

Time Map

Guidelines for Use



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Acknowledgements

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The Time Map has been further developed in consultation with clinicians in Northern Sydney Central Coast Health early psychosis services. The significant contribution by the YPPI, BEIC, EPIS, PIYP, and Ryde Assert teams is acknowledged.

A YPPI Recovery Program artist did the artwork on the box.

Background

The “Pathways to Care” study was conducted in Northern Sydney. The aim was to identify the symptoms experienced by the young people, from the onset of the prodrome to contact with the Early Psychosis service, and their help seeking attempts. The researchers developed a tool to map a timeline of indefinite length as part of a semi-structured interview. This proved to be a useful clinical tool.

Aim

It is often difficult to take a comprehensive history from a young person experiencing a first episode of psychosis and their family using a standard structured interview. It is problematic for clients to identify when symptoms first occurred and the nature of those symptoms, the pattern of emerging psychosis over a period of time is difficult to describe, and the links between stressors and substance use are not easy to identify. If the young person is still experiencing symptoms and has impaired concentration and attention, this task is even more challenging.

The aim of this tool is to facilitate assessment and discussion by using a flexible, visual and engaging approach to mapping the timeline of the illness. The Time Map includes prodromal symptoms as well as symptoms of psychosis, mania, depression and suicidality. Substance use, stressors, help seeking attempts, and coping strategies can be included on the record. The task may be completed over a number of sessions, and include family members for some or all of the process. The information collected can then be used as the basis for psycho-education sessions as the young person recovers.

Assessment of when a client is ready to use the Time Map

Ask the client to complete the Birchwood (insight) Scale. Encourage the client to give their own narrative description of the psychotic episode – determine what the client felt happened, when it happened and how it happened. Try to establish how they describe their “illness”, what they call it, why they think it happened, and whether they have any control over it. It may also be useful to give the client the pack of symptom cards from the kit and ask them to select any symptoms they have experienced.

The aim of this interview is to establish rapport and to determine whether or not the client is ready to work on a Time Map. If they are still experiencing acute symptoms of psychosis, this may interfere with their attention and ability to reflect on what has occurred. As the psychosis resolves, the client will benefit from the Time Map exercise if they have some insight and acceptance of the fact that they have experienced an illness. They must also be willing to

engage in the activity of exploring what has happened. The clinician can then work within the client's framework, incorporating the words they use to describe their experiences.

If the client is still experiencing acute symptoms, they seem unwilling to discuss their illness, they do not choose any psychotic symptoms from the cards, and/or they are unable to participate in an activity at present, it is recommended that the clinician does not proceed with the Time Map at that point in time.

Introduction

The format of the sessions and the amount of material covered in each session will depend on the level of engagement of the client, the likelihood that the client (and family member if applicable) can attend a number of sessions to complete the task, and the client's concentration / attention. Therefore this booklet will describe the various components of the process, and the clinician will need to use their judgement to determine how to use the tool with each individual client.

If the client is agreeable, it is beneficial to involve a family member in all or part of this process. Flexibility regarding the order in which tasks are completed is a strength of the Time Map, so the following guidelines are not prescriptive. For example, some clients and clinicians prefer to map out their life story first, then add the episode of illness. Others prefer to map the symptoms from the start.

Contents of the kit

- Fax roll paper and texta pens
- A set of symptom cards
- A set of supports / coping strategies cards
- A set of substance use cards
- Record sheet and 2 relapse prevention plan forms
- Guidelines on how to use the tool with clients
- Insight Scale
- Client and clinician evaluation form
- Planning form

Introducing the purpose of the Time Map

Explain to the client and family that it is usual for symptoms to gradually emerge over a period of time, often starting with very vague symptoms that many people experience. By understanding their experience and the things that might have triggered the symptoms, it will be possible to help them develop a plan to prevent or reduce the risk of a relapse of symptoms in the future.

Acknowledge that it may be difficult to reflect on the time when they were unwell, but in the recovery phase it is important to capture their knowledge and experience of what happened and identify the strengths and strategies they used to cope.

Mapping the symptoms

Objectives: The client (and family member if appropriate) will understand the purpose of the Time Map activity, and will have a knowledge of the symptoms that apply to their individual experience. They will be able to discuss symptoms openly, using the cards as prompts, and will feel supported throughout the process. At the end of the session(s), a timeline of symptoms will be mapped out on the fax paper.

Give the client the pack of symptoms cards. Ask them to pick out any symptoms that they have experienced from the time when they think things were first “not quite right” to the time when they came to the mental health service. Establish a “Yes” and “No” pile of symptoms. Allow time to explain any of the cards and answer questions.

Ask the client to look through the “Yes” pile and pick out the symptoms that occurred first. Usually these will be prodromal symptoms such as changed sleep pattern, feeling uncomfortable around people, and reduced concentration. Try to identify when these occurred. Begin with the year, then try to peg the symptoms to significant events such as Christmas, Easter, the client’s birthday, a holiday or HSC exams.

