

Concurrent Session Abstracts

Thursday, March 31, 2011, 1:00 p.m.-1:50 p.m.

Concurrent Session 1.1 (Adult)

THERAPEUTIC ALLIANCE AND PSYCHOTHERAPY: SHOULD WE BE MEASURING ALLIANCE AND OUTCOMES IN OUR PSYCHOTHERAPY PRACTICE?

Cynthia T. Handrup, DNP, PMHCNS-BC, APRN

In today's current environment of managed care and evidence-based practice, psychiatric advanced practice nurses are regularly confronted with these questions: (1) how do we measure the effectiveness of psychotherapy, and (2) how do we improve outcome? Studies on patient attrition from psychotherapy report that 50% of patients drop out by the third session, with 35% ending therapy after the first session. Current research suggests that a minimum of 11 to 13 sessions is needed for 60% of patients to be considered recovered. Therefore, many patients entering treatment do not receive an "adequate dose" nor achieve optimal symptom relief. Evidence suggests that therapists who routinely track and monitor patients' reactions to therapy such as measures of alliance and early outcomes have better outcomes. In a 2003 meta-analysis of several large-scale studies, therapists' routine monitoring of the psychotherapy relationship through the use of structured questionnaires was found to reduce negative outcomes (such as early attrition). Patient's rating of the alliance was found to be the best predictor of engagement in therapy and outcome. The patient's subjective experience of change early in therapy is the best predictor of success for any particular setting. Routine therapist monitoring of outcomes is recommended as the standard of care, but is not commonly implemented in psychotherapy practices. This 50 -minute presentation will present: (1) Evidence for the study of therapeutic alliance; (2) Wampold's (2001) sources of effect in psychotherapy (placebo effect, modality or technique, therapist characteristics or alliance); (3) The Common Factors found in most psychotherapy; (4) Percent of improvement in psychotherapy as a function of therapeutic factors (Norcross, 2001); and (5) The use of Duncan and Miller's Session Rating Scale (2002) and the Outcome Rating Scale (2000) in the psychotherapy session.

Concurrent Session 1.2 (Adult)

THE EXPERIENCE OF ZEN MEDITATION ON PATIENTS WITH GENERALIZED ANXIETY DISORDER IN TAIWAN: THE FOCUS GROUP FINDINGS

ChuehFen Lu, PhD (Taiwan), and Lorraine Smith, PhD+

Background: The efficacy of meditation on anxiety disorders has been studied for over a half century but no clear conclusion can be drawn based on considerable quantitative studies. However, the experiences of meditation that practitioners encountered are lacking. Taiwan has a higher prevalence rate of anxiety disorders, and Zen meditation is popular. Thus, the study aims to understand the experiences of Zen meditation practice of GAD patients.

Objective: This study aims to provide a deeper understanding of the experiences of practicing Zen meditation and to reveal the process of practicing Zen meditation in a group of GAD participants in Taiwan.

Design: A 6-week Zen meditation program was provided to participants. Mixed methods, including repeated focus groups, individual interviews, field notes, and diaries were used to collect data. Heidegger's phenomenology was adopted as a framework to guide the data interpretation. Feedback groups were held to boost the trustworthiness of this study.

Settings: This study was carried out in a psychiatric outpatient department in a general hospital in northern Taiwan in 2006.

Participants: Two groups of 9 and 12 patients with GAD were recruited. They were 6 males and 15 females with age ranged from 26 to 67.

Results: The meaning of Zen meditation to the GAD participants is interpreted. Two themes emerged from the repeated focus groups. Firstly 'Expectation of Zen meditation regarding GAD symptoms' including categories of 'ambivalence towards meditation,' 'crave a good sleep,' 'stop thinking,' and 'regain memory and concentration.' The second theme, 'The process of Zen meditation' including categories of 'struggling to reach a state of calm,' 'signs of improvement,' and 'an individual process.'

Conclusion: From the perspective of GAD participants, their lived experience of GAD shaped their understanding of Zen meditation practices. The phenomena of the diversity and the individuality of Zen meditation experiences and process were revealed.

Note: Only finding of focus groups are presented here.

