

International Society of Psychiatric-Mental Health Nurses  
**POSTER PRESENTATIONS**

**Poster #1**

**THE RELATIONSHIP BETWEEN ADOLESCENT GIRLS AND HORSES:  
IMPLICATIONS FOR EQUINE FACILITATED MENTAL HEALTH THERAPIES**

Meg Toukonen, PhD(c), RN, CNS

The purpose of this research is to investigate the meaning of the relationship between adolescent girls and horses in respect to equine facilitated psychotherapy. Mental health programs are incorporating horses into therapy to benefit adolescent girls. Anecdotally these therapies are thought to help with coping skills, communication, anger management, conflict resolution, responsibility, self-confidence and self-esteem, but limited systematic research has been done to support their efficacy. The value of working with horses in a therapeutic modality is thought to be based on the adolescent-horse relationship. The nature of this relationship has not been explained or identified. Understanding this relationship is essential to support research in this area.

This interpretive phenomenological study, will examine the nature of the relationship from the perspective of the adolescent girls. The specific aims are; 1) describe the relationship that adolescent girls have with their horses in a recreational context; 2) describe the relationship that adolescent girls have with horses in a therapeutic setting; and 3) compare and contrast the relationships that girls have with horses in these two contexts.

**Poster #2****ADOLESCENT DEPRESSION: EXPERIENCES OF PARENTING AND BEING PARENTED**

Terri J. Farmer, PhD(c), RN, PMHNP

Major depression in adolescents is an undertreated disorder affecting approximately 10% of adolescents. Depression is associated with poor academic functioning, substance use, and family conflict for adolescents, while their parents may experience guilt, anger, and mood changes of their own. The PURPOSE of this current dissertation study (completion April 2005) is to explore the parent and adolescent relational experiences and meanings during the adolescent's depressive episode. The CONCEPTUAL FRAMEWORK is based on phenomenology and Newman's (2002) pattern recognition. RESEARCH QUESTIONS include: 1) What are the meanings and experiences of being parented (for adolescents); 2) How do the meanings and experiences of parenting contribute to the context of the lifeworld of the depressed adolescent; and 3) How do the results inform a previously derived model of adolescent depression. The METHOD involves conducting and analyzing audiotaped interviews from parents and adolescents based on both Colaizzi's (1978) and Benner, Tanner, and Chesla's (1996) steps for phenomenological analysis in order to ascertain meanings and identify themes. Rigor will be assured by the use of criteria set forth by Lincoln & Guba (1989) and Packer & Addison (1989). Results will serve as a foundation for interventional research.

**Poster #3****POSITIVE PHOTO IDENTIFICATION OF MENTAL HEALTH PATIENTS**

Lea Ann Carr, MEd, LPC

Historically, the idea of taking a photo of a confidential mental health patient would not have been accepted, however, positive ID. of patients in a medical setting has been a concern that has received much attention. Patients on a mental health unit can't always be relied upon to wear their armbands appropriately. There is always a risk that they may intentionally or unintentionally remove, trade, or destroy their armbands. Because of this, the OU MEDICAL CENTER's Adult Mental Health Unit has initiated the use of digital photos for proper patient ID. This is, in part, in response to the Joint Commission of Accreditation of Healthcare Organization's recommendation that two patient identifiers be used to ID. a patient before giving treatment.

In order to ensure that we can still provide the correct medication and proper medical procedures to each of our 14 inpatients, we use two forms of ID. Digital photos and armbands are used in conjunction with asking the patient his/her name. Photos are taken at admission with a signed consent. If the patient refuses, the consent form indicates the patient is a Name Alert. This alerts the nursing staff that there is no photo and they must rely on two other forms of ID. before giving medication. After the patient is discharged, the photo is shredded and the consent form is filed in the medical record. A patient photo can be helpful during hospitalization to positively identify patients prior to giving treatment. Although we have not had problems with patient ID. on our unit, we recognize the potential for ID. problems on a mental health unit where patients are so mobile. Proper ID. is a very important safety concern in all areas of healthcare.

**Poster #4****ADVANCED PSYCHIATRIC NURSING PRACTICE: IMPLEMENTATION OF AN EVIDENCE-BASED MEDICATION MANAGEMENT ALGORITHM**

Patricia B. Howard, PhD, Peggy El-Mallakh, PhD, John Vinson, RN and Ruth Givens, RN

The Medication Management Approach in Psychiatry (MedMAP) is one of six evidence based practices supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purposes of this presentation are to provide an overview of the MedMAP evidence-based practice, report on medication algorithm fidelity scores, and describe ARNP perspectives on the factors that influence implementation of the medication algorithm in a clinical setting. The MedMAP Fidelity Tools for prescriber interviews and chart audits were used during data collection over a 30 month period with five ARNPs who provided mental health services to consumers diagnosed with schizophrenia. Findings were based on analysis of 30 interviews and 350 chart audits. Results suggest that fidelity scores were higher for comprehensive documentation of treatment, use of recommended dose ranges, and patient involvement in treatment decisions. Fidelity scores were lower in use of quantitative scales and treatment of medication side effects. Factors that influenced implementation included time constraints when seeing patients and billing issues.

