

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

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# Introduction to the MAPP

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

# Background Study

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

# Primary research question

What is the lived experience of persons with schizophrenia in the postpsychotic adjustment phase of recovery from psychosis?

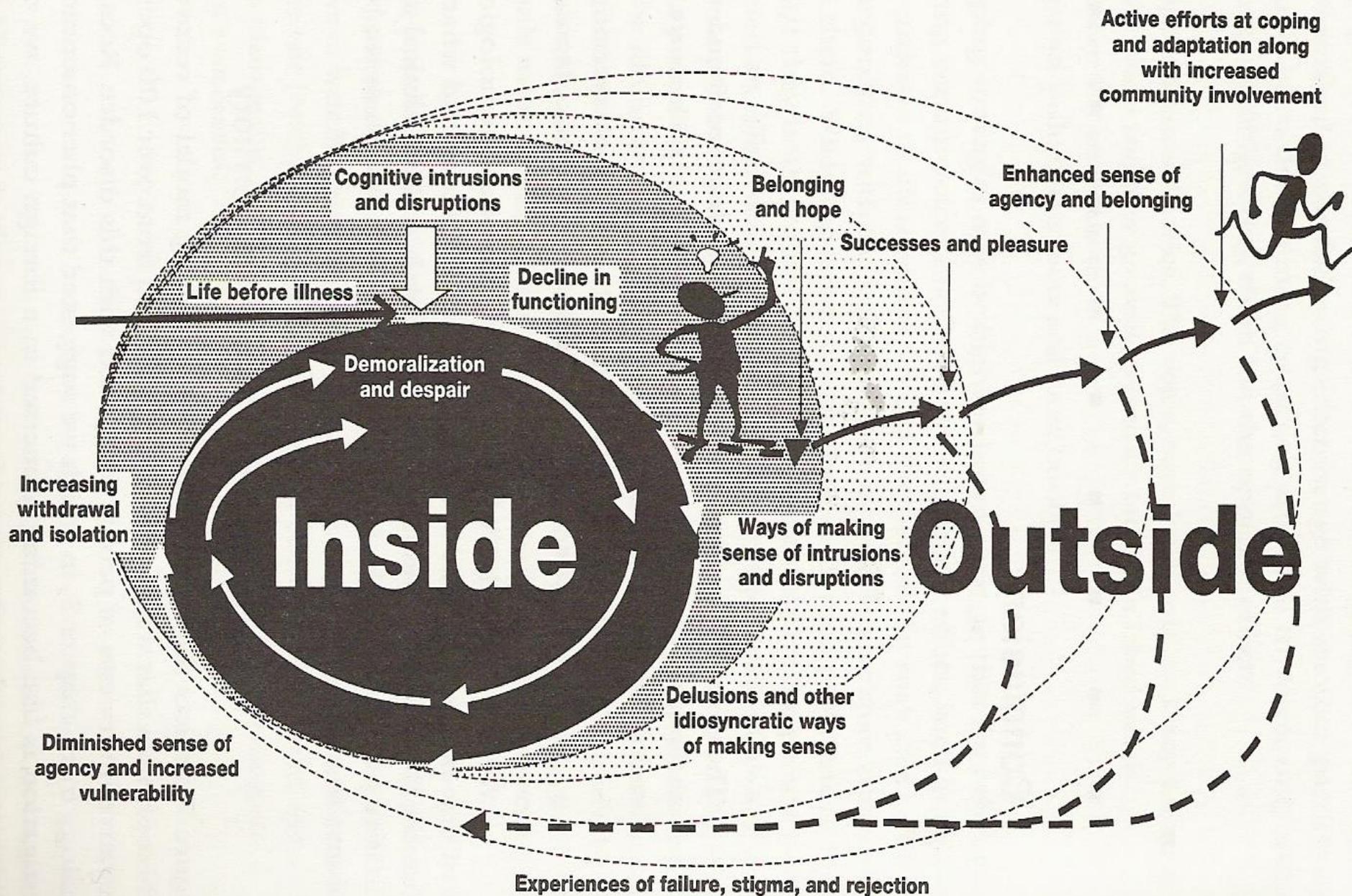
# Secondary questions

1. How do individuals know if they have adjusted/not adjusted to life after the diagnosis of schizophrenia?
2. What are critical points in time post-psychosis that may signal delay in postpsychotic adjustment?
3. What factors delay the postpsychotic adjustment phase of recovery from psychosis in patients with schizophrenia?