Concurrent Session 1.3 (Consultation/Liaison)

NEUROLEPTIC MALIGNANT SYNDROME

Leanna Pfeiffer, RN, BSc, BScN, MN-C, CPMHN(C) (Canada), and Maureen Garner, RN, BA, BScN, MHS-C, CPMHN(C)

In consultation-liaison psychiatry, there are toxidromes, which can be serious and life threatening: Neuroleptic Malignant Syndrome (NMS) is one of them. NMS is a side effect of dopamine-blocking agents most commonly associated with the use of antipsychotic medications. Atypical antipsychotics are not free from this potential side effect. The "malignant" nature of NMS refers to the severity of the syndrome as well as the fulminant onset. NMS, which affects about 1 patient in 500, is a medical emergency that consists of behavioural, neuromuscular and autonomic changes that can be life-threatening if measures are not taken promptly. The key clinical and biochemical profiles assist diagnostically. Clinical profiles reveal delirium although this is difficult to assess because of mutism, immobility, rigidity, tremulousness, diaphoresis, and autonomic instability as the most common features. Biochemically, there are significant increases in white blood cells, kidney function tests and muscle enzymes, while there is a significant drop in serum iron. Magnesium and calcium are often low. Autonomic disturbances and laboratory abnormalities typically peak within 48 to 72 hours and then begin to improve significantly and steadily with appropriate care. Severe complications including rhabdomyolysis, respiratory and renal failure, aspiration pneumonia, and pulmonary embolism require ICU admission. Mortality rates have been estimated at 30% to 40%, although this has clearly been declining over the past several years with increased awareness, early recognition and a trend toward lower doses of antipsychotics. A brief pathophysiology description of NMS will be discussed. The clinical and biochemical features will be illustrated using a case example. The conditions requiring consideration in the differential diagnosis will be explored, as will the approach to treatment once the diagnosis of this potentially life-threatening syndrome is made.

Concurrent Session 1.4 (Education/Research)

SIMULATION: EXPLORING THERAPEUTIC USE OF SELF

Carol T. Moriarity, DPM, MSN, APRN-BC, PMHRN-BC

Teaching the undergraduate student nurse the art of psychosocial nursing is a challenge. It is often complicated by a lack of skill related to intergenerational communication and techniques for bridging the gap. Using a simulated group format where the students are the clients it is possible for them to develop insight and explore methods for change. Exercises are used that explore self-esteem, control issues and stress. The techniques can be used by the student in relationship to a client or in a group encounter. The student develops confidence and competence using tools. Simulation takes book concepts such as therapeutic use of self and change agent from static content into tools for clinical application by the students.

Concurrent Session 1.5 (Child/Adolescent)

TRAUMA-FOCUSED COGNITIVE BEHAVIOR THERAPY WITH CHILDREN

Vickie L. Beck, CNS, BC

Trauma-focused cognitive behavior therapy is identified by SAMSHA as a model program for the treatment of Post Traumatic Stress Disorder in children. TF-CBT combines trauma sensitive interventions with cognitive behavior therapy and can be used with children from 3-18 who have experienced a traumatic event. The presenter will discuss this model of treatment with attention to indications for its use and will review components of treatment. Additionally, the presenter will provide the latest certification requirements for this treatment.

Thursday, March 31, 2011, 3:20 p.m.-4:10 p.m.

Concurrent Session 2.1 (Geriatric)

DEMENTIA: FOCUS ON TYPES AND TREATMENT

Mary C. DeClue, APN, FNP

As the population ages, the risk for Dementia increases, as well. This progressive brain disorder affects various aspects of memory. It may also affect other cognitive dysfunctions that include aphasia, agnosia, apraxia and disturbance of executive function. The impact of dementia impairs an individual's ability to continue to grow, adapt, and develop and essentially learn. This presentation will review the epidemiology, anatomy, and psychopathology of Dementia. The significance of the etiologies of dementia is reflective in the DSMIVTR classification system. This differentiation will be reviewed with an emphasis on the characteristics of each presentation. The risk factors, disease progression and various treatment options will be reviewed. Both pharmacological and non-pharmacological treatment options will be presented.

