schizophrenia.

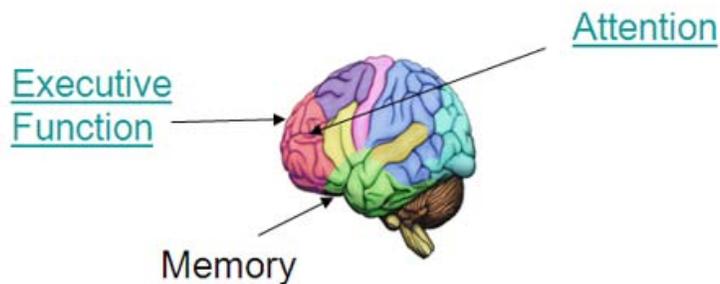
Immediate memory: Immediate memory is the ability to hold in mind a limited amount of information. An example of this is repeating a telephone number. This is also a component of working memory.

Working memory: Working memory requires the extra ability to use or manipulate the information such as mental arithmetic

(Green, Kern, Braff & Mintz, 2000; Baddeley,1992).



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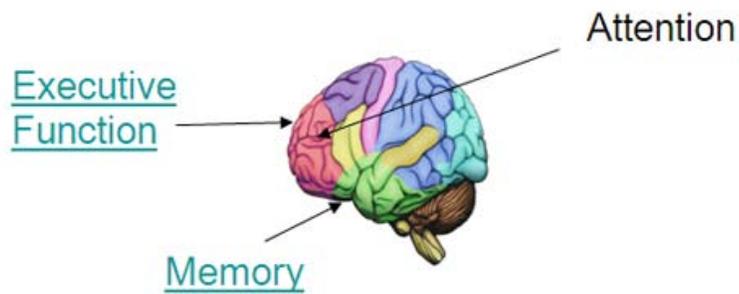
Attention

Also referred to as vigilance, this is a person's ability to respond to something important and ignore unimportant information. People might have trouble focusing their attention on an activity when distracting things are going on around them.

(Velligan, Ritch & Maples, 2010).



Example to consider



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Definition

Cognition and mental health

Executive function

Problems with [memory](#), [attention](#) and [executive functioning](#) are more common in people who experience mental illness than in the general population.

Memory

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Cognitive problems are a core feature of schizophrenia and are not a result of positive symptoms such as hallucinations or medication (Green, 2007).

So what?

Cognition & mental health

Approximately 75-90% of people diagnosed with schizophrenia have a deficit in at least one cognitive area such as [memory](#), [attention](#), [executive functioning](#).

Onset of cognitive difficulties

Although people with schizophrenia and schizoaffective disorder often experience more severe cognitive problems, people with bipolar disorder, depression and personality vulnerabilities can also experience difficulties.

(Horn, Roessner & Holtmann, 2011; Ruocco, 2005; Murrough, et al., 2011)

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[Remind me about Jack](#)



From what little you know about Jack, do you think he might have some cognitive difficulties

YES _____

NO _____

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Onset of cognitive difficulties

Considerable research has gone into looking at when cognitive problems begin. For people with schizophrenia and bipolar disorder, cognitive problems are present prior to the emergence of positive/manic symptoms (Yung, Phillips, Yuen & McGorry, 2004). Although less researched, this also seems the case for people with personality vulnerabilities.

Thompson and colleagues (2001) mapped the change in adolescent brains and they identified that the brains of adolescents who developed schizophrenia at a very young age were lighter and smaller. Some loss of grey matter is normal in adolescence however for those with schizophrenia the loss was excessive.

[See the imaging of the adolescent brain!](#)



[Remind me about Jack](#)



Jack seems to have been diagnosed with schizophrenia in his late teens.

What questions could we ask Jack to get an idea if he had problems with his cognition at that age or earlier?

[Answer](#)

Why is this knowledge about Jack's past important for your care planning today?

[Answer](#)

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Cognition and context

Many things influence a person's ability to look after themselves, work, maintain relationships and participate in the community fully. A person's cognitive skills is one factor which needs to be considered with evaluating reasons for treatment response and recovery (Smith et al.,1999).



Quiz: As previously described schizophrenia is characterised by the presence of positive and negative symptoms and cognitive problems. What feature of the illness has the most impact on an person's ability to perform necessary life skills in the long term?

