

From the Couch to the Bus Depot to the
Mall to Work: The Relationship of Post-
Psychotic Adjustment to Recovery

Missouri Psychiatric Rehabilitation Ass'n
27th Annual Conference
October 4, 2012
Columbia, MO

Presenter

Mary D. Moller, PhD (hon), DNP, ARNP, APRN,
PMHCNS-BC, CPRP, FAAN
Associate Professor, Yale University School of Nursing
100 Church Street South-Room 235
New Haven, CT 06536
TEL: 203-737-1791
FAX: 203-737-5710
mary.moller@yale.edu

Objectives

1. Describe the four phases of the Milestones of Adjustment Post-Psychosis Recovery Model (MAPP™)
2. Describe the four categories of treatment milestones and interventions related to each phase
3. Discuss consequences of unmet milestones
4. Discuss implications of the MAPP™ recovery model for members of the treatment team and the mental health system.

Background Study

Psychophenomenology of the Lived Experience of People with Schizophrenia in the Postpsychotic Adjustment Phase of Recovery from Psychosis

Inclusion Criteria

- At least 21 years of age with a diagnosis of schizophrenia
- Actively enrolled in the EAST program for at least one year
- Adequate decision-making capacity
- Able to speak conversational English
- Evidence of high school diploma or general education equivalency, or active participation in a program leading to attainment of high school education

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 8

Interview Questions

1. What has your life been like since you had a psychotic episode and were diagnosed with schizophrenia
2. Since having a psychotic episode and receiving a diagnosis of schizophrenia, what does adjustment to life mean to you? (This was modified to "What changes have you had to make in your life because of schizophrenia?")

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 12

Interview Questions (cont')

- 3. Describe the points in time that have been important to you in adjusting to life since your psychotic episode
- 4. Was anything missing from your treatment that would have helped in your adjustment to having a psychotic episode and being diagnosed with schizophrenia
- 5. Is there anything else you would like to add?

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 13

Methodology

Psychophenomenology Adrian van Kaam (1987)

The goal of phenomenology:
 "to produce a description of a phenomenon of everyday experience in order to understand it's essential structure" (Priest, 2002, p. 51).
Psychophenomenology places the emphasis on the internal psychological world of a person by identifying the **necessary and essential constituents of the phenomenon.**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 15

Psychophenomenological Methodology

- Four stages in 12 steps
 - Analysis (Steps 1-8): listing and preliminary groupings; reduction; elimination
 - Translation (Step 9): hypothetical identification
 - Transposition (Step 10): Application
 - Phenomenological reflection (Steps 11-12): Final identification
- Trustworthiness
 - Involves intrasubjective, intersubjective, and experimental validation reviewed by an independent panel of judges

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

16

Initial Data Analysis of 542 Participant Responses

- Reduced to seven potential constituents: #
 - Symptoms and getting into treatment 84
 - Response to symptoms 64
 - Figuring it out 80
 - What helped 174
 - What didn't help 59
 - How I know I'm not adjusted 36
 - How I'll know when I am adjusted 45
- Eliminated symptom category as MAPP begins after diagnosis

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

17

Reduction and Elimination

- Remaining six categories reduced to four constituents
 - Recognition of the effect of psychotic symptoms on daily functioning (**cognitive dissonance**)
 - Gaining an understanding of the relation of symptoms to actual reality (**insight**)
 - Achieving stability in thinking and responding to others (**cognitive constancy**)
 - Performing age-appropriate ordinary activities of daily living as others do (**ordinariness**)

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

18

Results
MAPP Recovery Model:
Milestones of Adjustment Post-
Psychosis

The Necessary and Essential Constituents of
 Post-Psychotic Adjustment: *MAPP*

MAPP is comprised of four phases:

1. Recognizing emotional, interpersonal, cognitive, and physiological states that indicate psychosis-induced ***cognitive dissonance***;
2. Gaining ***insight*** into the behavioral incongruencies resulting from psychosis-induced cognitive dissonance evident by emotional, interpersonal, cognitive, and physiological outcomes; and,

MAPP (Cont')

3. Achieving ***cognitive constancy*** through a change in attitudes and beliefs resulting in active engagement in emotional, interpersonal, and cognitive, activities under the guidance of a safe and successful treatment program; that,
4. Culminates in re-establishing ***ordinariness***.