These symptoms mark the onset of the prodrome and the beginning of the pathway. Leave one metre free at the beginning of the fax roll, then begin to draw a timeline. Mark the symptoms, the time they occurred, and what the client was doing.

For example:

Changed sleep pattern
Difficulty concentrating
Feeling uncomfortable around people

October 2005

Year 12 school, HSC

Ask the client to look through the “Yes” pile again, and pick out the symptoms that occurred next. Continue this process and mapping the timeline on the fax paper until the Time Map of symptoms is complete. Allow time for the client, family member and clinician to discuss the symptoms and the timeline. Acknowledge the client’s feelings during this process. Focus on the fact that they have used their strengths and supports to get through this experience, and they are now on the road to recovery.

Adding information to the Time Map

Objectives: The client (and family member if appropriate) will have an understanding of all aspects of the client’s life during the time that the symptoms were emerging. The Time Map will now provide a comprehensive picture of the stressors, life events, substance use, and symptoms from the beginning of the prodrome to contact with the mental health service. The client (and family member) may begin to identify links between events, substance use and symptoms.

Return to the beginning of the fax roll (where you left 1m blank), and map what was happening in the young person's life during the 12 months preceding the first symptoms eg. school, tertiary study or work; changes in relationships or living arrangements; stressful events; substance use and social activities. The aim is to identify anything that might have contributed to the onset of psychosis.

Then, at each point on the timeline, use the substance use cards as prompts and ask the client what drugs or alcohol they were using, how much and how often. Record this on the timeline. Explain that you are not making judgements about their use, but are seeking to understand what might have been relevant to the symptoms at the time.

Note: If you believe that the client may not openly discuss substance use in the presence of a family member, this issue could be addressed separately.

At each point on the timeline, ask the client where they were living and what they were doing (eg. study, work) at the time. Record this on the Time Map. Also enquire about any significant events eg. break up of relationship, exams, or an accident. Explain that you are asking about these things because stress and life changes can sometimes be relevant to the onset of symptoms.

Identifying Strengths, Supports and Coping Strategies

Objectives: The client (and family member, if appropriate) will understand what supports, personal strengths and coping strategies were helpful. This assists in maintaining optimism, and a sense of power and control over the symptoms. It also provides information that will be useful when developing a relapse prevention plan

Give the client the pack of supports / coping strategy cards. Explain that different people have different ways of coping with the symptoms they experience, and they have personal strengths and support people that helped them when they were unwell.

Now they are on the road to recovery, it is useful to identify the coping strategies that helped them. Ask the client to pick out the cards that are relevant to them. Invite them to identify other people that were supportive or other coping strategies not mentioned on the cards too.

At each point on the timeline, ask the client what they thought was going on at the time and what explanation they had for the symptoms. Ask which cards applied to how they coped at the time, and enquire about any help seeking attempts. Record this information on the Time Map.

When the Time Map is complete, it may be useful to ask the client to reflect on the psychotic episode and experience of treatment, and identify any positive outcomes. Sometimes clients will say that the psychotic episode made them stop using drugs, which is helpful in the long term, or that it brought them closer to a family member.

Grouping the Symptoms

Objectives: The client (and family member, if appropriate) will have a knowledge of how symptoms are grouped, and will identify the key symptoms experienced at each point on the Time Map.

Introduce the idea that symptoms can be grouped together – prodromal symptoms, positive and negative symptoms of psychosis, depression, and mania. Review the Time Map and discuss the groupings of symptoms. Ask the client to identify which symptoms were the most obvious or overwhelming at each point on the timeline. Underline these symptoms.

Developing a Relapse Prevention Plan

Objective: The client will have an individualised relapse prevention plan, developed in collaboration with the clinician (and family member if appropriate).

Using the key symptoms underlined on the Time Map and the information about what was helpful at the time, it is possible to develop a relapse prevention plan that is tailored to the individual client. Explain that a relapse of psychotic symptoms can be prevented by intervening early when things are not right.

It is usually clear from the Time Map that there is a period of weeks or even months from the first prodromal symptoms to psychotic symptoms emerging and escalating. The aim is to instil a belief that it is possible to prevent an acute episode of psychosis occurring again, and the client has some control over the things that trigger symptoms. The first section of the plan identifies pre-psychotic or prodromal symptoms that indicate “Something is not quite right”.

The relapse prevention plan at this stage may include lifestyle changes and use of support people. The second section identifies emerging psychotic symptoms, and the plan might include contact with the mental health service to review medication as well as lifestyle changes. The third stage identifies clear symptoms of acute psychosis requiring more urgent intervention.