**Poster #5**

**THE SUICIDAL PATIENT'S EXPERIENCE OF NURSING CARE IN THE EMERGENCY ROOM**

Carol A. Russell-Broaddus, MSN, RN

The purpose of this qualitative study was to describe the patient's experience of nursing care in the emergency room following a suicidal episode. Grounded theory methodology was used and a purposive sample consisted of 12 participants who were seen in the emergency room and were admitted to a behavioral health facility in Northeast Texas. A central theme of compromising care emerged with four subsequent subtheme interaction experiences (abusing, avoiding, disrespecting, excluding). These experiences resulted in three subthemes of participant feelings (hopelessness, indifference, mistrust). The feelings were a direct result from the nursing care experiences. A subsequent model was developed to depict the causal relationship.

**Poster #6****NURSES' FEELING TOWARD PSYCHIATRIC PATIENTS IN JAPAN: RELATIONSHIP BETWEEN COUNTERTRANSFERENCE AND EXPRESSED EMOTION OF PSYCHIATRIC NURSES**

Fujika Katsuki, RN, MSc

**Introduction:** In psychiatric nursing, the exchange of feelings among nurses and patients is vital. For long-term inpatients, ward nurses are the individuals who spend long time with the patient, and nurses' feelings toward patients are predicted to have some effect of the course of the patient's illness. The purpose of our study is to clarify what is the influence of nurses' feelings on nurse-patient relationship.

**Method:** Two questionnaires were administered to psychiatric nurses: (1) The Feeling Checklist: Japanese version which was translated from English into Japanese and (2) Nurse Attitude Scale (NAS). The Feeling Checklist contains 30 words about feelings concerning countertransference. NAS is our original questionnaire to assess emotional attitudes which we arranged FAS (Family Attitude Scale) Japanese version for nurses. And in order to assess nurses' EE, we administered the FMSS (Five Minute Speech Sample) to psychiatric nurses. Data collection is ongoing.

**Data Analysis:** We will carry out a factor analysis for validity of the Feeling Checklist Japanese version to compare with the original version, and Pearson's correlation coefficient to examine relationship between the Feeling Checklist and the NAS.

**Poster #7****MILIEU CHANGE AND RELOCATION ADJUSTMENT IN ELDERS**

Abir Bekhet, PhD(c), RN, MSN, Jaclene Zauszniewski, PhD, RNC, Elizabeth Madigan, RN, PhD and May Wykle, PhD, RN, FAAN

With the increasing elderly population, more than 43% of elders are expected to use a senior living facility (SLF) during their lifetime. Relocation to a SLF has been found to adversely affect elders' adjustment and ability to perform daily activities. Rosenbaum's resourcefulness theory suggests that such adverse effects can be minimized by positive cognitions and resourcefulness and research shows that positive cognitions and greater resourcefulness are associated with independence and healthy, productive lifestyles in elders. However, studies have not examined whether the effect of relocation on adjustment is moderated by positive cognitions or resourcefulness as is proposed in this cross-sectional study of 90 relocated, cognitively unimpaired elders (aged 65+). Interviews and mailed questionnaires will provide the data on relocation, adjustment, positive cognitions, and resourcefulness, which will be measured by well-established, psychometrically sound instruments; data on demographic characteristics and other relocation variables will also be collected and analyzed as covariates.

Hierarchical multiple regression will be used to examine moderating effects by positive cognitions and resourcefulness on the relationship between relocation and adjustment. The study results will provide direction for the development and testing of nursing interventions to strengthen positive cognitions and teach resourcefulness skills to elders facing the need to relocate.

**Poster #8****MEMBER SATISFACTION OF A PSYCHO-SOCIAL CLUB: DEVELOPMENT OF A TOOL**

Evelyn R. Labun, DNSc, RN and Eleanor Yurcovich, EdD, RN

In the 1960's, mental health services (MHS) became dependent on regional centres and community services. One such service model is the psychosocial club which potentially reduces the utilization of costly in-patient services. However, validation of the benefits a person with chronic mental illness experiences when attending a psychosocial club and their satisfaction with services needs to occur. With this knowledge, providers can continue building evidence based practice (EBP) and environments supporting maintenance of MH wellness in the community.