Cognitive Dissonance: Definition (Festinger, 1957)

- A state of being in which a person experiences conflict and personal distress because of a perceived inconsistency between two beliefs
- Typically one of the beliefs is known and the other is not known or has not been experienced
- The discord between the beliefs results in behaviors that are incongruent with previously held attitudes, values, emotions, or beliefs.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 22

Cognitive Dissonance: Metaphor

- On the COUCH
 - Spending time recognizing the effect of psychotic symptoms on daily functioning.
 - This means the person has to first understand that symptoms were psychosis and not reality.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 23

Cognitive Dissonance: Summary

- Measurable outcomes
 - Consistent reduction in psychotic symptoms resulting in diminution of emotional, interpersonal, cognitive and physiological states
- Dependent on
 - pharmacological efficacy
 - family support
- Duration: **6-12 months**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 24

Insight: Definition

- Recognition that illness symptoms are indeed pathological and have created serious consequences in all aspects of life.
- Ability to understand the origin and progression of symptoms.
- Ability to internalize and verbalize the consequences of the symptoms.
- Overlays cognitive dissonance

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

26

Insight: Metaphor

- At the Bus Depot
 - Gaining an understanding of the relation of symptoms to actual reality.
 - Experimenting with having symptoms and watching how others respond when subjective symptoms occur.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

27

Insight: Summary

- Measurable outcome:
 - Ability to master the process of conducting reliable reality checks-- "SORT IT OUT".
- Dependent on medication efficacy, family support, and understanding treatment team.
- Duration: **6-18 months.**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

28

Cognitive Constancy: Definition

- Change in attitude and beliefs about illness that result in stabilizing the emotional, behavioral, and cognitive incongruencies of psychosis.
- There is stability in all aspects of behavior based on reality-based attitudes and beliefs.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 30

Cognitive Constancy: Metaphor

- Able to go to the mall
 - Achieving stability in thinking and responding to others
 - Forcing oneself to interact with others

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 31

Cognitive Constancy: Summary

- Measurable outcomes:
 - Ability to muster the internal grit to begin re-engaging in age-appropriate activities related to work and school.
 - ***Effectively re-engage in interpersonal relationships.***
- Dependent on:
 - A positive initial treatment (FEP) experience
 - Dependable support system
 - Constructive use of time
 - Medication efficacy
- Duration: **1-3 years**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 32

Ordinariness: Definition

- The ability to consistently and **reliably** engage in and complete normal activities of daily living that are **reflective of pre-psychosis functioning** (but not identical).

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

37

Ordinariness: Metaphor

- Finally back To School or To WORK!
 - Performing age appropriate activities of daily living as others do

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

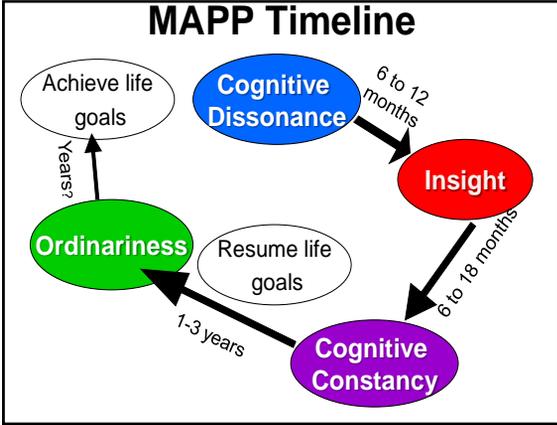
38

Ordinariness: Summary

- Measurable outcome:
 - Successfully enrolled in and completing a desired course of study and/or
 - Successfully sustaining employment for one year
- Dependent on:
 - An *absence* of cognitive dissonance.
 - Ability to complete age-appropriate activities related to work and school
- Duration: **2+ years**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

39



MAPP Recovery Model: Recovery and Treatment Milestones

Recovery Categories and Treatment Milestones

- Each of the four constituents comprised of three or more categories:
 - Emotional
 - Interpersonal
 - Cognitive
 - Physiological
- 50 different treatment milestones were identified

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 43

Breakdown of the 458 Responses Into 50 Milestones

Category	Milestones	Responses
Emotional	17	159
Cognitive	16	135
Interpersonal	11	106
Physiological	6	58

