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

Mary D. Moller
DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN
Associate Professor,
Pacific Lutheran University
TEL: 203-737-1791
mollermd@plu.edu

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

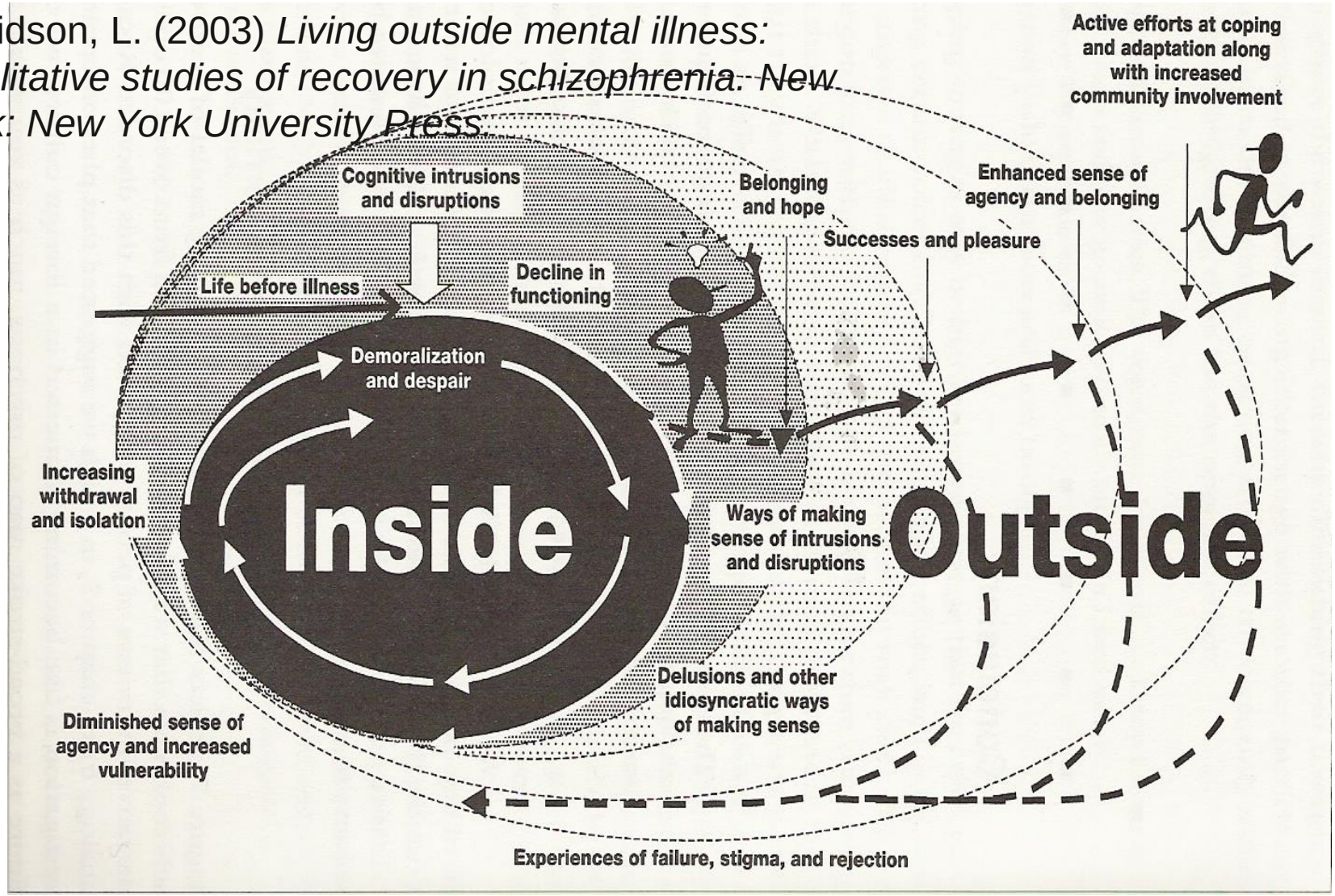
- Examine the 4 phases and trajectory of the Milestones of Adjustment Post-Psychosis (MAPP) Recovery Model
- Compare the clinical milestones and cognitive, interpersonal, emotional, and physiological characteristics associated with each of the 4 phases
- Assess implications of the MAPP Recovery Model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

