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Introduction
In today lecture I am going to speak about:

- **KESHET** - a didactic academic course for teaching and training parents and family members in the use of unique cognitive tools (The MLE) for enhanced communication skills

- My doctoral research examining the efficacy of the dynamic cognitive intervention through Instrumental Enrichment in rehabilitation of clients with schizophrenia

KESHET- Enhancing Cognitive Communication Skills of Caregivers of Family Members Coping with Mental Health Disabilities

Israeli data

- More than 7,500,000 inhabitants
- 10% of whom suffer from a variety of disabilities
- About 120,000 sufferers from Mental Health (M.H.) disabilities (About 1%)
- The M.H population is the largest group amongst the other disabilities
Introduction

In this presentation I am going to speak about:

- Understanding the need for family focused intervention
- The current perspective of families and the mental health system in Israel
- I will introduce an intervention program intended for family caregivers in mental health
- And
- Will present initial study results

Families are Profoundly Affected by a Family Member’s Mental Health Disability

- Families are traditionally conceived as providers of an environment for psychosocial development, and maintenance of all members.
- The onset of severe mental illness in a family member is a traumatic experience.
- Families are the primary caregivers of the mentally ill, therefore
- they are identified as a high risk population.

From Psychiatric Hospital to Community Based Mental Health Care - The Israeli Experience
Due to this trend, which started in the 1980's, many families agreed or felt forced to take ill family members into their homes. Due to the development of community based services, family roles have expanded and gained centrality. The families became part of the rehabilitation process.

Since the year 2000, the Israel Ministry of Health, is in an accelerated process to develop community based psychiatric rehabilitation services, as part of its implementation of the “Rehabilitation in the Community of Persons with a Psychiatric Disability” law. Families are one of the targets of this legislation.

Families are one of the targets of this legislation.

The families became part of the rehabilitation process.
The Families

These developments have brought with them a new approach to the families of those coping with mental health disabilities, from a stance of blame, to one that encourages the family to take an active part in the recovery and rehabilitation process (Marsh, 1992).

In light of the shift to community based mental health care, parents and family members want, and need, to be involved, and become capable, and efficient, when it comes to caring for a mentally ill family member.

The Importance of the Family

- Including the family in the therapeutic alliance, contributes significantly to the patient’s improvement for many psychiatric conditions, and it is also cost effective.

- In many parts of the world, family intervention programs are currently being developed.
Some of the family interventions are:

- Support groups
- Family group Psychotherapy
- Psycho-education
- Consultation Centers for Families
- Interventions based on Expressed Emotion (EE)
- **KESHET**
- And more....

What is Keshet?

(Rainbow in Heb.)

Keshet is a didactic academic course for teaching and training parents and family members in the use of unique cognitive tools for enhanced communication

“KESHET”

KESHET mentors are both professionals and parents of mentally ill that participated in the course and were then trained as mentors
KESHET does not focus on the illness, it emphasizes a universal outlook on cognitive modifiability, and the use of mediation for positive communication applications.

KESHET strives to provide tools for enhanced coping, empowerment, and well-being of participants in particular and families in general.

**The theoretical Bases of KESHET**

- **Structural Cognitive Modifiability (SCM)**
  (Feuerstein, Rand, & Hoffman, 1979, 1991)

- **Dynamic Cognitive Intervention (DCI)**
  (Hadas-Lidor & Weiss, 2005, 2011)

- **Recovery**
  (Anthony, 1993; Deegan, 1996).

**Structural Cognitive Modifiability (SCM)**

- **The concept**: The belief in a person’s ability to change regardless of age, health status, and diagnosis.

- **The method**: The M.L.E (Mediated Learning Experience)- that describes efficient cognitive communication that enables learning.

- **The instruments**: L.P.A.D, I.E and Heterogeneous Environment.
R. Feuerstein- “The Father” of the Concept

Dynamic Cognitive Intervention (DCI)
- An expansion of SCM
- Developed gradually in Israel since 1994
- Views client as an equal partner in the therapeutic process

This attitude leads to the empowerment of all those involved in the therapeutic process, a concept recognized as crucial also in recovery terminology.

The Mother of DCI and Keshet
I cannot do it without my colleagues: Prof. A. Kozulin, D. Redlich, P. Weiss, V. Shaphir-Keisar, and more
Nowadays, all the researches point to the fact, that between 50-70% of the people with mental illness, recover, in other words, they maintain an active and fruitful life within the community.

Recovery does not mean that the disability disappears.

The central concepts addressed in Recovery are: Self determination, Choice, Meaningfulness, Partnership and Hope, all together along with the illness.

There are over 10 known Evidence Based Practice Interventions that are based on recovery promoting ideas.

**Mediated learning experience (MLE)**

- MLE – is a special interaction between a mediator (A guide / therapist / parent), learner (patient / child) and stimulus.

