

Cognitive Enhancement in Schizophrenia and Related Disorders

Cambridge University Press & Assessment

978-1-107-19478-6 — Cognitive Enhancement in Schizophrenia and Related Disorders

Matcheri Keshavan , Shaun Eack

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This book is dedicated to
Gerard E. Hogarty, M.S.W. (1935–2006)

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Foreword

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People diagnosed with schizophrenia have multiple problems including their obvious delusions and hallucinations, their positive symptoms. Even after the acute problems have subsided, there are still other difficulties that impair functioning, particularly in social relationships, employment, and in achieving their personal goals. Although we have treatments for the obvious symptoms, we now know that the cognitive problems are key drivers of these functional and personal achievements. However, it has taken many years to be optimistic about their alleviation. It was thought that the difficulties were traits that made individuals vulnerable to disorder and were immutable, but we now know that we can help to remediate these thinking skills by providing cognitive rehabilitation. This book covers the history, the emergence of optimism and the theory that drove therapy developments. Although I may disagree with some of the levels of theory description, I do not disagree with the description of how cognitive enhancement therapy was built and its importance amid the panoply of therapy options. Its ambitions are wide and the ingredients varied.

The scientific literature is littered with, in my view, spurious arguments about whether cognitive training needs to be top-down, bottom-up, or compensatory, but this is not even attended to by cognitive enhancement because it covers all the bases. It includes specific cognitive training with practice (bottom-up) for the development of strategies for efficient problem solving (top-down) and then combines all these with an adaptation of the environment (compensatory) to reduce the need for speed of processing or flexibility in approaches to problems. This method also includes therapeutic inputs to guide the process of therapy and assessment so the individuals are not overwhelmed. This is what makes it a therapy rather than “brain training,” because the therapist allows more personalized therapy, can increase motivation, and importantly help link therapy goals to personal real-world goals.

The development of the best cognitive treatments has undoubtedly been hindered by the personal prejudices of its proponents. This book lays out all the available options which allow a clinician to take their choice but also points out the similarities despite their different names and marketing. The book also points to the embedding of this sort of therapy among other tools including medication.

The most powerful part of the book is the transfer of expert clinical experience from the authors to readers. This information is clearly set out to empower those who are embarking on providing therapy. There is an emphasis on personalisation along with the development of a good therapeutic alliance. Both are vital to engaging individuals and are often a therapeutic hurdle, especially for a group that has often experienced multiple failures.

When I was asked to write this foreword I thought I would be able to produce a reasonable draft in a few days but little did I know how interesting the book would be. Delving into it was just not enough, I read it from cover to cover. This is clearly the book I was meaning to write and I am very pleased that Drs. Keshavan and Eack have now written it as it certainly takes the pressure off me.

In conclusion, cognitive enhancement in its many forms can improve thinking skills and has benefits for functioning. This book is a stepping stone to encourage its use more widely. But we should not assume that the provision of this therapy is the sole determiner of achieving personal goals. Society still discriminates against individuals who have mental illnesses, and the associated stigma affects the individuals and their families. We all hope that better recovery outcomes will follow the introduction of cognitive enhancement and contribute to therapeutic optimism that will stimulate the beneficial changes in society and open up further opportunities for our patients.

Preface

Schizophrenia and related psychotic disorders are among the most disabling illnesses in all of medicine. While acute psychotic symptoms are manageable by current medication treatments, the persistent deficits in cognition which underlie functional disability remain poorly addressed. Psychotherapeutic treatments remain the mainstay of our efforts in addressing these roadblocks to recovery. The authors of this volume came together with their abiding interests in contributing to this serious treatment gap and in no small measure due to the important influence and mentorship of Gerard E. Hogarty (1935–2006), who pioneered the field of cognitive enhancement in schizophrenia and who continues to inspire our own thinking on the topic. In our decade-long collaborations both as clinicians and researchers we have come to appreciate the substantial advances as well as challenges in understanding cognition, brain plasticity, and therapeutic interventions in neuropsychiatry, notably in schizophrenia. We are also optimistic for the advances that the future holds in this field and felt that a summary of the current state of cognitive enhancement in schizophrenia and related disorders would be a valuable contribution to practitioners, educators, and researchers.

While cognitive impairments characterize many psychiatric disorders, this book focuses on schizophrenia because this is the field of our own expertise. We believe, however, that the principles in this book would be applicable to other related major psychiatric disorders as well. Schizophrenia is a spectrum of disorders (such as schizoaffective disorder and psychotic affective disorders) in which cognitive difficulties are core features, persistent, and life-long. Further, even though cognitive health is a primary focus of this volume, we appreciate the importance of alterations in emotion and behavior that are integral to these conditions and necessitate an integrated approach with other psychosocial and pharmacological interventions. We prefer the term cognitive enhancement to terms such as cognitive remediation or cognitive rehabilitation, because of the former's broader scope and its non-stigmatizing nature.

This book is designed to serve the needs of practicing clinicians, students of mental health and researchers. Patients and family members may find this book helpful as well. We have adopted a somewhat conversational style wherever possible, interspersing our personal experiences and value systems in caring for patients with schizophrenia with what we are learning from decades of systematic research. We have focused more on Cognitive Enhancement Therapy (CET), originally developed by Hogarty and colleagues, in which we have the most experience. We have also described several other approaches to cognitive interventions. We have used ample illustrations, mostly originally developed, case illustrations largely from our practice, and an up-to-date bibliography of the major works in this field. The text begins with a basic principles section, with overviews of our current understanding of cognition and its impairment in schizophrenia, of the nature of brain plasticity in health and disease, and of the history and principles underlying cognitive enhancement. The second section is on the approaches to cognitive enhancement. It begins with an overview of engagement and stabilization early in the course of schizophrenia, which is a key prerequisite to successful cognitive enhancement approaches. We then provide a detailed summary of strategies to enhance neurocognition and social

cognition using computer-based, individual, and group interventions. We end this section with an overview of pharmacotherapy for schizophrenia including an account of the limited data on the pharmacological enhancement of cognition. In the final section, we focus on how to optimize and personalize cognitive interventions to the individual patient. The last chapter concludes with our perspectives on the current state of the field and where it should be headed, in terms of research and implementation of cognitive enhancement in routine clinical settings.

It is important to note that this book is not designed or intended to serve as a treatment manual for Cognitive Enhancement Therapy or other cognitive interventions, but potential users will find this text a significant resource in their work to learn about and implement these interventions into their practice. The definitive treatment manual for Cognitive Enhancement Therapy (Hogarty & Greenwald, 2006) is available separately from those authors at www.CognitiveEnhancementTherapy.com and should be relied upon as the primary resource for learning that approach. We have taken care to refer readers to the primary texts of other interventions discussed throughout this book as well. If the practice principles in this book do not appear to apply to or are counter the situation presented by any individual patient or clinical situation, the practitioner should use his/her clinical judgment, and/or seek an appropriate referral. We will be gratified if this book serves to provide guidance, confidence, and understanding to care providers who work with persons living with schizophrenia and their family members.

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