Concurrent Session 2.2 (Child/Adolescent)

THE TELEHELPER GRANT: TRAINING UP NURSES VIA TELEPSYCHIATRY TO DETECT YOUTH DEPRESSION

Ellen C. Rindner, PhD, PMH/NP-CNS, and EveLynn Nelson, PhD+

Problem: It is estimated that 20% of youth will have experienced at least one episode of depression by their 18th birthday. This carries a significant morbidity and mortality risk, with suicide being the 3rd leading cause of adolescent death in the USA, and more specifically, in Kansas. Undiagnosed and untreated childhood depression is associated with absenteeism, school failure, substance abuse, nicotine dependence, early pregnancy, and chronic, recurrent depression. Despite evidence-based guidelines, very few youth (particularly minority youth) receive either an adequate or a timely diagnosis and treatment by either their primary healthcare providers or the mental health system. The TeleHelper grant funds an online elective course that brings nursing and mental health faculty together to allow a focused initiative to match the latest content about youth depression with the latest teaching strategies and technologies to students. The project allows student to begin to identify depressive symptoms at an early age, and addresses the gap between the proposed national guidelines for evaluating youth depression [Adolescent Depression in Primary Care (GLAD-PC)] and treatment that is received. The Telehelper grant is in its second year and has provided education to over 37 generic nursing students and 18 RN to BSN nurses thus far.

Purposes: (1) To develop a technology-supported health professional (undergraduate/graduate level) curriculum based on new best practice guidelines for the identification and management of youth depression; and (2) To pilot an undergraduate Telehelper curriculum in the KUMC, SON for generic baccalaureate students as well as RN to BSN Students.

Intervention: The TeleHelper Program will develop a comprehensive online curriculum with sixteen culturally sensitive training modules and telemedicine clinical experiences at both the undergraduate and graduate level. At the end of the course, students will develop a web-based teaching module and disseminate the materials to practicing professionals.

Outcomes: The program will evaluate the training impact on students and professionals as well as their intention to use guidelines in patient care via a post course survey. The online format will facilitate continued dissemination of quality youth depression information to students and community health professionals.

Concurrent Session 2.3 (Education/Research)

THE NEW REFLECTIVE PRACTICE LITERATURE: WHAT IT SPEAKS TO PSYCHIATRIC MENTAL HEALTH NURSES: A REVIEW OF THE LITERATURE & IMPLICATIONS

Kathleen T. McCoy, DNSc, APRN, PMHNP-BC, PMHCNS-BC, FNP-BC

Essential to PMH nursing, reflective practice (RP) has been a traditional expectation, yet RP has not yet achieved consensus. As a result, definitions and frameworks to study RP have remained elusive. With evidence-based acceptance, there are new ways to measure RP and its impact on health care. Using 7 different search engines the sum of this literature was compared, reviewed and synthesized for trends pertinent to its practical applications in advancing practice, research, education, and changing policy. The word search included: reflective practice, reflective practice measurement, reflective practice outcomes, and reflective nursing practice. Authorship included an international array of scholars, both nursing and non-nursing. The literature poses the difficulties of measuring RP and solutions but on the whole, the literature is largely supportive of RP. The authors propose a means to measure the longitudinal effects of RP to informed students, faculty and providers by applying the literature review and its findings. The findings particularly emphasize the role of PMH nurses in leading and forging reflective practice now that RP has been embraced across specialties and disciplines internationally.

Concurrent Session 2.4 (Adult)

UNDERSTANDING AND TREATING TRAUMATIC BRAIN INJURY ACROSS THE LIFESPAN: NEUROBIOLOGY AND THERAPEUTIC REGIMENS

Beverly Hart, RN, PhD, PMHNP

More than 5.3 million people or approximately 2 percent of the population in the United States are living with disabilities resulting from Traumatic Brain Injury (TBI) (Chew & Zafonte, 2009). TBI is twice as common in men as in women and the incidence is highest in persons age 15 to 24, and survivors may have relatively long life spans to learn to cope with their impairments (Holsinger et al., 2002; Kim et al., 2007). Some statistics suggest that as many as 14 to 77 percent of people who experience TBI will have residual effects associated with major depression, mania, post traumatic stress disorder, psychosis, substance abuse, problems with anger and agitation, and other related psychiatric problems (Hawley & Joseph, 2008; Fann et al., 2004). Disability after head injury can be attributed to neurobiological, cognitive, or psychosocial factors and research has determined that many of these problems can be both persistent and disabling. Fortunately, additional research has also suggested that long-term adjustment after brain injury is achievable with proper diagnosing, therapy, support, and psychopharmacologic treatment (Hawley & Joseph, 2008; Dawson, Schwartz, Winocur & Stuss, 2007). Clients with TBI can prove to be challenging for advanced practice psychiatric nurses and this presentation will provide them the following information: neurobiology and physiology of TBI, screening and diagnosing of physical and psychiatric co-morbidities, screening and identification of cognitive, psychosocial and the emotional sequelae of TBI and their relationship to recovery and treatment, and a review of the current research and treatment trends in an effort to ensure more positive outcomes and a return to a productive life for the client.