Positive symptoms

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Negative symptoms

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Cognition and work

For people with recent onset schizophrenia and bipolar disorder, the level of cognitive impairment is a significant indicator of the likelihood of returning to work or school.

(Bearden et al., 2011; Nuechterlein et al., 2011)



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Practice challenge

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Role of medication to improve cognition

The results are mixed and for the most part the answer is medication 'may help a little' but it is a hotly researched area so watch this space!

Medications can certainly help with symptoms, which in an acute episode effects cognitive functioning. However, the longer-term effects of antipsychotic medications on cognitive deficits is less clear. Generally, atypical antipsychotics seem to help some cognitive areas a little, but they do not bring functioning up to the same level as someone without a mental illness (Bozikas & Andreou, 2011).

Even if people with bipolar disorder are treated as an adolescent, this treatment does not prevent the lag in cognitive development that can be seen when compared with healthy peers (Pavuluri et al., 2009)..



[Remind me about Jack](#)



Jack is currently taking an atypical antipsychotic medication in an injectable form.

How does this medication help Jack?

A: It doesn't, tell Jack not to worry about getting it done, he is wasting his time.

B: It helps to keep his voices and paranoia manageable and being an atypical antipsychotic it may help to improve his cognition a little bit.

C: ~~Medication will fix all his cognitive deficits, positive and negative symptoms.~~

Acute vs stable phase of illness

When positive symptoms of psychosis are severe, they interfere with a person's ability to complete everyday activities. The acute phase of all severe mental illnesses results in decreased cognitive skills for that period of time. For some people cognitive difficulties persist even when they are in more stable phases of their illness (Altshuler, Bearden, Green, vanGorp & Mintz, 2008).

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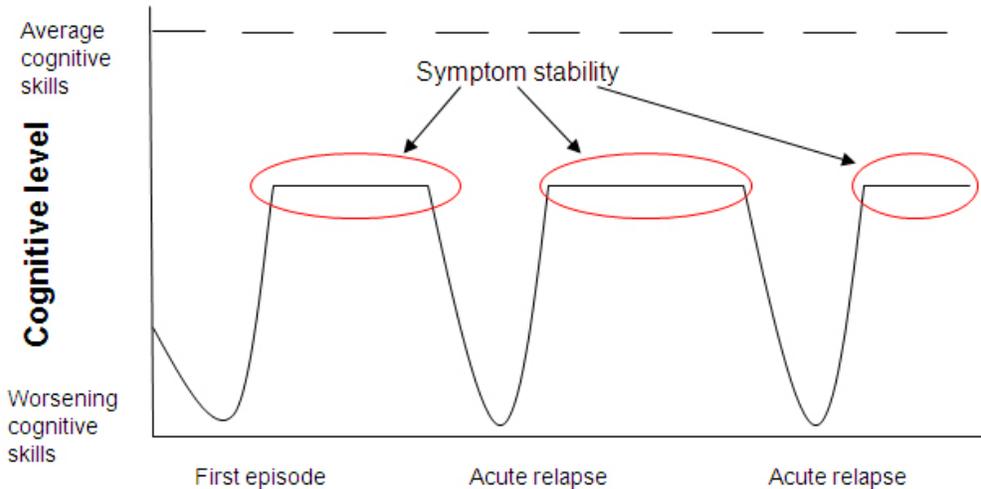
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Important to know

So what happens long term with schizophrenia?

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Screening tools

Use with caution!



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Informal assessment

Anyone can do this! Clinical observation and knowledge of daily functioning is the best starting point. Remember, cognition is not the only factor that may result in poor life skills. However, evidence suggests it is the most significant indicator of a person's ability to function long term.



Self care



Work skills



Home environment



Social skills



Community living skills



[Remind me about Jack](#)

From what you know of Jack, can you list two things that might indicate cognitive impairment?

[Answer](#)

After getting to know Jack and doing an informal assessment of his current level of functioning what do you do with this information?

[Answer](#)



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Choice vs need

Sometimes people seem to be able to manage some things and not others, this can confuse the picture. People can often meet some of their basic needs but not others, it is not unusual to hear clinicians say "well he can remember how to get to the shops to buy cigarettes twice a week, why can't he get to the pharmacy to pick up his script? He is just being lazy".