This study reports on the development of quantifiable tools that measure membership satisfaction with the utilization of a psychosocial club.

These tools evolved from a mixed methods research study conducted with members of a club including six healthy benefits/outcomes of the qualitative section. These tools were developed in response to a request from a club director and after a fruitless search for a quantifiable tool. During tool development, key issues given consideration were level of language, length of tool, and the complexity of particular benefits/outcomes. The completed tools have the following sections: members' demographics, attendance patterns at the club, and how they learned about the club; 18 items representing the healthy outcomes/benefits; a satisfaction scale; and a three-question section asking about their knowledge and thoughts about the clubs services, and what areas could be improved. After piloting the tools, two versions of the tool were tested by a research team member using 98 members from a Psychosocial Club. The alpha reliability coefficient for Tool 1 was .89 with a split-half reliability of .86. The alpha reliability coefficient for Tool 2 was .93 with a split-half reliability of .94. Correlations between satisfaction ratings and scores on the six subscales were generally significant. Further testing of the tools in different settings and with different populations is suggested. These tools provide data that contribute to EBP, supporting the effectiveness of psychosocial clubs.

**Poster #9****MENTAL HEALTH NURSES` COOPERATION WITH FAMILIES WITH CHILDREN IN ADULT PSYCHIATRY**

Teija Korhonen, MSc, RN

For more than 30 years a relationship between psychiatric disorder in parents and their children has been recognized. Children of parents with mental illness experience a level of psychosocial disorder that is well in excess of that experienced by the general population. Mental health practitioners usually have only minimal contact with child members of clients' family, limiting the extend of preventive intervention. Mental health nurses have a unique opportunity to identify risk factors, enabling intervention at the individual nursing level with all family members.

The purpose of the study is to describe and explain mental health nurses cooperation with families with parental mental illness. In addition, the purpose is to investigate prohibiting factors for cooperation and factors connected to them.

Data will be gathered from all Finnish university hospitals (5) during May - October 2005. All Mental health nurses (N=700) from adult psychiatric units (60) are included in the sample. Forensic, substance use as well as psychosomatic units are excluded.

Questionnaire developed for this study will be used in data collection. The instrument was developed by using previous literature, expert evaluation and pilot study. The questionnaire consists of background information, information collected from the family, planning and implementation of family meetings as well as prohibiting factors for cooperation with families with parental mental illness.

Data will be analyzed by using descriptive, parametric and nonparametric statistical methods. The results will be available in April 2006.

Keywords: parental mental illness, health promotion, adult psychiatry, mental health nurse, child, family

Session topic: Innovative Practices of Psychiatric Nursing

**Poster #10****A COGNITIVE THERAPY GROUP FOR DEPRESSED SINGLE MOTHERS**

John Rowe, PhD, RN, Jennifer Hammer, DSN, Linda Byrd, MSN, and Kittie Messer, MSN

A high incidence of depression has been found in single low-income mothers. Isolation, high stress and poverty place them at high risk for mental health problems. This can have a negative impact on the children. There is therefore a need for low-cost interventions to reduce and prevent depression in this group. This presentation will describe an intervention based on the principles of cognitive behavior therapy currently being implemented. Mothers are recruited from a population of low-income residents of a Southeastern community. They are screened for depression using a depression scale. A measure of behavioral problems in the youngest child is also administered. Mothers who are identified as at risk for depression are invited to participate in series of group sessions adapted from a similar study by Ann Peden at the university of Kentucky. Group interventions are designed to reduce negative thinking, improve self-esteem and increase skills for coping with chronic stressors. Adaptations were made to address negative thinking and stress related to parenting. Measures are repeated upon completion of the group and at six months.

**Poster #11****BUILDING A CAPACITY FOR ALTERNATIVES -CHANGING THE CULTURE OF INPATIENT PSYCHIATRIC**

Karin Foote Taylor, APRN, PMH

Establishing a consumer oriented model of delivering psychiatric care is one of the safety initiatives for the psychiatric department at Johns Hopkins Hospital. Utilizing a systems approach we have developed a multi pronged method to improve patient safety and enhance customer service. Our approach includes enhancing tools to identify patients at risk for aggression, cognitively assisting patients with identifying anger signals and alternative management techniques. We are examining specific strategies to improve the milieu, provide more comfort interventions for patients and to decrease rule based decision making. We will be implementing a detailed debriefing process for each episode of seclusion/restraint to examine system issues, support changes in attitude and elevate each seclusion/restraint episode to a critical event. Finally an ongoing educational program for all staff levels is being implemented to support attitudinal changes and for education in trauma neurobiology, cognitive approaches and verbal deescalation techniques. We have experienced a reduction in seclusion/restraint over the past 6 months of approximately 40 percent. We will monitor an improvement in patient satisfaction scores for degree of safety felt on the units, staff sensitivity to patient's emotional needs, helpfulness of staff and patient inclusion in decision making. Other benchmarks addressed include use of PRN medication (IM and PO) and an increase in therapeutic activities. This poster presentation would present implemented changes and comparison of current and past statistics for the above benchmarks.

