Psychiatric Nursing: Ready or Not... Recovery Here We Come

Vanderbilt Psychiatric Hospital
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Objectives

1. Compare the history of the recovery movement in psychiatry to the history of psychiatric nursing
2. Compare the principles and elements of recovery to definitions of nursing
3. Apply the psychiatric nursing process to the lived experience of patients who experience psychosis

What Does Recovery Mean to You?

• Take a few minutes and write down your personal idea/definition/thoughts about what recovery is.
• Use any frame of reference—personal, professional, patient-centered, nurse-centered
Early History of Recovery and Language

• 1620: patients of the Bethlehem Hospital banded together and sent a “Petition of the Poor Distracted People in the House of Bedlam” to the House of Lords.
• 1774: Samuel Bruckshaw published the “iniquitous abuse of private madhouses”
• 1796: William Belcher wrote his “Address to humanity”,
• Moral treatment originated in part of French ex-patient turned hospital-superintendent Jean-Baptiste Pussin and his wife
• 1848: in England, the Alleged Lunatics’ Friend Society campaigned for sweeping reforms to the asylum system and abuses of the moral approach
• 1851-1860: in the United States, The Opal (1851–1860) was a ten volume Journal produced by patients of Utica State Lunatic Asylum
• 1868, Elizabeth Packard, founded the Anti-Insane Asylum Society, published a series of writings describing her experiences in the Illinois insane asylum in which she was committed by her husband.

Clifford Beers

• 1908-A Mind That Found Itself
• 1909-Created The National Committee for Mental Hygiene with philosopher William James and psychiatrist Adolf Meyer
  – to improve attitudes toward mental illness and those with a mental illness;
  – to improve services for people with mental illness; and
  – to work for the prevention of mental illnesses and promotion of mental health.
• Later became the National Mental Health Association
• Now is Mental Health America

Significant Events Effecting Psychiatric Nursing 1940s, 50s, 60s

• 1946-National Mental Health Act/NIMH
• 1952-Thorazine
• 1952-Hildegard Peplau
• 1962-One Flew Over the Cuckoo’s Nest
• 1963-Community MHC Act
Peer Recovery Pioneers

Sally Zinman, 1977
Mary Ellen Copeland, 1992
http://www.youtube.com/watch?v=jhK7DkWaKE
Joe Rogers, 1984

Esso Leete, 1989
http://www.recoveryxchange.org/MaryEllenCopeland.html
Pat Deegan, 1988

Judi Chamberlan, 1978

Provider Pioneers

(year of publications)

John Strauss, M.D. 1973
William Carpenter, M.D. 1973
Courtney Harding, PhD. 1987
Mary Moller, RN 1992
JoAnn Wer, RN, 1989

Pat Deegan, 1988
http://www.youtube.com/watch?v=jhK7DkWaKE
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John Strauss, M.D. 1973
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JoAnn Wer, RN, 1989

William Anthony, PhD. 1977/1993
Larry Davidson, PhD. 1992
Leroy Spaniol, PhD. 1994
Nora Jacobsen, PhD 1994

Peel/Provider Pioneers

Fred Frese, PhD, 1993
Daniel Fisher, MD, 1994

12 Aspects of Coping With Schizophrenia
http://www.recoveryxchange.org/power2u.htm
http://www.youtube.com/watch?v=RXmNEEpBxcs&feature=related

Health Care Reform Recovering From Schizophrenia National Empowerment Center www.Power2u.org
Peer/Provider Pioneers

Kay Redfield Jamison, PhD

Elizabeth Baxter, MD

Building Recovery of Individual Dreams & Goals through Education & Support (BRIDGES) was founded in 1995.

Modern Recovery Stories
- Carol Kivler-MA-depression
- Eric Arauz-MA-bipolar, substance abuse, PTSD
- Gayle Bluebird, RN
- Mary E. Jensen, MA, RN, CRSS

Original Consumer Definition

Pat Deegan, 1993

To me recovery means I try to stay in the driver’s seat of my life. I don’t let my illness run me. Over the years I have worked hard to become an expert in my own self-care. Being in recovery means I don’t just take medications, rather I use medications as part of my recovery process. Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help and mutual support groups, friends, my relationship with God, work, exercise, spending time in nature—all these measures help me remain whole and healthy, even though I have a disability (p. 10).

