

### **W1. COGNITIVE TRAINING PROGRAM FOR SCHIZOPHRENIA – APPLICABILITY IN RESOURCE LIMITED SETTINGS**

*Speakers:*

*Adarsh Tripathi*

*Eesha Sharma*

*Sujit Kar*

Background: Neuropsychological impairment is a core feature of schizophrenia (Reichenberg & Harvey, 2007). There is broad consensus that cognitive ability influences quality of life and conditions of a patient's daily life and his/her adjustment to it. It is also more persistent over time than positive symptoms, more resistant to conventional treatment and is a better indicator and predictor of functional outcome (Green, 1996). Randomized controlled trials have demonstrated that various remediation methods improve cognitive performance (McGurk et al, 2007, Twamely et al, 2003). Cognitive rehabilitation is becoming an increasingly popular intervention in treatment programs for people with schizophrenia across the world. However, most methods are computer based. The chosen method for cognitive intervention would be influenced by a variety of factors including socio-cultural, and education-related variables of patients. In many parts of South Asia, population is still minimally literate and computer illiterate. There is a dearth of mental health resources in our setting, especially for psychosocial interventions. Keeping the above scenario in perspective, the workshop will be conducted for a cognitive training program, which is adapted for use in our patient population, in a resource poor setting, utilizing cost effective assessment tools and remediation strategies. This intervention program would be applicable in the clinical and community setting. At the conclusion of the workshop, participants will gain understanding of the nature and types of cognitive deficits in schizophrenia, their identification measures and management strategies, with cognitive training. Additionally, current evidence base for interventions and future directions for research will also be discussed.

### **W2. DIFFERENTIATING MCI FROM NORMAL AGEING AND EARLY DEMENTIA: ADVANCED WORKSHOP FOR PSYCHIATRISTS**

*Speakers:*

*Dr Arun Jha, Hertfordshire, UK*

*Professor KS Shaji, Kerala, India*

*Nidesh Sapkota, Dharan, Nepal*

Early dementia diagnosis and treatment is actively promoted around the world, but clinicians lack the necessary skills and training in differentiating mild cognitive impairment (MCI) from normal cognitive ageing and early dementia. Diagnosing mild Alzheimer's disease (AD) and early stages of fronto-temporal

dementia (FTD) is challenging even for experienced psychiatrists.

MCI is an intermediate state between normal ageing and dementia. MCI is associated with an increase risk of dementia, as well as with further disability and mortality. MCI is also associated with neuropsychiatric symptoms. The prevalence of amnesic (aMCI) in Indian subcontinent is 4.3%. Clinicians need to learn how to reach an algorithm-derived diagnosis of aMCI. People with MCI may be at risk of developing dementia. Recent studies suggest that identifying mild cognitive impairment (MCI) as early as possible may allow interventions to be more effective. Early intervention efforts may enable the use of treatments that are not effective at more severe levels of impairment and may prevent or slow progression.

It is important to establish activities of daily living (ADL) and instrumental activities of daily living (IADL) in either carrying out household chores, perusing hobbies, using money, feeding, dressing, or toileting. The diagnosis of 'Mild Cognitive Disorder' in DSM-5 provides an opportunity for clinicians and researchers to look for the signs of MCI as early as possible.

In this interactive workshop, we would discuss the new guidelines and criteria for diagnosing MCI and early dementia using Addenbrooke's Cognitive Examination (ACE) and Everyday Activities Scale of India (EASI). Diagnosis of subjective memory impairment (SMI) and normal cognitive ageing (NCA) will also be discussed. Case studies, role-play and video clips would be frequently used in this advanced workshop for psychiatrists and other specialists participating the conference.

### **W3. EMPOWERING ADOLESCENTS WITH LIFE SKILLS A PROMOTIONAL APPROACH TO SCHOOL MENTAL HEALTH PROGRAM**

*Speakers:*

*Dr. Srikala Bharath Prof. Psychiatry, NIMHANS*

*The Concept:* The education, currently prevalent in India places stress on acquiring information, knowledge and technical skills rather than psychosocial competence and realizing one's potentials. It is achievement oriented than child- oriented.

Psychosocial Competence through Life Skills Education is a novel promotional program that teaches generic Life Skills through Participatory Learning Methods. Conceptual understanding and practicing of the skills occurs through experiential learning in a non-threatening setting. Such initiatives provide the individual with a wide range of alternative and creative ways of solving problems pertaining to various health and psychosocial issues like Nutrition, Drug Use, Sexual

Abuse, Early Sexual Experimentation, Teenage Pregnancy, Bullying etc. Life Skills are the processes that will make the target of Values possible.

Life Skills (LS) are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands, challenges and stress of every-day life. These are 'HOW' of life than 'WHAT' of life. Childhood and adolescence are the developmental periods during which one acquires these skills through various methods and people.

*NIMHANS Model of Life Skills Program:* In a country like India, where resources and trained professionals are sparse and few, it is more be practical to involve and work with the teachers. The teachers are the personnel who are interacting with the adolescents closely.

This methodology ensures reproducibility of the program within the existing infrastructure year after year at no extra cost. Experience of working with secondary school teachers has shown that teachers can be trained to impart LSE effectively. Training the Teachers is the methodology, which might have a wider coverage, continuity and cost-effectiveness. The model is continuous, development oriented and comprehensive and does not focus only on sexuality.

*The Workshop:* The workshop would focus on a session of PS Competence Promotion in a participative manner, the paradigm shift in the approach to empower the participant (adolescent) and the transfer of skills to real life situation.

The work by the group over the years in the development, implementation and evaluation of the model would also be shared.