Concurrent Session 2.5 (Education/Research)

CO-MORBIDITIES OF PSYCHIATRIC/MENTAL HEALTH AND PRIMARY CARE ILLNESS: INTEGRATION OF CARE FOR IMPROVED DETECTION, TREATMENT, AND OUTCOMES

Katherine A. Darling, DNP, APRN-C

Elevated blood pressure is an early indicator for co-morbid physical illnesses in patients with severe mental illness (SMI). Co-morbid illnesses, including metabolic syndrome and cardiovascular disease, often remain untreated or under-treated, contributing to the 20-30 year shorter lifespan, increased hospitalization rates, and increased morbidity which is often observed in this vulnerable population. This retrospective study reviewed a month of blood pressure screenings and the follow-up visits of n=485 adult patients who were seen by 9 PMHNP and psychiatric MD providers in 7 rural community mental health clinics. The rates of detection and referrals to primary care for blood pressures >140/90 were examined. The differences in assessment and detection between provider type was evaluated and demographic data, and Axis I-V data were collected to examine the extent of SMI, disability, and co-morbid medical diagnoses within the study group. The data provides feedback to clinicians and mental health agencies concerning blood pressure screening, an inexpensively monitored health status indicator for the SMI, contributing towards improved health outcomes for this at-risk population within the primary and mental health care settings.

Thursday, March 31, 2011, 4:20 p.m.-5:10 p.m.

Concurrent Session 3.2 (Education)

**TEACHING GENOMICS TO PSYCHIATRIC MENTAL HEALTH NURSE
PRACTITIONER STUDENTS: BASIC COMPETENCIES**

Diane M. Snow, PhD, RN, PMHNP-BC, CARN

This presentation will focus on the genomics competencies needed by PMHNP students. Gathering a thorough family history following the Surgeon General's Family History initiative, estimating the inheritance risk using family history and the environmental influences, and understanding how mutations occur in the DNA and mRNA are important. Since the humane genome project was completed in 2003, genes have been identified that have been catalogued for most psychiatric disorders. Content related to the allele mutations in the genes that predominate in certain disorders (e.g., glutamate transporter genes in bipolar disorder) and the tests such as the AmpliChip for the CYP4502D6 and 2D19 genes that can help decisions about dosing will be presented.

Concurrent Session 3.3 (Adult)

DO YOU HELP MOTHER'S, TOO?: AN ALTERNATIVE VIEW OF MUNCHAUSEN'S SYNDROME BY PROXY (MSBP)

Victoria M. Soltis-Jarrett, PhD, PMHCNS/NP-BC

Munchausen's syndrome by proxy is a concept that is used to describe a form of unthinkable abuse, which involves a perpetrator and a victim. The perpetrator is typically a parent or guardian who cares for a child or vulnerable individual and repeatedly falsifies physical or psychological symptoms of their victim so that health care is sought. The perpetrator receives support and reassurance from the medical team, fulfilling his or her own psychological needs, yet the child/victim continues to suffer. MSBP is often viewed as an unimaginable phenomenon because it transcends beyond the notion of social norms, values, and norms. Rarely do health care providers want to care for or manage the perpetrator's mental health even though their suffering is often linked to the victim's experience. This presentation will: (a) identify the concept of Munchausen's syndrome by proxy; (b) illuminate an alternative view of the disorder; and (c) discuss strategies for management of the perpetrator which in turn can help the victim.

Concurrent Session 3.4 (Adult)

A DIFFERENT VIEW ON DISSOCIATIVE IDENTITY DISORDER: IS REINTEGRATION THE ONLY WAY: A CASE STUDY

Nancy C. Davenport, RN, MSN, PMHCNS-BC, LPA

This session will present a case study, mapping the development of Dissociative Identity Disorder (DID) and the therapeutic journey of a middle-aged female patient seeking treatment for the first time from a Psychiatric APRN who had little previous experience with this diagnosis. A counselor who reported via telephone that this patient "says she has multiple personalities" referred the patient for possible medication needs. The journey that began with that phone call has continued for the past eight years though formal treatment ended more than 4 years ago. Learning together, patient and clinician found the medications and therapy best for this individual, though both contradicted most of the "conventional wisdom" and published protocols for treating Dissociative Identity Disorder. The approaches used included medication, Cognitive Therapy, and eventually hypnosis, but the "patient group" quickly rejected integration or re-integration as a goal. While not intended as an argument for abandonment of the goal of re-integration, this seminar will present treatment modalities and alternative goals for treatment that may be useful in cases such as the one discussed.