What about you



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Cognition, environment, motivation and personal experience

Assessing function is more than just a cognitive test. Just because someone can do a task under assessment conditions like in hospital or at home does not mean that they will perform that task routinely in their life. [Environmental](#), [motivational](#) and [experiential](#) factors all influence performance as well as cognition (Green et al., 2004).

For recovery to be successful, these barriers (cognitive, environmental, motivational and experiential) need to be addressed in some way to allow the person to move forward.

Likewise, some people can perform within normal limits on standard cognitive screening tools, but struggle with higher level skills of self-reflection and complex social problem solving. People who have borderline personality disorder can fall within this category (Ruocco, 2005).



[Consider the task of cooking a meal.](#)

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Assessment - cooking a meal

The ability to prepare and cook a meal is important for independent living. What influences a person's ability to prepare and cook a meal?

We now meet Adam, Sandra and Josh, who are currently inpatients at an acute adult mental health ward. These three people have different home environments, but the same cognitive functioning.

The outcome of an assessment of the current cognitive functioning for Adam, Sandra and Josh is that they are:

- Able to focus for 10 minutes before being distracted; needed prompting to attend to the boiling water.
- Unable to generate a plan for non-routine activities; support required to order the steps in order to complete the task so the pasta and sauce was ready at the same time.
- Unable to remember more than two steps at a time; constantly checking recipe or asking 'what's next'.

Neither Adam, Sandra nor Josh were able to cook a pasta and tomatoe sause mean independently during the life skills group. This was because of their level of cognition, but what other factors are important?



So what? How does this information impact treatment planning?

Adam Sandra Josh

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 - Choice vs skills-deficit
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Cooking a meal - Choice vs skills-deficit



Practice challenge



Important to know

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Screening tool

Informal

Choice vs need

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experienceAssessment:
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Medico-legal issues

As health professionals we have medico-legal requirements which need to be considered when assessing cognition. Specifically, it is important to consider when people may be putting others at risk.

[Driving](#) and [Caring for others](#) (including children) raises particular ethical issues which need to be considered during an assessment. Cognitive assessments can also bring into question a person's own decision making capacity.

If you are unsure if someone has the cognitive capacity to [drive](#), be in a [caring role](#) or [make decisions regarding their health and lifestyle](#) you MUST speak with the treating psychiatrist and clinical supervisor to ensure you adhere to your duty of care obligations.



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Compensatory strategies

Compensatory strategies is one of the most well known and instinctual ways in which people overcome their cognitive difficulties. These are useful to all of us and most people use some form of strategy to ensure we can do what we need and want to do. Remember all of us experience difficulties with our cognition at times, tiredness, stress, pain, some medications, age and distractions all impact on cognitive skills.



What about you

Were you able to think of 3 things?



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Therapeutic use of self

Introduce one thing at a time

Identify current strengths

Grade out service involvement



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Meet Susie



Susie is a 32year old who is a consumer of the local public mental health service. One day Susie and her case manager (Jan) discuss recovery. Susie identifies she would like to have her medication (injectable) done by her local GP. Jan speaks with the treating team, there is some apprehension about this.

Susie is treated under a forensic order, she has a mild intellectual impairment, is disorganised, has poor memory and often requires staff to drive around the local area to find Susie on the day her injections are due.

But everyone agreed with careful planning it was worth trying.

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Jack

[Remind me about Jack](#)



Now lets try this with Jack! It is very important to make sure assessment and intervention plans are clearly documented in the recovery and support plans. Let's assume Jack is a very agreeable guy and is willing to give anything you suggest a try. Have a think about what intervention you could give under these headings.

Remember there are a lot of different strategies you could have used and these are just some examples but whatever you and the consumer decide to do make sure you are specific about it.

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Cognitive remediation therapy

Cognitive remediation therapy (CRT) is an intensive behavioural, learning approach to neurocognitive deficits such as attention, working memory, cognitive flexibility and planning and executive functioning Medalia & Freilich, 2008..

CRT aims to remediate cognitive deficits, re-engage individuals with learning, increase intrinsic motivation and improve functional outcomes for people. CRT must be delivered by a therapist with training in CRT.