Recovery is

- a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles.
- a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness.
- involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.


“Recovery is a process by which people with psychiatric disabilities rebuild and further develop important personal, social, environmental, and spiritual connections, and confront the devastating effects of discrimination through a process of empowerment”.


Operational criteria and factors related to recovery in schizophrenia

1. **Symptom remission**: score of 4 or less on positive and negative symptom items of BPRS for 2 consecutive years

2. **Vocational functioning**: at least ½ time successful employment in a job in the competitive sector or successful attendance in a school for at least ½ time over two consecutive years. If over 60 participating actively in recreational, family, or volunteer activities

3. **Independent living**: living on one’s own without day to day supervision for money management, shopping, laundry, food preparation, personal hygiene, or need for structured recreational or avocational activities. Able to initiate own activities and schedule one’s time without reminders from family or other caregivers

4. **Peer (interpersonal—not other consumers) relationships**: at least once per week having a meeting, social event, meal, recreational activity, phone conversation, or other joint interaction with a peer outside of the family

**President’s New Freedom Commission-2003**

- “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 support...

  *the essentials for living, working, learning, and participating fully in the community.* Page 9

- [http://govinfo.library.unt.edu/mentalhealthcommission/index.htm](http://govinfo.library.unt.edu/mentalhealthcommission/index.htm)
Larry Davidson, et al, 2003

Recovery elements from the consumer view

– Renewing hope and commitment
– Redefining self
– Incorporating illness
– Being involved in meaningful activities
– Overcoming stigma
– Assuming control
– Becoming empowered and exercising citizenship
– Managing symptoms
– Being supported by others

http://www.psychologytoday.com/experts/larry-davidson-phd


SAMHSA, 2004

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential”


www.samhsa.gov/recovery

SAMHSA and Recovery:
10 Components, 2004

1. Self-direction
2. Individualized and person-centered
3. Empowerment
4. Holistic
5. Nonlinear
6. Strengths-based
7. Peer support
8. Respect
9. Responsibility
10. Hope

Larry Davidson/
David Roe, 2007

Two complimentary meanings:
– Clinical improvement over time
  • Grounded in the medical model—recovery FROM mental illness
– Person’s right to self-determination and inclusion in community life
  • Grounded in the consumer-survivor movement—recovery IN mental illness

http://www.omicsonline.org/editorialboardJPPT.php


Robert Whitley and Robert Drake-2010

Recovery: A Dimensional Approach
• Clinical: symptoms, medical care, psychotropic medications, talking and behavioral therapies
• Existential: religion and spirituality, agency and self-efficacy, personal empowerment
• Functional: employment, education, housing
• Physical: diet, exercise, quitting smoking, substance abuse
• Social: family, friends, peers, community social activity


SAMHSA-2011

• A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
• 4 Dimensions
  – Health
  – Home
  – Purpose
  – Community
Nursing Is.....

- caring
- an art
- a science
- patient-centered
- holistic
- adaptive
- concerned with health promotion, health maintenance, and health restoration
- a helping profession
- *We’ve always ‘done recovery’ we just didn’t name it!!*

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Florence Nightingale

- It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm. [1859]
- From *Notes on Nursing* [1860]
  - “What nursing has to do is to put the patient in the best condition for nature to act upon him.”
  - “Nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection of administration of diet—all at the expense of vital power of the patient.”
  - “Nursing creates the environment most conducive to body’s reparative processes.”

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Virginia Henderson

- “The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible” (Henderson, 1966).
Virginia Henderson

- Emphasized the importance of increasing the patient’s independence so that progress after hospitalization would not be delayed (Henderson, 1991)
- Described the nurse’s role as **substitutive** (doing for the person), **supplementary** (helping the person), **complementary** (working with the person), with the goal of helping the person become as independent as possible.