- The goal of the mediator is to adjust the stimulation, and to process it, so that it will be understood by the learner.
The 4 main principles of mediation

- Intentionality and Reciprocity
- Transcendence
- Meaning
- Feeling of Competence

MLE and Recovery

- Coexistence of competence and dysfunction
- Mediation of hope
- Sharing Behavior

The KESHET course framework

- The course includes 15 meetings, every second week, each meeting lasting 3 academic hours
- Every course is coordinated by three instructors: two of whom are experts in the clinical field and theory of dynamic cognitive intervention, the third being a parent instructor who had previously participated in a Keshet course
KESHET Contains the following activities:

- Frontal lectures
- Workshops
- Analysis of participants’ Meaningful Interactional Life Episodes (MILE) in small groups and classes
- Home assignments
  - Writing MILES
  - Exercises
  - Reading of material
- Viewing and analyzing documentary films on recovery concepts

Frontal lectures

Course content- central issues are:

- What is cognition
- Cognition as a different way to understand behavior.
- The ability to change
- The central Principles of MLE
- Recovery

In order to promote the Fidelity of KESHET few steps are being taken:

- Initial focus group
- Structured outline and theoretical content and assignments
- Uniform training of moderators
- Group meeting protocols and
- Ongoing supervision and instruction of moderators

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I will now present three examples of MILE:

**Mother and son at home on Sukkoth holiday.**

Description of episode:

Son: I want to drink wine in order to celebrate Sukkoth.
Mother: You can’t drink wine, it can harm your health. The doctor said that for you, wine and medication don’t go well together.
Son: It doesn’t harm me. And it says in the Gemara (Talmud) that without wine the holiday is not festive. And I want to drink wine.
Mother: You can celebrate the holiday in other ways, not just with wine. The wine can harm you, and it’s not worth it.
Son is not convinced, but doesn’t drink wine. When away from home he drinks wine.

**Mother and daughter at home.**

Description of the episode:

The phone rings. The mother answers and begins to talk.
Daughter: Who is it? Your friend?
Mother: No (continues talking).
Daughter: Who is it?
Mother: Excuse me, it’s not for you.
Daughter: Why don’t you tell me who is it?
Mother: I’ll tell you when I finish the conversation.

**Participants: my daughter and me Context: Phone call**

Description of the episode:

I picked up the phone to call my daughter.
I asked her: “How are you?”
She replied: “The same, not well. Nothing helps me to get over this depression, I don’t have any strength and I don’t want to go on living”.
I replied: “You’re not making enough of an effort to get out of it, you’re not occupying yourself with things you enjoy that will help you overcome the depression.”
My daughter answered: “O.K., you don’t understand” and she slammed down the phone.
I felt guilty that I hurt her that I don’t understand that she’s incapable of leaving her house and doing things that she enjoys.
In those 3 examples:

Mothers’ goals were to solve 3 specific problems:
1. How to convince her son not to drink wine
2. How to stop her daughter from interfering
3. How to stop her daughter’s depression

On the other hand

KESHET moderator’s goals were to identify and understand the communication interaction pattern, according to Mediated Learning Experience (MLE) criteria and to analyze episodes from a broad perspective and different points of view in order to upgrade other future interactions for mother and other KESHET participants

I want to read you an extract from the course protocol

”... A number of days ago, we celebrated the holiday of Purim, and I knew the wine drinking issue would come up. This time, I initiated a conversation with my son, and I suggested that he drink at home, after telling him that I understand that this is an important issue for him.

This way, together we could manage any problems that might arise... He agreed. He told me: “You’re speaking to me differently, like a KESHET course participant”. I found a bottle of wine with a low content of alcohol, and he drank from it. He was happy with this solution, and so was I...“
KESHET demographics
- Over 300 graduates
- Average age: 57
- 75% women, 25% men
- Average level of education (in years) : 14.7
- 93% of the participants are parents, the others are sibling and grandparents
- 46 % of the participants live with ill family member
- 22% of ill family members are in independent living conditions, others live with partners or reside in community sheltered dwellings

The following are a number of research projects that were completed regarding KESHET
1. Changes in attitudes of participants regarding beliefs, knowledge and actions
2. The concept of hope before and after the course
3. Course efficacy as related to dealing with daily difficulties of family members
4. Follow-up outcomes after 1-2 years
5. Cultural analysis of participants Meaningful Interactional Life Episodes (MILE)
6. Designing and studying a structured tool to analyze MILEs
7. Comparison of participants coping with MILEs before and after participation in Keshet

The following slides describe the first 2 research KESHET projects
- The purpose of the research is to provide evidence to the efficiency of KESHET

Study 1. KESHET program would improve changes in attitudes regarding beliefs, knowledge and actions about ill family member.

Study 2. KESHET program would improve feelings of hopefulness regarding ill family member among participants.
First Study Focus: Caregiver Attitudes

Attitude questionnaires were given pre and post course attendance.
- The questionnaires related to the:
  - Perceived modifiability of the ill family member,
  - The ability to recover, and
  - The participant’s ability to contribute to this change.