CRT can be delivered in an individual or group setting, using pen and paper, computer programs or a combination of the two approaches. Although it can be run in a group format each individual gets their own tailored programme based on their initial assessment scores and goals.



CRT Rooms

CRT is most effective if people attend at least twice a week for a minimum of 20 sessions. A session is typically 1hour in length.

Cognitive training has stronger effects on functioning if combined with active rehabilitation. This means there must be a link between the cognitive training and the support/recovery plan.

Medalia & Richardson, 2005; McGurk et al., 2007; McGurk et al., 2009; Wykes et al., 2011.

[For more information about CRT](#)

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Comparison of compensatory and remedial Interventions

Intervention	Nature	Techniques	Target	Location
Cognitive Compensatory Techniques	Compensatory	Environmental supports to bypass cognitive deficits	Functional outcome	Home based
Cognitive Remediation Therapy (CRT)	Remedial/restorative	Strategy based training with some drill and practice of cognitive skills.	Cognitive and functional outcomes	Clinic based



Warning

Adapted from Velligan, Ritch & Maples, 2010.

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When you are providing information to people with cognitive deficits it is really important to provide information in different formats.



Practice Tip

Verbal and auditory memory are two of the most affected areas in schizophrenia. Information should be provided in both written and auditory form. This is really important if you are providing education, advising about a course of action, change in medication regimens or advice which involves more than two steps.



Important to know



Practice challenge



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	<h1>Resources</h1>	
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Compensatory strategies	Resource for clinicians working with older people.	 Download
How to	Cognitive assessments.	 Download
Susie		
Jack	Inventory of cognitive screening and assessment tools.	 Download
Cognitive remediation therapy (CRT)	Recovery and employment.	 Access
Comparison compensatory Vs CRT	Cognitive Rehabilitation in Schizophrenia.	 Download
Education	Child Safety. Note. only accessible from a Queensland Health computer.	 Access
Resources	Assessing fitness to drive.	 Download
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Home	
<p>Defination</p> <ul style="list-style-type: none">Executive FunctionMemoryAttension	<p>Sue is a consumer of a public mental health service. One day the administration officer calls her to reschedule an appointment. The new time is not Sue's usual time of 3pm but at 10am. Sue knows she is not a morning person but does not make any changes to her routine to make sure she makes the appointment, she does not set alarms, check bus timetables or let her mother know who visits her most days at 11am. Consequently Sue is late for her appointment and misses her mother. Sue struggles with her executive functioning.</p>
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Cognition & Mental Health	
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Cognition & Context	
Cognition & Work	
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Defination	
Executive Function	Jessica is 18yrs and has just been to the local shop and bought \$8.55 worth of food. She gave them a \$20 note. When she receives her change she tries to check it but can't work it out, Jessica has to write down the sum as she can't hold the numbers in her mind. Jessica has trouble with her working memory.
Memory	
Attension	
	