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

44

Comparison of 50 Milestones by Category and Phase

	Cognitive Dissonance	Insight	Cognitive Constancy	Ordinariness
Emotional	5	1	8	3
Cognitive	2	5	6	3
Interpersonal	2	1	7	1
Physiological	2	1	3	0

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

45

Cognitive Dissonance

Emotional	Cognitive	Interpersonal	Physical
Embarrassment	Confusion	Hard to go out in public	Used drugs and alcohol
Fear	Fear of saying something wrong	Hard to be around people	Required too much energy
Frustration			
Inability to handle stress			
Lost self-confidence			

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

46

Insight			
Emotional	Cognitive	Interpersonal	Physical
Learning how to cope with life now	Trying to figure out own thoughts	Communicate with others	Length of time to stabilize from first episode
	Conducting own reality checks		
	Getting control of symptoms		
	Recognize limitations		
	Getting used to it		

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 47

Cognitive Constancy			
Emotional	Cognitive	Interpersonal	Physical
Importance of having a positive initial hospital experience	Something to distract from the symptoms	Have someone listen to me/understand me	Right medication
Dependable support system	Accepting the need for treatment	Someone to talk to about me	Taking care of the body
Something to do with my time	Learning I'm not the only one with schizophrenia	Confidence in the counselor/therapist	Having a routine
Reassurance/encouragement	Getting back to what I used to do	People need to be honest with reality	
Treatment environment that feels safe	Think positive	Having people explain things	
Not having too much quiet time	Being given choices	Someone to talk to about general things	
Being around people		Having help available when first get sick	
Having hope			

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 48

Ordinariness			
Emotional	Cognitive	Interpersonal	Physical
Be able to think about the future	Manage symptoms	Do what other people do	
Accomplish life goals	Finish education		
Have my own place to live	Become employed		

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 49

Emotional Category: 17 Milestones			
Cognitive Dissonance	Insight	Cognitive Constancy	Ordinariness
Embarrassment	Learning how to cope with life now	Importance of having a positive initial hospital experience	Be able to think about the future
Fear		Reassurance/encouragement	Accomplish life goals
Frustration		Treatment environment that feels safe	Have my own place to live
Inability to handle stress		Dependable support system	
Lost self-confidence		Not having too much quiet time	
		Something to do with my time	
		Being around people	
		Having hope	

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 50

Cognitive Category: 16 Milestones			
Cognitive Dissonance	Insight	Cognitive Constancy	Ordinariness
Confusion	Trying to figure out own thoughts	Something to distract from the symptoms	Manage symptoms
Fear of saying something wrong	Conducting own reality checks	Accepting the need for treatment	Finish education
	Getting control of symptoms	Learning I'm not the only one with schizophrenia	Become employed
	Recognize limitations	Getting back to what I used to do	
	Getting used to it	Think positive	
		Being given choices	

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 51

Interpersonal Category: 11 Milestones			
Cognitive Dissonance	Insight	Cognitive Constancy	Ordinariness
Hard to go out in public	Communicate with others	Have someone listen to me/understand me	Do what other people do
Hard to be around people		Someone to talk to about me	
		Confidence in the counselor/therapist	
		People need to be honest with reality	
		Having people explain things	
		Someone to talk to about general things	
		Having help available when first get sick	

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 52

Physiological Category: 6 Milestones

Cognitive Dissonance	Insight	Cognitive Constancy	Ordinariness
Used drugs and alcohol	Length of time to stabilize from the first episode	Right medication	
Required too much energy		Taking care of the body	
		Having a routine	

© 2012 Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

53

Participant Comments

© 2012 Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

54

Implications for Clinical Treatment

Factors that Contribute to Cognitive Dissonance

- Extended duration of untreated psychosis
- Lack of access to specialized first-episode treatment program
- Predominance of negative symptoms
- Poor response to medications
- Substance abuse
- Negative attitude of acute care staff
- Lack of staff patience

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

56

Consequences of Extended Cognitive Dissonance

- Can contribute to chronicity
- Delayed ability to achieve overall life goals
- Absence of realistic treatment plan
- Increased fear and anxiety
- Disrupted staff-individual interactions