**Poster #12****ATTITUDE SHIFTS ABOUT SECLUSION AND RESTRAINT: FACT OR FICTION?**

Karen A. Peterson, MS, RN, BC, Joanna Bokovoy, RN, DrPh, Carol Sorrentino, MSN, APRN, BC, and Shirley Giasante, CRNP, APRN, BC

Restraint and seclusion practices have drastically changed in many institutions in the last three years. A variety of factors have influenced these changes including regulatory agencies and evidence-based practice. Has staff perception and attitudes shifted along with these practice changes?

Literature has shown that attitude plays a major role on staff decision to use restraint or seclusion. As staff have adjusted to new regulations and education, are practice changes a result of attitude shifts or an outcome of the demand of the environment?

Utilizing a focus group qualitative analysis approach, staff perceptions were examined, prior to the implementation of a wide variety of educational programs. Initial results revealed a wide variability of when and how restraints were utilized. Programs were developed to assist staff in restraint and seclusion reduction based on these results. A second set of focus groups were conducted to identify differences in perception and attitude post-intervention. This presentation will discuss the focus group results, the interventions and the final focus group findings.

**Poster #13****DIET AND CHILD BEHAVIOR PROBLEMS: FACT OR FICTION?**

Jennifer Harrison Elder, PhD, RN, FAAN and Ellen Cormier, PhD, MScN, RN

Dietary treatment of children with behavioral disorders has had broad public appeal and been the source of controversy since the 1920's. Most famous is Feingold's 1970's work in which he noted that at least 50% of hyperactive and learning disabled children improved when on diets free of salicylate and additives. In the early 1980s, other researchers reported adverse effects of sugar on hyperactive and aggressive behavior. Over time, those who advocate dietary treatment have combined the recommendations of Feingold and others to restrict additives, preservatives, sugars, and foods associated with allergic reactions with mixed results.

In view of the concern about the efficacy and safety of medications, it is reasonable that health care providers and families seek alternative treatments for child behavior and/or developmental problems. However, while reports of dietary effects have public appeal, there remains controversy about the effects of specific food components. Critics caution that few well-controlled clinical studies have evaluated the efficacy of increasingly popular restricted diets in children.

This presentation will provide a historical overview of dietary behavioral interventions and review relevant research. Included will be a discussion of two cases, a child with autism and another with attention deficit hyperactivity disorder. Procedures used to ensure scientific control in a recently nurse-conducted randomized clinical trial of the gluten-free, casein-free diet will be described as well as recommendations for clinical practice and future research. This information should assist child and adolescent psychiatric and pediatric nurses who are well positioned to offer sound advice to families and conduct cutting-edge research in this important area.

**Poster #14****GROWING OURSELVES: PEER REVIEW AT THE JOHNS HOPKINS HOSPITAL  
DEPARTMENT OF PSYCHIATRIC NURSING**

Joyce A. Parks, APRN, BC

Johns Hopkins Hospital is committed to the professional growth and development of nurses. In Psychiatry, peer review is the core of this process.

Evaluating and improving performance results in the promotion of best practice and safer patient care. However, developing the ability to do accurate self-appraisal takes time and maturity. Peer review is the most effective method to facilitate these outcomes.

Peer review is a process where regular, timely and constructive feedback gives nurses information regarding their performance against standards. Accepting feedback is perceived as an opportunity to develop or refine expertise.

A literature review reveals peer review has not been widely adopted secondary to inadequately communicated feedback and difficulty receiving criticism. Successful models emphasize education and the creation of a culture that values and nurtures this activity.

Peer review provided us an opportunity to articulate our strategic vision and shared values. Defining the behaviors which demonstrate these concepts is paramount. Our process envisioned peer review as the keystone of a professional practice model. Over time, this concept evolved to include all members of our patient care delivery team.

Each staff member knows what is expected regarding self-management, teamwork and communication. The process allows for the development of clinical, leadership and administrative skills.

Outcomes of peer review have included an increased sense of autonomy, opportunity for creativity, and increased staff retention. An anecdotal outcome is that at the end of the first year of practice, it's unusual to hear, "I've learned all I can here."