So What?	
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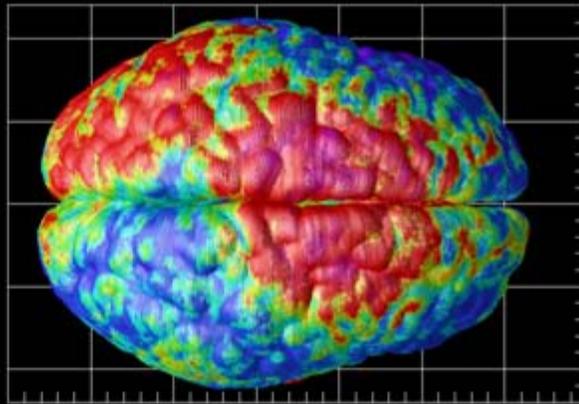
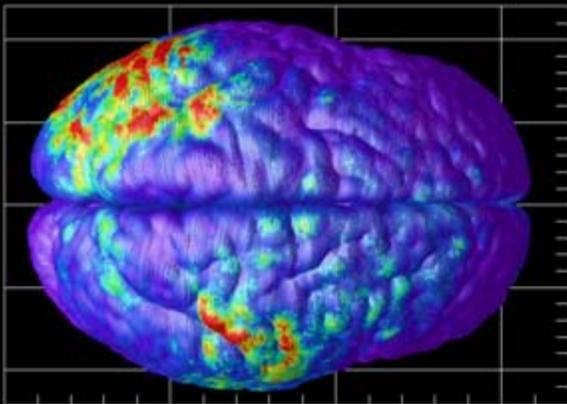
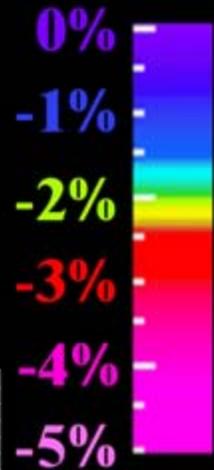
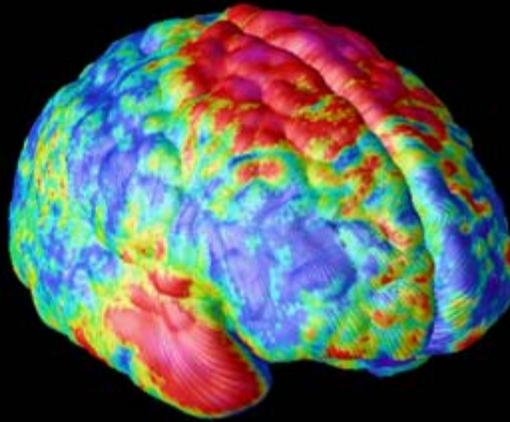
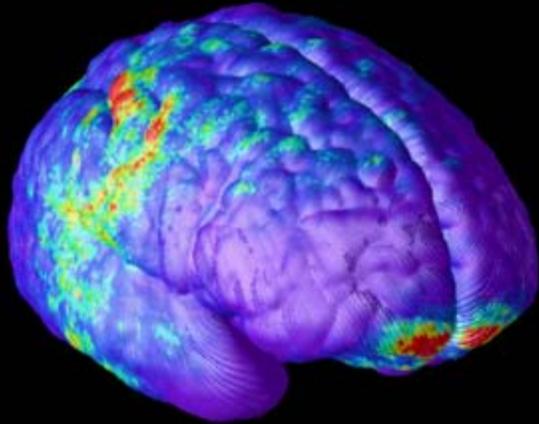
Home	
Defination	
Executive Function	David is 34yrs old and has gone into the local mobile phone shop to apply for a contract. David is trying to fill out the forms at the shop in the middle of a busy shopping centre. It is taking him a long time, there is so much noise and lots of other people in the shop talking. He is struggling to block out the noise and focus on his forms. David has difficulty with his attention.
Memory	
Attension	
	
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Rate of Gray Matter Loss

**Normal
Adolescents**

**Schizophrenic
Subjects**

**Average
Annual
Loss**



Thompson et al., 2000

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Example Recovery Plan (Individual Care/Treatment Plan) – This is ALWAYS completed with Jack’s full engagement.

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Date	Problem/Issue	Objective/goal	Intervention/Strategy/Activity	Person(s) Responsible	Review Date	Review Outcome	End date
01.7.2012	Jack does not attend appointments if staff don't home visit that morning to remind him.	Jack to attend appointments without staff reminders	<ol style="list-style-type: none"> 1. Provide education to Jack about his cognitive skills. 2. Discuss the task of remembering appointments and make a list of all the steps involved. Help Jack identify what steps he has difficulty with. 3. Introduce a calendar to Jack. Encourage Jack to write all his appointments and daily activities on the calendar. Ask Jack to cross off the day each morning. Place calendar in a highly visible place in Jack's home. Initially, weekly home visits to prompt use of calendar. Discuss this strategy with Jack's mother and request her support to prompt Jack to use it. 4. Encourage Jack to purchase a mobile phone and provide education on how to use including practice making and receiving phone calls. 5. Set alarm on mobile phone (or introduce alarm clock), encourage setting alarm daily to prompt wake up. 6. Call Jack for first 2 months to prompt attendance instead of home visit, if successful reduce phone calls to every second appointment then stop all together. 	<p>Staff</p> <p>Staff & Jack</p> <p>Staff, Jack & mother</p> <p>Jack and staff</p> <p>Jack</p> <p>Staff</p>	01/10/12		