Henderson’s 14 Bio-Psycho-Social-Spiritual Components of Nursing

1. Breathe normally.
2. Eat and drink adequately.
3. Eliminate body wastes.
4. Move and maintain desirable postures.
5. Sleep and rest.
6. Select suitable clothes—dress and undress.
7. Maintain body temperature within normal range by adjusting clothing and modifying environment.
8. Keep the body clean and well groomed and protect the integument.
9. Avoid dangers in the environment and avoid injuring others.
10. Communicate with others in expressing emotions, needs, fears, or opinions.
11. Worship according to one’s faith.
12. Work in such a way that there is a sense of accomplishment.
13. Play or participate in various forms of recreation.
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.

Hildegard Peplau-1952

- **Mother of Psychiatric Nursing**
- **…Nursing is an educative instrument, a maturing force, that aims to promote forward movement of personality in the direction of creative, constructive, productive, personal, and community living.** (Peplau, 1952)
American Nurses Association

• Nursing is...
  – the protection, promotion, and optimization of health and abilities,
  – prevention of illness and injury,
  – alleviation of suffering through the diagnosis and treatment of human response,
  – advocacy in the care of individuals, families, communities, and populations.

Working Definition of Recovery for Psychiatric Nurses

• Assisting patients to re-emerge from the onset of mental illness and re-establish a social identity through creating a new self-identity and developing a future orientation that will help maintain a stable level of functioning in all domains of life.

The Lived Experience of the Nurse Caring for a Person With a Mental Illness

- Perceptions, thoughts, feelings about the person/family coming for care
- Individual nurse experience on the inpatient unit
  - Vicarious traumatization
  - Direct traumatization
  - Henderson's substitutive, supplementary, complementary
- Reflective exercise
  - What has been your most positive experience as a psychiatric nurse on your unit?
  - What has been your most negative experience as a psychiatric nurse on your unit?

The Lived Experience of the Person with a Mental Illness

- Life before illness
- Loss of choices, hopes, dreams
- Entering inpatient care—treatment as trauma
  - forensic admission?
  - involuntary admission?
- Effects of previous trauma on course of treatment
- Cultural aspects of meaning of symptoms
- Support systems—family, employer?
- Psychological adjustment milestones

Adjustment

- The process of coming to terms with life changes resulting from the psychotic episode and subsequent diagnosis that include coping with loss, confusion, and stigma; altering life expectations;
- Creating a new sense of life meaning;
- Learning new skills based on the new intellectual and emotional reality post-diagnosis in order to respond to the social environment.
Post-Psychotic Adjustment Process

- Phase One: Cognitive dissonance (couch)
  - Extends from onset of symptoms to 6-12 months after medication efficacy
  - The phase the person is during hospitalization
  - Sets the stage for success in the community
- Phase Two: Insight (bus depot)
  - 6-12 months
- Phase Three: Cognitive Constancy (mall)
  - 1-2 years
- Phase Four: Ordinariness (work)
  - 2+ years


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### Emotional Component

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

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<thead>
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<th>Cognitive Constancy</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Trying to figure out own thoughts</td>
<td>Something to distract from the symptoms</td>
<td>Manage symptoms</td>
</tr>
<tr>
<td>Fear of saying something wrong</td>
<td>Conducting own reality checks</td>
<td>Accepting the need for treatment</td>
<td>Finish education</td>
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<tr>
<td>Getting control of symptoms</td>
<td>Learning I'm not the only one with schizophrenia</td>
<td></td>
<td>Become employed</td>
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<tr>
<td>Recognize limitations</td>
<td>Getting back to what I used to do</td>
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<tr>
<td>Getting used to it</td>
<td>Think positive</td>
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<td></td>
<td>Being given choices</td>
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Interpersonal Component