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

57

Factors that Affect Ability to Develop Insight

- Negative effect of societal stigma
- Negative family response to psychosis
- Unrealistic expectations for recovery
- Personal impact of psychotic episode
- Presence of anosgnosia
 - *Initial failure of illness cognition does not necessarily imply anosgnosia*

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

58

Factors that Affect Ability to Develop Insight

- Paucity of reliable cognitive assessment tools/interviews designed for schizophrenia prevent **individualized treatment based on presenting cognitive deficits**

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 59

Consequences of Inability to Achieve Insight

- Presence of anosgnosia could impair/delay/prevent attainment of insight resulting in the cycle of crisis/relapse/rehospitalization
- Lack of attention to cognitive deficits impairs development of the therapeutic relationship
- Disrupted family relationship

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 60

Consequences of Inability to Achieve Insight

- Inability to master the skill of autonomous reality checks
- Increased direct and indirect costs of treatment
- Potential for homelessness
- Increased frustration of the individual, family, staff

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 61

Factors that Affect Cognitive Constancy

- Change in attitudes and beliefs based on ability to accurately perceive reality
- Presence of ongoing, unconditional support by family and providers
- Need for encouragement and reassurance in order to trust personal ability to reality check and increase willingness to accurately understand psychosis-induced behaviors

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 62

Factors that Affect Cognitive Constancy

- Need for sense of safety in housing and treatment to develop self-confidence, self-esteem, and courage
- Competent, empathetic providers who instill trust by informing the individual what is happening
- Psychoeducation regarding symptoms, medication, diagnosis, treatment
- Observable and measurable skills that are Characteristics are incorporated into treatment plan

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 63

Consequences of Delayed Cognitive Constancy

- Confusion resulting from not understanding what is happening
- Escalating fear caused by intensification of symptoms due to being left alone
- Development of poor attitudes and negative self-beliefs
- Fear of both success and failure

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 64

Factors that Promote Ordinariness

- Careful consideration of pre-psychosis life goals
- Courage to re-engage with previous goals
- Acquirement of age-appropriate skills (no maturational lag)
- Accurate evaluation and therapy for cognitive deficits
- Identify readiness to resume education/vocational training
- Availability of supported education, job coaching

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 65

Consequences of Delayed Attainment of Ordinariness

- Increased relapse
- Poor ongoing symptom management
- Unemployment
- Absence of future orientation
- Unachieved life goals
- Unsuccessful in maintaining independent living
- Poor social skills
- Difficulty completing activities of daily living

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 66

Implications and Suggestions for Policy and Program Design

Policy and Program Design

- Recovery from schizophrenia needs to be reframed as a process.
- Unrealistic expectations to re-engage with previously life activities may be prematurely placed on the person in recovery.
- Policy-makers need to be aware of the length of the process of post-psychotic adjustment and the potential for arrest in progression through the phases at any point

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 68

Policy and Program Design

- Particular attention should be paid to the phase of 'getting used to it' and the individual process of accurately determining reality.
- Aggressive treatment in the acute phases of early schizophrenia should be mandatory.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 69

Policy and Program Design

- Recognition of an extended length of time in cognitive dissonance or inability to achieve insight could promote tolerance by programs who prematurely discharge individuals who are 'no shows' or who have just experienced an acute episode.
- The capacity to assign financial burden to the four phases of MAPP could re-direct agency budgets in a manner specifically tailored to the identified phases.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN 70

Policy and Program Design

- Social service agencies involved in housing who are aware of MAPP may be more tolerant of problems related to residents with schizophrenia
- Person-centered planning could utilize the results of this study to change the predicted time-frame of interventions such as cognitive-behavioral therapy.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

71

Policy and Program Design

- Treatment centers and programs must engage the family in all aspects of treatment to facilitate movement of the person with schizophrenia through the phases of MAPP.
- The family needs to have support and respite in order to provide the enduring support required by the person living with schizophrenia.

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

72

Hope for the Future

“We envision a future when everyone with mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when anyone with a mental illness at any stage of life has access to effective treatment and supports— essentials for living, working, learning, and participating fully in the community”

The President’s New Freedom Commission on Mental Illness, 2003, p. 9

© 2012-Mary D. Moller DNP, ARNP, APRN, PMH-CNS, BC, CPRP, FAAN

73