The items pointed to trends of change regarding knowledge, faith and self-actions.
- All items, except two, pointed to a positive change in attitudes, with knowledge items increasing significantly.
- Internal consistency was high for knowledge items, low for self-actions and for faith - low pre and high post.

The second study was about the concept of hope
- In this study we used the Snyder hope scale to examine the changes that took place in KESEHT participants.
- There were 71 Participants, 49 in the experimental group and 22 in the control group.
- Results:
  - A significant increase in hope was found in the experimental group towards the ill person
  - A decrease in the gap between hope of family members in relation to themselves vs. their hope toward the ill person
  - No difference in self-perceived hope was detected in Hope Scores between groups.
Dynamic Cognitive Intervention in rehabilitation of Mental Health

Results

**Total hope score with regard to ill family member**

- **Control**
  - Pre: [Value]
  - Post: [Value]

- **Study**
  - Pre: [Value]
  - Post: [Value]

**P < 0.05**

Results

**Hope regarding ill family member**

- **Pathway/solution**
  - Control: [Value]
  - Study: [Value]

- **Motivation/Will power**
  - Control: [Value]
  - Study: [Value]

**P < 0.05**

Results

**Hope in relation to oneself**

- **Control**
  - Pre: [Value]
  - Post: [Value]

- **Study**
  - Pre: [Value]
  - Post: [Value]
Results

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<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Study</th>
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<tbody>
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<td>1.5</td>
<td>2.0</td>
<td>2.5</td>
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P < 0.05

The Family members who participated in KESHET perceived a higher sense of hope regarding the ill family member, while decreasing the gap between self perceived hope and feelings of hopefulness towards the ill relative.

What can be the Implications of these studies?

- Participants perceive themselves as having improved management skills to enable change.
- KESHET contributes to Recovery: Promotion of feelings of hope, empowerment and well being for family caregivers.
- KESHET may provide an answer for family caregivers need for involvement, help and education.
And finally, where does this lead to?

- Develop “KESHET” for diverse caregiver population groups
- Development of second stage of “KESHET” course
- Develop instrument for MILE analysis, a central component of the intervention
- Continue studies with stronger research designs in order to make the intervention an EBP

What parents say at the end of the course

- "In the past, when I didn't know what my son was going through, I could not truly mediate between him and the care-giving system. Today, I can truly say that we are an important factor, because we know our child."

- "I've reached this course more than twenty years after my son was diagnosed with a mental illness. Today I encourage other parents to join the KESHET course as soon as possible".

- “Why suffer so many years, without decent communication, when you have this course at your doorstep?”
“The course introduced me to a new language”

“I learned that in order to be flexible in thought and behavior, I need to enrich my husband's and my tool box.”

“The course gave me hope that there is another way…”

“The course is like a bell which reminds me how it's possible…”

“I came to stop getting angry, I'm still getting angry, but sometimes I know and understand why, and sometimes I know how not to…”

“Now I know to organize events in my life, I learned how to arrange them, to deal with them one by one.”

“You make healthy parents for our sick children – recovering parents.”
And now to the second subject

I will describe my doctoral research that examine the efficacy of the dynamic cognitive intervention through Instrumental Enrichment in rehabilitation of client with schizophrenia.

The study deals with D.C.I by way of Instrumental Enrichment in rehabilitation of clients with schizophrenia who live in the community in different levels of independency and work in occupational rehabilitation centers.

Instrumental Enrichment

- The IE is a program which consists of more than 500 pencil and paper exercises
- It is divided into 15 instruments
- Each instrument focuses in a specific cognitive deficiency, while at the same time it relates to the acquisition of the necessary conditions and skills required for learning.
The research goal

- The research goal was to present a model which applies Dynamic Cognitive Intervention via MLE and IE as part of it.
- We tried to improve the ability to learn and thereby increase cognitive, functional skills and self-concept.
- The final goal of the intervention was successful integration into society.

The research population

- 58 clients suffering from schizophrenia in the age of 25-40.
- Education: 10-14 years.
- Randomly divided to 2 groups:
  - 29 study group
  - 29 control group

The 5 stages of the study

- **A** All participants took a pre-test in 3 areas: Cognitive, Functional and Self concept.
- **B** All participants were randomly divided into 2 equal groups.
- **C** The study group underwent 2-3 weekly IE interventions while the control group received regular interventions in a similar amount of time.
The 5 stages of the study (cont)

- **D** After a year the two groups passed a post test in the above mentioned area using the same instruments

- **E** A follow up half a year later which concerned daily functions: Work and dwelling status

The research results

- After a year of an IE intervention significant differences between the groups were found in all cognitive tests as well as and in dwelling and occupational status

- No significant differences were found in the self concept scale

Conclusions

- This research is unique in its result that cognitive and functional improvement were found in the research group

- We assume that self questionnaires are not appropriate tools to this population, and

- The differences in self concept are noticeable only after longer time
Clinically it is important to treat clients suffering from schizophrenia by MLE and IE.

To continue this research with larger population suffering from other mental illness and to follow up the intervention influence after a longer period of time.

Recommendation

Thank You!!

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