**Poster #15****WOMEN'S SELF-CARE RESPONSES FOR FIBROMYALGIA: LESSONS FROM THE CROSSROADS OF PAST, PRESENT AND FUTURE**

Denise C. Webster, PhD, RN, APRN-BC

The overall purpose of this study is to describe the range, use, and effectiveness of self-care for fibromyalgia (FMS). Patterns of self-care may be related to other patterns of symptoms, trajectory, and a range of mediating factors, including history and personality factors. A purposive sample of 93 people with FMS (females and males) was surveyed about background, possible mediating factors, and function, and self-care strategies used. Instruments included the SF-36, Psychological Adjustment in Illness Survey (PAIS) and Quality of Life Questionnaires as well as a survey of the use and effectiveness of self-care strategies and the Temperament and Character Inventory (TCI). Descriptive statistics and cluster analysis were used to identify patterns of health-related function, adaptation and quality of life. Cluster 1 (n=44) scored higher on all measures than those in Cluster 2 (n=49). Study participants in Cluster 1 and Cluster 2 differed significantly ( $p < .05$ ) from each other on several items related to self-care strategies. Those in cluster 2 were more likely to avoid temperature extremes and driving. Cluster 2 participants were much less likely to exercise or swim. Cluster 2 members were more likely to use foot massage, progressive muscle relaxation, visualization, listening to relaxation tapes, and doing slow breathing. Cluster 1 members were more likely to say they tried to be more productive, believe in and value themselves more and "not allow the disease to take over my life". Cluster 2 members were both more likely to seek counseling, and to find it more effective than cluster 1 members. The TCI results indicated Cluster 1 and Cluster 2 members differed from each other on several personality dimensions. Differential approaches to care are discussed.

**Poster #16****ASSESSING AND MANAGING MEDICALLY UNEXPLAINED PHYSICAL SYMPTOMS IN WOMEN: PROVIDING "H.O.P.E.", AN INNOVATIVE PROTOCOL AND TREATMENT PROGRAM**

Victoria M. Soltis-Jarrett, PhD, APRN-BC

Somatoform disorders are a complex and difficult spectrum of emotional and physical human expression that are often misunderstood, mislabeled and misogynic. Layered with multiple meanings and descending from value-laden historical roots, the implication of being 'somatic', 'psychosomatic' or 'hysterical' have twisted and woven together an ambiguous, obscure and almost mystical nature which has focused primarily on the notion of the absence, abnormality or aberration of a woman's body, soul and/or mind. The assessment, treatment and long-term management of these specific phenomena have been presented, discussed and debated in the medical literature and within health care systems due to their high utilization of medical need as well as cost to the health care economy. The very idea having to manage 'medically unexplained symptoms', sends the advanced practice psychiatric nurse into utter disarray and despair. Both the clinician and the individual who is suffering, are often left bereft of hope.

The purpose of this presentation is to:

Present the notion of "H.O.P.E.", and an alternative view of somatic symptoms, medically unexplained physical symptoms and somatoform disorders by uncovering and reviewing its History, Oppressive "circle of pain", the Potential for change and Evaluation of the treatment.

Understand the possible underlying co-morbid psychiatric symptoms associated with individuals who present within this spectrum of somatic complaints; and

Focus on the possibility for a concise psychopharmacologic treatment protocol to initiate and potentially manage as the individual is referred to (or followed in) outpatient psychotherapy.

## **Poster #17**

### **CREATING VALUES GROUPS: AN INNOVATIVE INTERVENTION FOR HOSPITALIZED PSYCHIATRIC PATIENTS**

Bari K. Platter, MS, RN, CNS and E. Nora Cavelli, ND, RN

Meeting the spiritual needs of hospitalized patients has come to the foreground of patient satisfaction surveys, consumer demand for congruent care and regulatory standards for including spiritual support in the health care setting. At the University of Colorado Hospital's (UCH) Inpatient Psychiatric Unit, we convened a task force to develop and implement programming to address spiritual support through a series of Values Groups. The UCH Values Group, an innovative program grounded in the assumptions of Solution Focused Therapy, reinforces the importance of respecting the patient's values and incorporating these values into the plan of care. This strategy is congruent with our philosophy of mobilizing the patient's own strengths, supports, and resources.

The task force was chaired by the unit chaplain and membership included representatives from case management, nursing, mental health counselors, and the unit's clinical nurse specialist/educator. Specific components of the UCH Values Group will be presented with examples of the group format, handouts, and resources.

