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

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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.
Introduction to the MAPP

- Adjustment to psychosis is a multi-phasic process that takes 3-5 years
- Requires cognitive, emotional, interpersonal, and physiological components
- Prerequisites to navigating the MAPP:
  - Communication—both therapeutic and social
  - Empathy
  - Finding the right medication
  - Encouragement
  - Positive outlook
  - Acceptance of diagnosis

  **REQUIRES FAMILY SUPPORT**
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

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?")
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?

Methodology

Psychophenomenology
Adrian van Kaam (1987)

The goal of phenomenology:
“to produce a description of a phenomenon of everyday experience in order to understand its 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.
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

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

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**)

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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,
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.

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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.

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.

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
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

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.

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.
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.

Cognitive Constancy: Metaphor

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

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
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).

Ordinariness:
Metaphor
• Finally back To School or To WORK!
  – Performing age appropriate activities of daily living as others do

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**
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
Breakdown of the 458 Responses Into 50 Milestones

<table>
<thead>
<tr>
<th>Category</th>
<th>Milestones</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>17</td>
<td>159</td>
</tr>
<tr>
<td>Cognitive</td>
<td>16</td>
<td>135</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>11</td>
<td>106</td>
</tr>
<tr>
<td>Physiological</td>
<td>6</td>
<td>58</td>
</tr>
</tbody>
</table>

Comparison of 50 Milestones by Category and Phase

<table>
<thead>
<tr>
<th></th>
<th>Cognitive Dissonance</th>
<th>Insight</th>
<th>Cognitive Constancy</th>
<th>Ordinariness</th>
</tr>
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<tbody>
<tr>
<td>Emotional</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Cognitive</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Physiological</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
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</tbody>
</table>

Cognitive Dissonance

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Cognitive</th>
<th>Interpersonal</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassment</td>
<td>Confusion</td>
<td>Hard to go out in public</td>
<td>Used drugs and alcohol</td>
</tr>
<tr>
<td>Fear</td>
<td>Fear of saying something wrong</td>
<td>Hard to be around people</td>
<td>Required too much energy</td>
</tr>
<tr>
<td>Frustration</td>
<td>Inability to handle stress</td>
<td>Lost self-confidence</td>
<td></td>
</tr>
</tbody>
</table>
### Insight

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Cognitive</th>
<th>Interpersonal</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning how to cope with life now</td>
<td>Trying to figure out own thoughts</td>
<td>Communicate with others</td>
<td>Length of time to stabilize from first episode</td>
</tr>
<tr>
<td>Conducting own reality checks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting control of symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting used to it</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Cognitive Constancy

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

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### Ordinariness

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Cognitive</th>
<th>Interpersonal</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be able to think about the future</td>
<td>Manage symptoms</td>
<td>Do what other people do</td>
<td></td>
</tr>
<tr>
<td>Accomplish life goals</td>
<td>Finish education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have my own place to live</td>
<td>Become employed</td>
<td></td>
<td></td>
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</tbody>
</table>
### Emotional Category: 17 Milestones

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Embarrassment</td>
<td>Learning how to cope with life now</td>
<td>Importance of having a positive initial hospital experience</td>
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<td>Fear</td>
<td>Reassurance/encouragement</td>
<td>Accomplish life goals</td>
<td></td>
</tr>
<tr>
<td>Frustration</td>
<td>Treatment environment that feels safe</td>
<td>Have my own place to live</td>
<td></td>
</tr>
<tr>
<td>Inability to handle stress</td>
<td>Dependable support system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lost self-confidence</td>
<td>Not having too much quiet time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Something to do with my time</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Being around people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having hope</td>
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<td></td>
</tr>
</tbody>
</table>

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### Cognitive Category: 16 Milestones

<table>
<thead>
<tr>
<th>Cognitive Dissonance</th>
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<th>Ordinariness</th>
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<tbody>
<tr>
<td>Confusion</td>
<td>Trying to figure out own thoughts</td>
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<td>Fear of saying something wrong</td>
<td>Conducting own reality checks</td>
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<td>Finish education</td>
</tr>
<tr>
<td>Getting control of symptoms</td>
<td>Learning I'm not the only one with</td>
<td>Manage symptoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>schizophrenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize limitations</td>
<td>Getting back to what I used to do</td>
<td>Manage symptoms</td>
<td></td>
</tr>
<tr>
<td>Getting used to</td>
<td>Think positive</td>
<td>Manage symptoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Being given choices</td>
<td>Manage symptoms</td>
<td></td>
</tr>
</tbody>
</table>

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### Interpersonal Category: 11 Milestones

<table>
<thead>
<tr>
<th>Cognitive Dissonance</th>
<th>Insight</th>
<th>Cognitive Constancy</th>
<th>Ordinariness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard to go out in public</td>
<td>Communicate with others</td>
<td>Have someone listen to me/understand me</td>
<td>Do what other people do</td>
</tr>
<tr>
<td>Hard to be around people</td>
<td>Someone to talk to about me</td>
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<td>People need to be honest with reality</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>Having people explain things</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Someone to talk to about general things</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having help available when first get sick</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physiological Category: 6 Milestones

<table>
<thead>
<tr>
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<th>Cognitive Constancy</th>
<th>Ordinariness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used drugs and alcohol</td>
<td>Length of time to stabilize from the first episode</td>
<td>Right medication</td>
<td></td>
</tr>
<tr>
<td>Required too much energy</td>
<td>Taking care of the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having a routine</td>
<td></td>
<td></td>
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</tbody>
</table>

Participant Comments

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

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

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 anosognosia
  — Initial failure of illness cognition does not necessarily imply anosognosia
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*

Consequences of Inability to Achieve Insight

- Presence of anosognosia 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

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
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

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 Characteristic are incorporated into treatment plan

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
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

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

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.

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.

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.
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.

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.

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