Primary Research Question

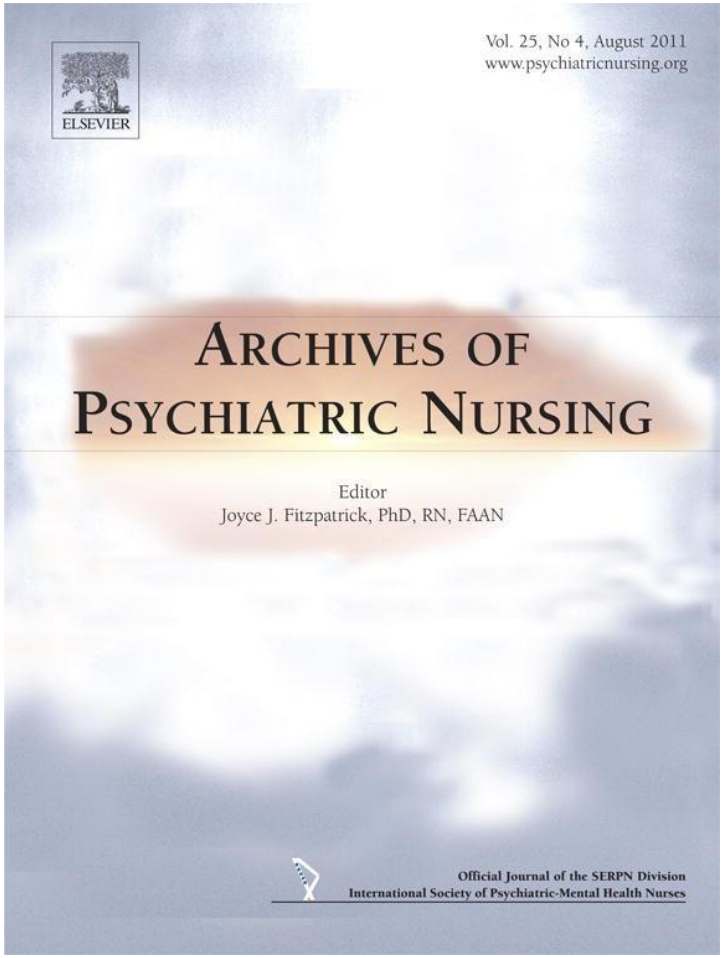
- What is the lived experience of persons with schizophrenia in the postpsychotic adjustment phase of recovery from psychosis?

Davidson's (2003) Model of Recovery from Schizophrenia

Davidson, L. (2003) *Living outside mental illness: Qualitative studies of recovery in schizophrenia. New York: New York University Press.*



Psychophenomenology of the Postpsychotic Adjustment Process



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Psychophenomenology of the Postpsychotic Adjustment Process

Mary D. Moller and Jaclene A. Zauszniewski

A clinical phenomenological study with nine adults with schizophrenia explored the postpsychotic adjustment stage of recovery from a psychotic episode to map a psychological recovery trajectory. Participants (ages 21–37 years) were actively involved in an early psychosis outpatient treatment program. Psychophenomenological analysis of interview data resulted in 458 descriptive expressions reflecting four structural elements. Cognitive dissonance involved achieving pharmacological efficacy and cognitive efforts to sort out the experience. Insight was distinguished by mastery of autonomous performance of reality checks. Cognitive constancy was marked by resuming interpersonal relationships and age-appropriate activities. Ordinariness involved consistent engagement in daily activities reflective of prepsychosis functioning.

THE ONSET OF schizophrenia is an overwhelming and frightening experience for the patient and family members alike. Schizophrenia is an illness with a highly variable recovery trajectory (Tandon, Keshavan, & Nasrallah, 2008). 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 uncertainty regarding how to proceed with life. This uncertainty can make coming to terms with the illness and adjustment to life with psychotic symptoms difficult. To date, there are no postpsychosis 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 providers. 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 psychosis?" The first aim of the study was to investigate the cognitive processes and structural elements of how a person with schizophrenia psychologically adjusts to 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 (1987) psychophenomenological method

From the Psychiatric-Mental Health Nursing, Yale University School of Nursing, New Haven, CT; Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH.
Corresponding Author: Mary D. Moller, DNP, APRN, PMHCNS-BC, CPRP, FAAN, Associate Professor, Specialty Director, Psychiatric-Mental Health Nursing, Yale University School of Nursing, 100 Church Street South Room 235, New Haven, CT 06536.
E-mail addresses: mary.moller@yale.edu (M.D. Moller), jaclene.zauszniewski@case.edu (J.A. Zauszniewski).

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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

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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?

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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?

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Methodology

Psychophenomenology

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

Priest H. *Nurse Res.* 2002;10(2):50-63.

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

van Kaam, A. (1987). Scientific formation. Formative spirituality. Vol. 4. New York: Crossroad Publishing.

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

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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**)

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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.

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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 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

Festinger, L. (1957). A theory of cognitive dissonance. Evanston, IL: Stanford University Press.

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

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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

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Cognitive Dissonance: Milestones of Achievement

Emotional

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

Interpersonal

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

Cognitive

- Confusion
- Fear of saying something wrong

Cognitive

- Used drugs and alcohol
- Required too much energy

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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

Festinger, L. (1957). A theory of cognitive dissonance. Evanston, IL: Stanford University Press.

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

Moller, M.D. (2007). From the Couch to the Bus Depot to the Mall to Work. Podium Presentation: Institute for Psychiatric Services, New Orleans, LA, October, 2007.