# Secondary questions (cont')

4. What unmet mental health care needs contribute to delayed postpsychotic adjustment?
5. What aspects of treatment helped/hindered post-psychotic adjustment?

# Davidson's Model of Recovery from Schizophrenia



# Participant Recruitment

- Individuals enrolled in the Early Assessment and Support Team (EAST) program sponsored by the Mid-Valley Behavioral Health Consortium in Salem, OR who responded to a recruitment flyer distributed by the Program Coordinator.

# 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

# Data Collection

- Completion of demographic form
- Tape-recorded initial interview
- Validation of transcript accuracy
- Member check of initial data analysis
- Final focus group review of findings
- Researcher field notes

# 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?

# 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.***

# 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***)

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

MAPP is comprised of four phases:

1. Recognizing emotional, interpersonal, cognitive, physiological, and spiritual 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, physiological, and spiritual outcomes; and,

# MAPP (Cont')

3. Achieving ***cognitive constancy*** through a change in attitudes and beliefs resulting in active engagement in emotional, interpersonal, cognitive, and spiritual 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.

# 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: Milestones of Achievement

- 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**

# Cognitive Dissonance: Milestones of Achievement

## **Resolution of Emotional**

- Embarrassment
- Fear
- Frustration
- Inability to handle stress
- Lost self-confidence

## **Resolution of Cognitive**

- Confusion
- Fear of saying something wrong

## **Resolution of Interpersonal**

- Hard to go out in public
- Hard to be around people

## **Resolution of Cognitive**

- Used drugs and alcohol
- Required too much energy

# 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.

# 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:

## Milestones of Achievement

- Measurable outcomes
  - Ability to master the process of conducting reliable reality checks.
  - Demonstrating the ability to ‘get used to it’,
  - Cope with life now,
  - Re-establish ability to communicate with others.
- Dependent on medication efficacy, family support, and understanding treatment team.
- **Duration: 6-18 months.**

# Insight:

## Milestones of Achievement

### Emotional

- Learning how to cope with life now

### Cognitive

- Trying to figure out own thoughts
- Conducting own reality checks
- Getting control of symptoms
- Recognize limitations
- Getting used to it

### Interpersonal

- Communicate with others

### Physical

- Length of time to stabilize from first episode

# 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: Milestones

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

# Mustering the Grit to Re-engage with Previous Life Activities

- Acceptance of the need for treatment
- Ability to think positive
- Control over treatment
- Feel safe
- Ability to be around people
- Constructively manage time
- **Effectively re-engage in interpersonal relationships**

# Mustering the Grit to Re-engage with Previous Life Activities

- Can verbalize hope
- Develop distraction techniques when symptoms intensify
- Take care of physical needs
- Develop and adhere to a routine
- Recognize that others have the same diagnosis
- Getting back to previous activities

# Cognitive Constancy: Milestones of Achievement

## Emotional Category

- Importance of having a positive initial hospital experience
- Dependable support system
- Something to do with my time
- Reassurance/encouragement
- Treatment environment that feels safe
- Not having too much quiet time
- Being around people
- Having hope

# Cognitive Constancy: Milestones of Achievement

## Cognitive Category

- Something to distract from the symptoms
- Accepting the need for treatment
- Learning I'm not the only one with schizophrenia
- Getting back to what I used to do
- Think positive
- Being given choices

# Cognitive Constancy: Milestones of Achievement

## Interpersonal Category

- Have someone listen to me/understand me
- 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

# Cognitive Constancy: Milestones of Achievement

## Physical Category

- **Right medication**
- **Taking care of the body**
- **Having a routine**

# Ordinariness: Definition

- The ability to consistently and reliably engage in and complete normal activities of daily living that are reflective of pre-psychosis functioning.