For example:

Symptoms	Plan
Changes in sleep pattern Feeling more anxious than usual Difficulty concentrating Wanting to use more cannabis	Cease / reduce cannabis Have a few early nights Talk to mum Go for walks on the beach
Hearing voices sometimes Thinking people are following me Feeling depressed	Contact case manager Review medication Reduce stress
Hearing voices frequently Paranoid about everyone Feeling scared	Contact mental health service and request urgent assistance

Use one of the Relapse Plan forms to develop a written plan, so the client can take a copy home and a copy can be put in the medical record. Make it as individualised as possible, so that it is relevant to the young person and their family.

Record Sheet

This record sheet should be included in the medical record. On the Record Sheet, write the most significant information regarding living arrangements, what the client was doing, stressors and substance use at each time point on the Time Map. Also record the symptom group and most significant symptoms at each point on the time line.

For example:

March 2005	Depression
Living at home	Positive symptoms – voices,
Split with girlfriend	Thinking I was being followed
Started uni	Thoughts of harming myself
	Increased cannabis use

Future sessions

Discuss with the client your suggestions of what could be discussed in future sessions. Develop a collaborative plan, using the form included in the kit. Keep a copy in the medical record.

Objective: The information from the Time Map will be used to determine the focus of recovery interventions and ensure that discussions are relevant to the client's individual experience.

Further information about psychosis

Use fact sheets, websites and videos / DVDs to increase the client's understanding of psychosis. Review the symptoms they identified for the Time Map.

Increasing social supports

The Time Map may have identified times when the client was experiencing significant stress and life changes, but lacked a support network to help them through it. Research indicates that a strong support network is a protective factor in relapse prevention. Recovery interventions might focus on how the client can develop their social network, and identification of support people.

Substance use

Substance use may have contributed to the onset of psychosis, and may also have been used as a coping strategy. Discussion about substance use may help assess the client's readiness and motivation to change their use of drugs and alcohol. Recovery interventions based on CBT and motivational interviewing may be useful. Consideration should also be given to referral to the drug and alcohol service, if drug use is significant and the client is

willing to address the issue. Facts sheets on specific drugs, websites and videos / DVDs may also be useful. The goal of interventions is to assist the client in understanding the link between substance use and psychosis, and support them in reducing or ceasing their substance use.

Stress / anxiety management

Review the Stress Vulnerability model to assist the client in understanding the relationship between stress and psychosis. Social anxiety is common in young people who have experienced psychosis, and this needs to be addressed if the client is returning to study, work and social activities.

Management of depression and low self esteem

Depression may occur concurrently with the psychotic episode, or emerge during the early recovery phase. It may be associated with low self esteem and a sense of hopelessness about the future. Young people with a high premorbid level of functioning and no cognitive impairment may be particularly at risk for depression. Antidepressant medication and CBT interventions may be considered.

Goal setting

Accommodation, finances, social activities, study and work. Recent research indicates that 90% of young people make a good symptomatic recovery from a first episode of psychosis. However targeted interventions and links with other agencies are important to support their return to study or work as soon as possible.

Family

Research indicates that the family plays an important role in supporting the young person during their recovery. Written information, problem solving and support of the family are therefore essential.

Evaluation

When the Time Map and the sessions associated with it have been completed, ask the client to repeat the Insight Scale. Also complete the client and clinician evaluations included in the kit.

Possible risks associated with the Time Map

Clinicians should be aware of possible risks associated with the Time Map activity. Reflecting on a time when they were very unwell may cause distress for some people, so the timing and structure of this intervention may be important. For example, the activity may be structured so that stressful events and symptoms are discussed early in the session, followed by a focus on the individuals' strengths and coping strategies. Or the Time Map could be used during the first half of the session, followed by an enjoyable activity with other clients. It may be necessary to discontinue or postpone the Time Map activity if it causes significant distress or raises issues that need to be addressed first.

References and resources

1. Pathways to care: help seeking behaviour in first episode psychosis. *Acta Psychiatrica Scandinavica* 2002.
2. J.Addington et al. Describes the Retrospective Assessment for the Onset of Schizophrenia (IRAOS)
3. www.innovativeresources.org. for strengths cards that may be a useful addition to the kit
4. Back to Reality. A video/DVD about cannabis and psychosis. Order from www.eppic.org.au
5. Understanding psychosis: Information for consumers and carers. Booklet from EPPIC
6. On Thin Ice: A Users Guide. Contains good information on ice and psychosis. Available from the Alcohol & Drug Information Service (ADIS) on (02) 9361-8000.
7. Early Intervention in Psychosis: A Guide to Concepts, Evidence and Interventions. Max Birchwood, David Fowler and Chris Jackson. Book by Wiley. See chapter 10 on relapse prevention.
8. Self report insight scale for psychosis: reliability, validity and sensitivity to change. *Acta Psychiatrica Scandinavica* 1994 Max Birchwood.