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 to 18 months

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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

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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

Festinger, L. (1957). A theory of cognitive dissonance. Evanston, IL: Stanford University Press.

Cognitive Constancy: Metaphor

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

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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.

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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

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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

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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

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Cognitive Constancy: Milestones of Achievement (continued)

Physical Category

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

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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)

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Ordinariness: Metaphor

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

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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**

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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

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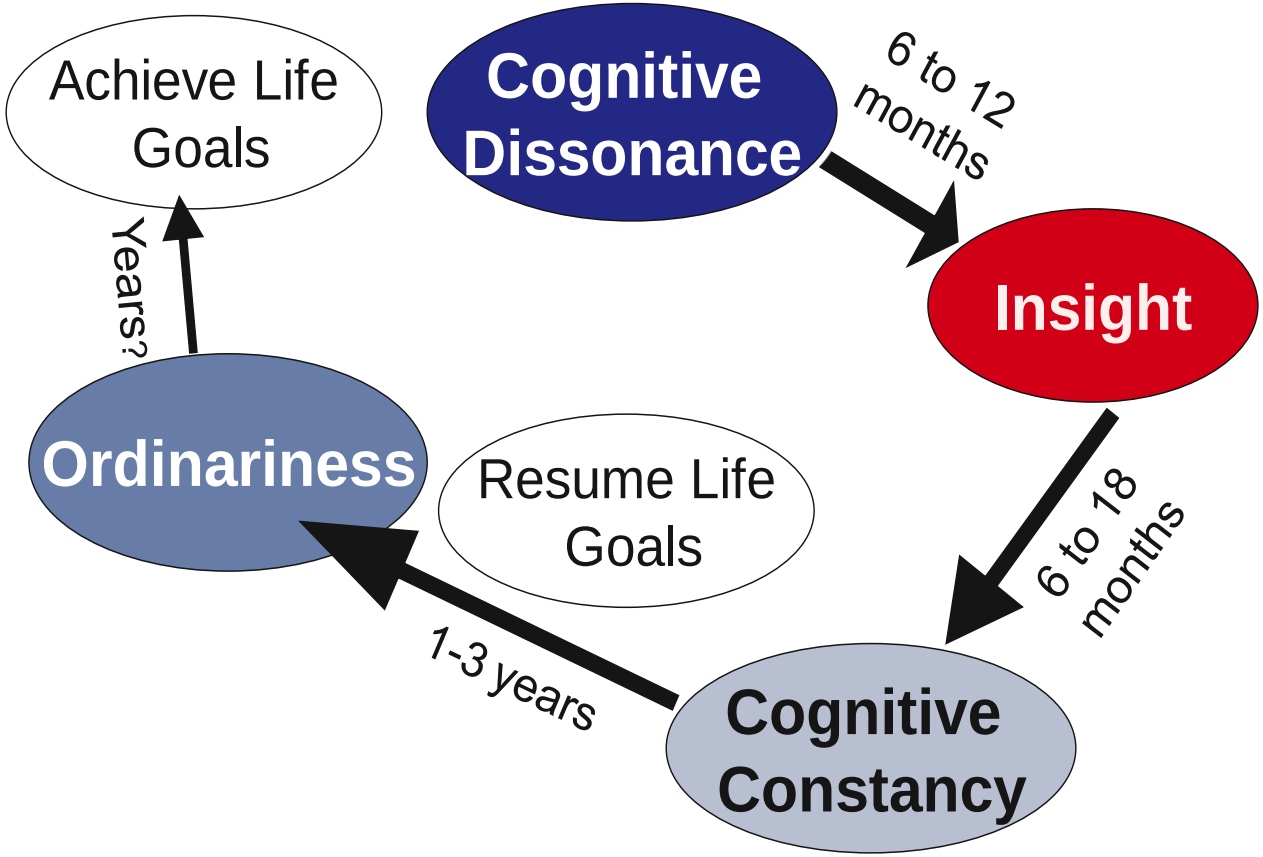
Model of MAPP

MAPP Timeline



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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

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Breakdown of the 458 Responses Into 50 Milestones

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

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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

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Cognitive Dissonance

Emotional	Cognitive	Interpersonal	Physical
Embarrass-ment	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			

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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		

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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			

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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		

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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	

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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 am 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	

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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	

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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	

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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

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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

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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

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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***

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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

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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

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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

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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

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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

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Factors that Promote Ordinariness

- Careful consideration of prepsychosis 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

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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

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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

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Policy and Program Design (continued)

- 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

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Policy and Program Design (continued)

- 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

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Policy and Program Design (continued)

- 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

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Policy and Program Design (continued)

- 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

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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

National Alliance on Mental Illness. President's New Freedom Commission on Mental Illness. http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/New_Freedom_Commission/Executive_Summary.htm. Accessed June 5, 2014.

“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

Moller, M.D. (2011, May). Grand Rounds, New York Presbyterian Hospital, Westchester, NY.