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</tr>
</thead>
<tbody>
<tr>
<td>Hard to go out in public</td>
<td>Communicate with others</td>
<td>Have someone listen to me</td>
<td>Understand me</td>
</tr>
<tr>
<td>Hard to be around people</td>
<td>Someone to talk to about me</td>
<td>Confidence in the counselor/therapist</td>
<td></td>
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<tr>
<td></td>
<td>People need to be honest with reality</td>
<td>Having people explain things</td>
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<tr>
<td></td>
<td>Someone to talk to about general things</td>
<td>Having help available when first get sick</td>
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Physiological Component

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<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>
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<tr>
<td>Required too much energy</td>
<td>Taking care of the body</td>
<td></td>
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<td></td>
<td>Having a routine</td>
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Perceived Barriers to Recovery

- Not enough time/we can’t take the time
- Competing priorities-administrative versus direct care
- Staffing inconsistencies
- Too hard to change from the ‘way we’ve always done it’
- Not another ‘program’ for us to implement
- Can’t add more paperwork
- We have to learn another vocabulary?
- Any others???????
A Recovery Culture Overcomes Perceived Barriers

- Develop a unit Philosophy of Recovery where every encounter is a recovery encounter
- Meet each person where they are in the process using person-first language and principles of dialogue
  - [video link](http://www.youtube.com/watch?v=e995pidZQW4&feature=related)
- Introduce recovery components based on person's readiness—beginning with instillation of hope and promotion of safety
- Be mindful of trauma and implement Trauma-Informed Care as universal precautions
- Be mindful of the internal psychological, emotional, cognitive, physical, and spiritual states a person is experiencing

<table>
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<th>Non-Recovery Culture</th>
<th>Recovery Culture</th>
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</thead>
<tbody>
<tr>
<td>Low expectations</td>
<td>Hopeful with high expectations</td>
</tr>
<tr>
<td>Stability/maintenance is the goal</td>
<td>Recovery is the goal</td>
</tr>
<tr>
<td>No clearly defined exit</td>
<td>Clear exit; graduates return/share</td>
</tr>
<tr>
<td>Little or no access to information</td>
<td>Easy access to information</td>
</tr>
<tr>
<td>Compliance is valued</td>
<td>Self-determination, critical thinking, and independence are valued</td>
</tr>
<tr>
<td>Coercion is used to achieve compliance</td>
<td>People become the experts in their own care</td>
</tr>
<tr>
<td>People protected from trial/error learning</td>
<td>People take risks and have the “right to fail”</td>
</tr>
<tr>
<td>One size fits all treatment approach</td>
<td>Wide range of programs and non-program options</td>
</tr>
<tr>
<td>Patients live in ‘treatment centers’</td>
<td>Opportunities for community integration with choices</td>
</tr>
<tr>
<td>Patients are judged by their level of motivation</td>
<td>Restoring hope creates new choices</td>
</tr>
<tr>
<td>Medication is the primary tool</td>
<td>Medication is one of several tools</td>
</tr>
<tr>
<td>Emphasis is on treatment</td>
<td>Peer support and self-help are valued</td>
</tr>
</tbody>
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Recovery is Bipartisan: The Nurse and the Patient

- Assessment: The Nurse: the Nursing Unit, the patient
- Diagnosis: Patient: use milestones checklist to identify unmet physiological, interpersonal, psychological, cognitive milestones
- Diagnosis: Nursing: what needs to change in the environment? Positive and negative attitudes. Language? Awareness of post-psychotic adjustment process
- Planning: Patient: Develop interventions to meet unmet milestones and achieve maximum wellness;
- Planning: Nursing: initiate person-first language; initiate trauma-informed care; embrace peer support staff; focus on bio-psycho-social-spiritual-cultural wellness
- Evaluation: Patient: meeting post-psychotic adjustment milestones
- Evaluation: Nursing: environmental modification to promote recovery; attitudinal modification to promote recovery; integration of adjustment milestones into patient care plan
Small Group Work

• Pick one milestone to develop a goal and intervention based on everything we’ve discussed so far!
  – Consumer need to connect with another human
  – Awareness of trauma
  – Person-first language
  – Recovery principles and elements
  – Principles of dialogue