#### Content Outline

1. Background and Significance
  - a. Patient satisfaction survey results
  - b. Cultural and spiritual diversity
  - c. Consumer demand for culturally and spiritually congruent care
  - d. Regulatory agency standards regarding spiritual support
2. The UCH Values Group Task Force
  - a. Development of group themes and sub-themes
  - b. Examples of groups
    - i. Trust Group
    - ii. Relationships Group
3. Training and Education
  - a. Pilot project
  - b. Resource notebook
  - c. 'In vivo' training
4. Future Direction
  - a. Expand themes and sub-themes
  - b. Hospital-wide staff participation in spiritual care

## **Poster #18**

### **COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH: ASKING THE RIGHT QUESTIONS AND HEARING ALL THE ANSWERS. SOME OBSERVATIONS FROM THE DVRAC (DOMESTIC VIOLENCE RESEARCH AND ACTION COALITION) EXPERIENCE**

Denise C. Webster, PhD, RN, APRN-BC

The Domestic Violence Research and Action Coalition (DVRAC) is a multidisciplinary group of researchers, practitioners, community scholars, students and other stakeholders who are committed to ending domestic violence. Despite sharing this utopian goal, there has been little evidence that research has been seen as helpful in providing direction for the practical day-to-day concerns of those who work in the field or those who are victims of abuse

Distrust of researchers and how research has been used “against” women experiencing domestic violence is common among those who work in what was originally called the “Battered Women’s Movement”. To begin to address this mistrust a project titled “Asking the Right Questions” was initiated by the coalition and initial studies have been undertaken in two very different Colorado communities. By asking community stakeholders what they think needs to be studied and how they would prioritize local needs, the traditional role of the “outside expert” becomes one of being a facilitator in a project that is ultimately evaluated based on the actions participants undertake in and for their own communities.

As a psychiatric mental health nurse, as well as a member of DVRAC and one of the interviewers for the project, the therapeutic potential of the process for individuals and communities became apparent over time. In the process of “Asking [what] the Right Questions” are, we heard each other’s answers in a forum that honored differences as important and not inherently dangerous. The potential for developing greater compassion for all concerned may be an unanticipated outgrowth the project. A description of the process, the tensions, and the promise of research as practice are presented and discussion is invited.

**Poster #19****DEVELOPING COLLABORATIVE FAMILY SENSITIVE SERVICES IN ACUTE INPATIENT SETTINGS: AN INITIAL REPORT ON THE OUTCOMES OF TRAINING AND IMPLEMENTATION**

Sandra Tranter

Despite the proven efficacy of engaging with families and carers of people with schizophrenia, interventions are not generally offered in routine clinical practice. This paper will report on preliminary data based on the introduction, training and implementation of collaborative family sensitive services as an integral part of care in acute inpatient settings. This initiative was developed in response to national recommendations and guidelines to maximise the therapeutic value of inpatient care for people with a severe and enduring mental illness. In Britain the National Institute for Clinical Excellence Guidelines (2002) states that family interventions should be offered to 100% of families of individuals with schizophrenia who have experienced a recent relapse, are at risk of relapse, or who have persistent symptoms and are in close contact with their family. The aims of the initiative were to establish levels of family engagement, which promote collaborative working between clinicians, and families towards shared goals. It also aimed to set standards and support the use of evidence-based best practice responsive to the needs of the family. The evaluation process was facilitated through benchmarking. A benchmark tool was devised to help clinicians develop a structured approach enabling them to identify best practice and plan actions to improve the quality of care delivered to families. Benchmarking ensures that clinicians incorporate family engagement as an integral part of care. During implementation clinicians reported difficulties in allocating time for family interventions but recognised the value of developing therapeutic relationships with families. Initial outcomes indicated positive improvements in family/carer interactions with staff. The results of this study support the premise that it is possible to establish collaborative family sensitive services in routine acute clinical practice. Further investigation is needed to identify obstacles which may limit the likelihood of families receiving routine interventions.

Keywords: Family Interventions, Schizophrenia, Benchmarking

**Poster #20****ROLE PLAY: A COLLISION OF FACULTY AND STUDENT LEARNING TO MAXIMIZE STUDENT CLINICAL EXPERIENCES**

Mary A. Kozy, MSN, APRN, BC and Norma Jeanne Eastop, MSN, RN

One reason for shrinking numbers of psychiatric mental health (PMH) nurses is a lack of exposure to PMH nursing during entry level education. Our baccalaureate nursing program was experiencing a decreased number of psychiatric clinical placements and an increase in the amount of anxiety expressed by the students related to clinical. With fewer days on the psychiatric units, there was less time for the students to acclimate. The students reported that they did not feel equipped to interact with the mentally ill. No students expressed an interest in PMH nursing as a career.

