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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Faculty Disclosure

- Mary D. Moller, DNP, APRN, CPRP, FAAN is on the nurse advisory panels for Alkermes and Otsuka Pharmaceuticals.
Disclosure

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use *not approved* by the U.S. Food and Drug Administration [FDA]).
- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.
- This activity has been independently reviewed for balance.
Learning Objectives

• Examine the 4 phases and trajectory of the Milestones of Adjustment Post-Psychosis (MAPP) Recovery Model
• Compare the clinical milestones and cognitive, interpersonal, emotional, and physiological characteristics associated with each of the 4 phases
• Assess implications of the MAPP Recovery Model for the mental health system and day to day life of the person with mental illness and family
Primary Research Question

• What is the lived experience of persons with schizophrenia in the postpsychotic adjustment phase of recovery from psychosis?
Davidson’s (2003) Model of Recovery from Schizophrenia

The onset of schizophrenia is an overwhelming and numbing experience for the patient and family members alike. Schizophrenia is an illness with a highly variable recovery trajectory (Tardos, Koshikawa, & Naveh-Benjamin, 2000). Although the recovery movement has inspired many providers, family members, and persons with psychiatric disabilities and great progress in modernizing treatment has occurred, there are still many people with serious and persistent mental illness who have poor adjustment to psychosis. The potential for relapse is unpredictable and can create anxiety regarding how to proceed with this. This uncertainty can make coming to terms with the illness and adjustment to life with psychotic symptoms difficult. To date, there are no set policy adjustment roadmaps or established clinical milestones to guide the person and family in the psychological process of recovery from psychosis. The absence of an identified psychological recovery trajectory creates frustration for the person, family, and provider. Therefore, mental health professionals are unable to give good guidance to the person and family on the process of postpsychotic psychological adjustment to schizophrenia.

The research question addressed in this qualitative study was: “What is the experience of persons with schizophrenia in the postpsychotic adjustment stage of recovery from psychotic symptoms?” The aim of the study was to investigate the cognitive processes and structural elements of how a person with schizophrenia psychologically adjusts life postpsychosis. The second aim was to map a psychological recovery trajectory by identifying key recovery milestones and characteristics. The purpose of this article is to describe the results of applying van Kaam’s (1975) psychophenomenological method.
Introduction to the MAPP

- Adjustment to psychosis is a multiphasic process that takes 3 to 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

Secondary Questions

- How do individuals know if they have adjusted/not adjusted to life after the diagnosis of schizophrenia?
- What are critical points in time postpsychosis that may signal delay in postpsychotic adjustment?
- What factors delay the postpsychotic adjustment phase of recovery from psychosis in patients with schizophrenia?
- What unmet mental healthcare needs contribute to delayed postpsychotic adjustment?
- What aspects of treatment helped/hindered postpsychotic adjustment?

Interview Questions

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

Methodology

Psychoprophenomenology

Adrian van Kaam (1987)
Goal of Phenomenology

• “...to produce a description of a phenomenon of everyday experience in order to understand it’s essential structure”

• Psychophenomenology places the emphasis on the internal psychological world of a person by identifying the necessary and essential constituents of the phenomenon

Psychophenomenological Methodology

• 4 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 Responses from 9 Participants

- Reduced to 7 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 6 categories reduced to 4 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)

Results

MAPP Recovery Model: Milestones of Adjustment Postpsychosis
The Necessary and Essential Constituents of Postpsychotic Adjustment: MAPP

- Recognizing emotional, interpersonal, cognitive, and physiological states that indicate psychosis-induced cognitive dissonance
- Gaining insight into the behavioral incongruences resulting from psychosis-induced cognitive dissonance evident by emotional, interpersonal, cognitive, and physiological outcomes
- 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
- 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 2 beliefs
• Typically 1 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:
  – Pharmacologic efficacy
  – Family support
• Duration: 6-12 months

## Cognitive Dissonance: Milestones of Achievement

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

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

• 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 to 18 months

**Insight: Milestones of Achievement**

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

Cognitive Constancy: Definition

- Change in attitude and beliefs about illness that result in stabilizing the emotional, behavioral, and cognitive incongruences 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

FEP = first episode psychosis.

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 (continued)

Cognitive Category

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

Cognitive Constancy: Milestones of Achievement (continued)

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 (continued)

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 prepsychosis 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

Ordinariness: Milestones of Achievement

**Emotional**
- Be able to think about the future
- Accomplish life goals
- Have my own place to live

**Cognitive**
- Manage symptoms
- Finish education
- Become employed

**Interpersonal**
- Do what other people do

Model of MAPP

MAPP Timeline

- Ordinariness
- Achieve Life Goals
- Cognitive Dissonance
- Insight
- Resume Life Goals
- Cognitive Constancy

MAPP Recovery Model

Recovery and Treatment Milestones
Recovery Categories and Treatment Milestones

• Each of the 4 constituents comprised of 3 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>Category</th>
<th>Cognitive Dissonance</th>
<th>Insight</th>
<th>Cognitive Constancy</th>
<th>Ordinariness</th>
</tr>
</thead>
<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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## Cognitive Dissonance

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</tr>
<tr>
<td>Lost self-confidence</td>
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## Insight

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<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>Getting control of symptoms</td>
<td>Recognize limitations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Getting used to it</td>
</tr>
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## Cognitive Constancy

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<tr>
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<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></td>
<td>Having help available when first get sick</td>
<td></td>
</tr>
<tr>
<td>Having hope</td>
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## Ordinariness

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</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>
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Emotional Category: 17 Milestones

<table>
<thead>
<tr>
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<tr>
<td>Embarrassment</td>
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<td>Having hope</td>
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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>
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<td>Getting control of symptoms</td>
<td></td>
<td>Learning I am not the only one with schizophrenia</td>
<td>Become employed</td>
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<tr>
<td>Recognize limitations</td>
<td></td>
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<td>Getting used to it</td>
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<td>Think positive</td>
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<td></td>
<td>Being given choices</td>
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# Interpersonal Category: 11 Milestones

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<tr>
<th>Cognitive Dissonance</th>
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<td></td>
<td>Having help available when first get sick</td>
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Physiological Category: 6 Milestones

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<td>Used drugs and alcohol</td>
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<td>Required too much energy</td>
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<td></td>
<td></td>
<td></td>
<td>Having a routine</td>
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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 (continued)

- 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 (continued)

- 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

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 prepsychosis life goals
- Courage to re-engage with previous goals
- Acquisition 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 postpsychotic adjustment and the potential for arrest in progression through the phases at any point

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.

• 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 redirect agency budgets in a manner specifically tailored to the identified phases
• 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 timeframe of interventions such as cognitive behavioral therapy

• 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

“Take Aways”

• Distinguish factors that create a psychological/emotional state of “being stuck” for patients living with psychotic illnesses that severely limit the ability to move forward with desired life goals
• Employ sensitivity to the development and timing of patient goals and interventions that require interaction with the public
• Formulate a recovery plan that incorporates emotional, cognitive, interpersonal, and physiological milestones based on the identified phases and characteristics of the postpsychotic adjustment process