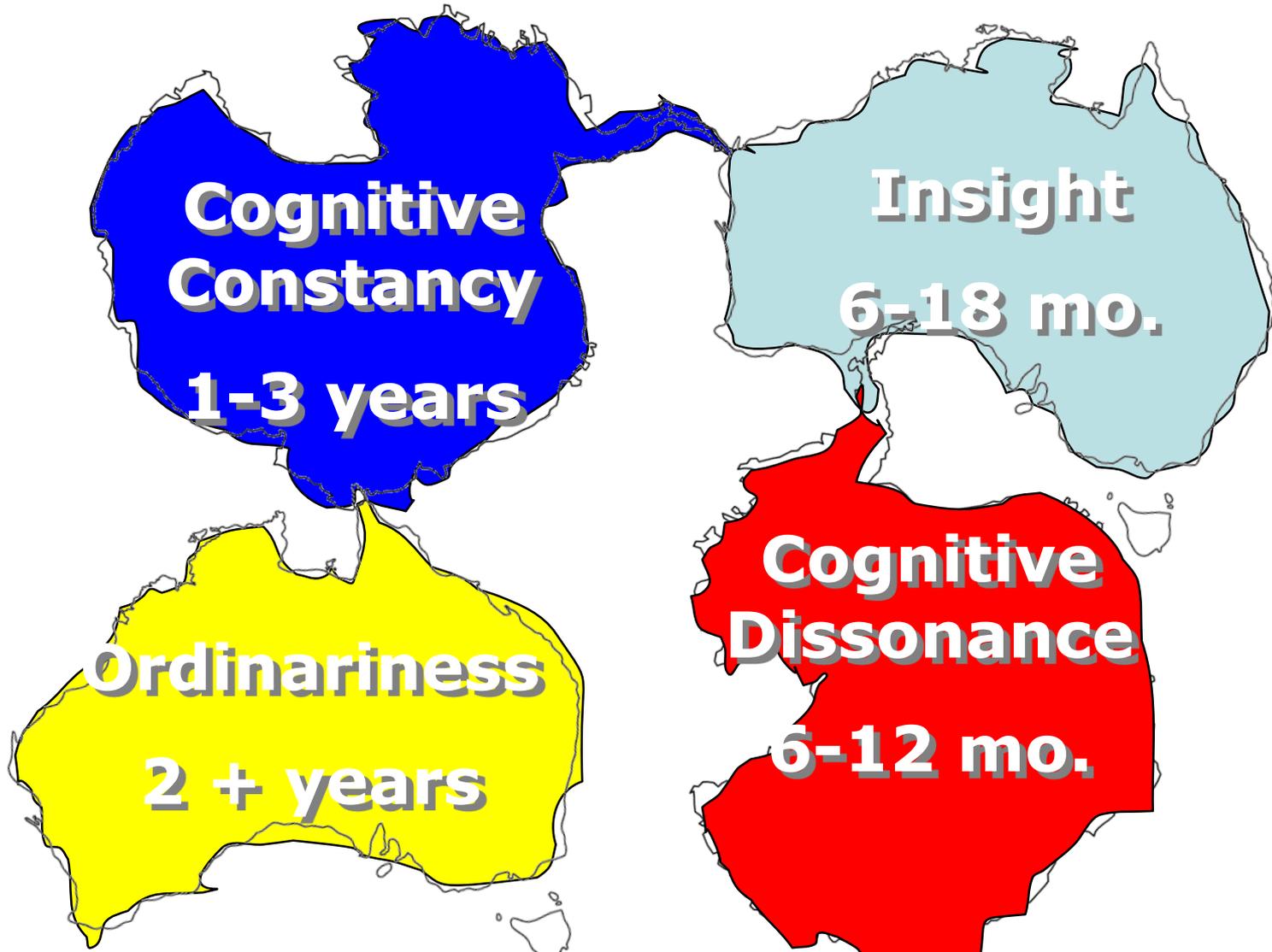
# Ordinariness: Metaphor

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

# Ordinariness Milestones

- 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**

# The MAPP



# 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
  - Spiritual
- 50 different treatment milestones were identified

# Breakdown of the 50 Characteristics and 458 responses

<b><i>Constituent</i></b>	<b><i>Characteristics</i></b>	<b><i>Responses</i></b>
Emotional	17	159
Cognitive	16	135
Interpersonal	11	106
Physiological	6	58

# Comparison of 50 Milestones by Constituent and Phase

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

# Cognitive Dissonance

<b>Emotional</b>	<b>Cognitive</b>	<b>Interpersonal</b>	<b>Physical</b>
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			

# 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		
<p>2016-Mary D. Moller DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN</p> <p>to it</p>	Getting used		45

# Cognitive Constancy

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

# Ordinariness

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

# Emotional Component

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

# Cognitive Component

<b>Cognitive Dissonance</b>	<b>Insight</b>	<b>Cognitive Constancy</b>	<b>Ordinariness</b>
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	

# Interpersonal Component

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	

# Physiological Component

<b>Cognitive Dissonance</b>	<b>Insight</b>	<b>Cognitive Constancy</b>	<b>Ordinariness</b>
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	

# 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 anosgnosia
  - *Initial failure of illness cognition does not necessarily imply anosgnosia*

# 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 milestones 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

# 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