As a faculty we wanted to decrease the anxiety experienced by students in order to facilitate a rewarding psychiatric clinical rotation. We wondered if that would result in students considering PMH nursing upon graduation.

We developed a learning experience based on Bandura's concepts of vicarious learning and mastery. We hypothesized that increasing the students' self-efficacy in therapeutic interactions would result in a more favorable PMH clinical. With increased self-efficacy we were hopeful that more students would consider working in PMH nursing. The learning experience involves 2 six hour interactive clinical labs. Faculty demonstrates appropriate nursing interactions by acting out client scenarios. Students master skills by taking the role of nurse with faculty acting as clients. Students' responses were favorable. They verbalized a decrease in anxiety and increased confidence. Students valued the experience and felt it enhanced their clinical placement. Upon graduation more students were indicating that they wanted to work in PMH nursing.

The purpose of this presentation is to share the development and implementation of this on campus clinical experience.

**Poster #21****LIFE EXPERIENCES OF YOUNG ADULTS SEXUALLY ABUSED IN CHILDHOOD**

Jacqueline Vix Hatlevig, PhD, RNC

The experiences of young adults who were sexually abused in childhood was explored using in-depth interviews and significant event photography. Young adults from the Midwest United States were selected for in-depth interviews and were asked to photograph objects or persons that represented significant past life events or intense feelings. The photography was used as an association tool to encourage discussion. A grounded theory approach was used to code and analyze the transcript data.

For these participants, sexual abuse, emotional abuse, neglect and physical abuse were frequently co-occurring events. The daily living experiences provided data about the transition process following abuse. Managing the aftermath of the trauma involved developing skills that would reduce or mediate feelings of uncertainty, anger, sadness, etc.; manage relationships to meet ones needs, contain the intrusiveness past traumatic events and integration of the self. Examples of positive life experiences include: finding someone or a group that provided surrogate parenting, excelling in academics, sports, counseling, and extracting or removing oneself from contact with harmful individuals, etc. Implications for nursing include having a better understanding of the numerous confounding problems these young adults encounter following sexual abuse. Nursing interventions such as assessing the skills used by participants to manage the aftermath of the trauma and promoting identified positive life experiences is recommended.

**Poster #22****CLUES TO CARE: PREVALENCE OF DEPRESSION AND DIFFERENCES BETWEEN DEPRESSED AND NON-DEPRESSED MOTHERS OF CHILDREN WITH MENTAL HEALTH NEEDS**

Janis E. Gerkensmeyer, PhD, RN, APRN-BC, Jennifer Rehn, MSN, RN, Eric Scott, PhD, and Brenda Costello-Wells, MSN, RN, APRN-BC

This study was part of a larger study examining the quality of life of parents caring for a child receiving community-based mental health services. Of 89 mothers in this study, 58% had a score of 16 or greater on the CES-D, indicating a possible mild to major depression; and 42% had a score of 22 or greater, indicating a possible major depression. A score of 16 was used as the cut-off for depression therefore, 42% of mothers were not depressed. Differences between depressed and non-depressed mothers of these children, ages 3 to 19 years, were examined on variables significantly associated with maternal depression at  $p < .01$ . Variables included income, social support, objective and subjective distress, externalizing and internalizing child behavioral problems, family-focused empowerment, role disruption and personal mastery. T-test analysis found that there was a significant difference between depressed and non-depressed mothers on all variables. Depressed mothers experienced significantly higher levels of objective distress and role disruption and lower levels of personal mastery than non-depressed mothers ( $p < .001$ ). Depressed mothers also reported more externalizing behavioral problems among their children, higher levels of subjective distress, lower levels of family-focused empowerment and social support (comfort factor), and lower income than non-depressed mothers ( $p < .01$ ). Further, depressed mothers tended to report higher levels of internalizing behavioral problems among their children ( $p < .05$ ). Both practice and research implications will be discussed. Obviously, with such high prevalence of depression among mothers of children with mental health problems, there is a need to address their depression through assessment, interventions, and evaluation of outcomes.

**Poster #23****MENTAL HEALTH ISSUES OF JUVENILE OFFENDERS: A GROUNDED THEORY APPROACH**

Beth Bonham, PhD(c), APRN, BC

Twenty percent of adolescents in America experience a diagnosable mental health disorder before the age of 21. Because of a lack of adequate, appropriate and accessible mental health services for youth, adolescent behaviors normally associated with mental illness are identified as delinquent with subsequent admission of mentally ill youth to the juvenile justice system. The number of adolescents with undiagnosed mental health disorders in the juvenile justice system is estimated to be between 50 and 75%. The purpose of this exploratory, qualitative study is to explicate, as identified and voiced by the youth, the mental health issues of adolescents who are detained in a juvenile justice system. An explanatory model of the processes and relationships that led to or contributed to juvenile detention will be presented from open ended interviews of 12 adolescents between the ages of 13 and 16, who, detained in a juvenile detention center, spoke English and volunteered to participate. A grounded theory methodology was used to discover the basic social psychological process of Hoping for a better life.

**Poster #24****REDUCING MECHANICAL RESTRAINTS IN ACUTE CARE SETTINGS THROUGH THE USE OF RAPID RESPONSE TEAMS**

Marcia Bean, BSN, RNC and Matthew Dingle, RNC

Restraint of persons who are assaultive or violent continues to be one of the most challenging aspects of acute psychiatric nursing. A variety of regulatory and marketplace forces in healthcare have, arguably, increased the likelihood that inpatient settings will treat an increasingly high proportion of patients with the greatest risk for dangerous behavior. At the same time, strong pressures exist for psychiatric healthcare providers to decrease the frequency with which they use restraint as a behavior management technique.

This paper describes the impact of a rapid response team in reducing the number of restraint episodes in an acute care psychiatric hospital. Restraint response teams were convened within 24 hours of any restraint episode involving a mechanical device (backboard, net restraint, papoose), with the goal of implementing treatment plan changes that reduced the likelihood of additional restraints. The implementation of the response team and evaluation of its effectiveness utilized rapid cycle process improvement which emphasizes testing single hypotheses about improving care delivery over a brief (6 week) time period. Episodes of mechanical restraint decreased 32% in the 6-week time period following implementation of the response teams. Additionally, although response teams were not convened following episodes of physical restraint, there was a 41% reduction in physical restraints during the same time period. Other artifacts of the change process included improved satisfaction with supervision, increased sense of support for program staff, and improved documentation of care.

**Poster #25****A SOLUTION-FOCUSED APPROACH TO GRADUATE EDUCATION IN PSYCHIATRIC-MENTAL HEALTH NURSING: MANY NEEDS, MANY ROADS, MANY JOURNEYS**

Denise C. Webster, PhD, RN, APRN-BC

The ongoing debates about the role of the Advanced Practice Nurse in Psychiatric-Mental Health Nursing continue despite countless position papers on the scope of practice, titling wars, lists of expected competencies, battles over certification rights, and continuing shifts in student interests and agency demands. The challenge of preparing nurses to practice in the field is complicated by the diverse backgrounds students bring to their educational experience and differences in state practice acts, as well as local support for preparing the next generation of psychiatric-mental health advanced practice nurses.

Solution-Focused approaches to working with clients are based on identifying the client's unique goals, as well as their (often unanticipated) ideas for meeting these goals. Similarly, in the graduate program students identify their personal strengths and resources as well as their goals and develop individualized plans for meeting these goals. Students negotiate clinical placements with direction from advisors and utilize networking support provided by the state's division for advanced practice psychiatric nurses (CNA Division 31).

In-class experiences focus on application of assessment and intervention approaches most appropriate for their population and preferred role. A combination of intensive class time and online follow up makes it possible for distance students to meet their educational and professional aspirations while meeting their other life responsibilities. Most importantly, students develop habits of independent life-long learning, as well as developing collaborative networks that nurture the next generation of students.

**Poster #26****DEVELOPMENT OF A MULTIDISCIPLINARY EVIDENCE BASED PRACTICE  
COLLEGE CURRICULUM IN CHILD ADVOCACY**

Jacqueline Vix Hatlevig, PhD, RNC

In 2003, the American Prosecutors Research Institute (APRI) entered into an historic relationship with Winona State University (WSU) to create the National Child Protection Training Center (NCPTC). NCPTC has served as an advisor to WSU faculty in the creation of a model multidisciplinary undergraduate curriculum to better prepare future child protection workers, law enforcement officers, nurses and other professionals. Beginning Spring Semester of 2004, students at WSU were able to enroll in a three course series including Perspectives on Child Maltreatment and Child Advocacy, Professional and System Responses to Child Maltreatment and Responding to the Survivor of Child Abuse from Case Plan to Closure. The second and third courses will include a lab component where students will be able to develop and practice their skills in forensic interviewing, investigating a report of maltreatment, mock trials, and case management. Faculty from social work, nursing, law, criminal justice, etc. collaborate to teach undergraduate students from a variety of majors. These courses have been developed through a process of extensive review and analysis of the literature; community meetings with professionals working in child maltreatment; review of syllabi at conferences, and a survey of baccalaureate programs throughout the United States (currently being conducted). The presentation would include a description of the development of the curriculum as well as highlighting content and experiential learning.