Concurrent Session 3.5 (Education/Research)

SHIFTING SANDS: USE OF ENGAGED PEDAGOGY TO PROMOTE NURSING STUDENT WELL-BEING

Edilma L. Yearwood, PhD, RN, PMHCNS, BC, FAAN, and Joan B. Riley, MS, MSN, FNP-BC

The American College Health Association National College Health Assessment self-report survey (2007) indicates that college students list stress, depression, and anxiety as factors impacting their academic performance. The survey also contained alarming data on feelings of hopelessness, increased alcohol consumption, eating disorders, risky sexual and self-harm behaviors, and suicidal ideation and attempts. College campuses are engaged in various programs to reduce the physical and emotional harm in this young adult population. One such program is the Bringing Theory to Practice (BTtoP) project, which focuses on student learning, civic engagement, and student well-being. The project integrates common college health and wellness topics in the course content, giving students an opportunity to discuss relevant health issues that may apply to them or their peers. This presentation will describe a two-year study conducted with undergraduate nursing students by two nursing faculty members. Data were obtained from 159 nursing students about their experiences with curriculum infusion in two required nursing courses. Student reflection papers, narrative course evaluations, photo-essays, classroom engagement with faculty, and student use of campus health resources were examined. Five themes were identified, isolation, shock and anger, taking time, awareness and valuing. The rigor of baccalaureate nursing programs has changed dramatically over the last ten years while some students are entering college with pre-existing mental health concerns or are at-risk for stress related responses. Nursing faculty can support student health and well-being by changing the relational dynamics in the classroom and increasing student self-awareness and attention to civic engagement.

Friday, April 1, 2011, 9:30 a.m.-10:20 a.m.

Concurrent Session 4.1 (General)

ON THE PATH TO BECOMING A PMHNP/ENERGY HEALER-PT II: PRACTICING ENERGY HEALING ON TREATMENT REFRACTORY EMOTIONALLY DISTURBED YOUTH AND ADULTS

Ellen C. Rindner, PhD, PMH/NP-CNS

Problem: Energy healing is becoming a more recognized Complementary Alternative Therapy (CAM) which can be utilized for treatment refractory youth and adults with the following disorders: Autism, ADHD, PTSD, Anxiety Disorders, Thought Disorders, and/or Mood Disorders. Few PMH NPs have been trained in non-mainstream energy healing modalities. There are different alternative healing modalities that nurses can practice with varying certification procedures: Therapeutic Touch, Quantum Touch, Reiki, Barbara Brennan School of Energy Healing, and Corestar Energy Healing. There have been few evidence-based research or practice articles written about the use of energy healing by nurses; most reports about the efficacy of energy healing have been anecdotal.

Purposes: This study is to determine when an emotionally disturbed client being treated in a conventional Western Medicine manner (with psychotropic medications) is treatment refractory and needs to be referred to an Energy Healer for Complementary treatment(s). How does one measure the efficacy of energy healing? The purpose is also to familiarize the learner with how a typical healing session proceeds over a single session and over a long-term course of treatment.

Intervention: This presentation will cover the assessment of the client's bioenergetic field, Chakra Readings before and after the session, and an overview of the manipulation of the client's bioenergetic field as modulated through the Corestar energy healing methodology will be described. A case presentation of two long-term clients from the presenter's private energy healing practice will also be provided. A discussion of the pros and cons of onsite vs. distance healing will be reviewed, as well as a demonstration of a Typical Energy Healing Session done onsite vs. via distance healing.

Outcomes: There will be an overview of assessment tools used to measure energy readings pre- and post-session. Self-report benefits of energy healing/augmenting conventional psychopharmacological treatments will be reviewed.

Limitations: A small sample and anecdotal reports are the limitations to this study.

Conclusions: The emotional disorders of youth and adults are often resistant to treatment by traditional pharmacological/psychotherapeutic strategies; the augmentation of energy healing may be a holistic solution to the overall management of these disorders.

Concurrent Session 4.2 (Research)

HIGH-RISK PATIENTS: CHANGING PROFILES AND IMPLICATIONS FOR PRACTICE

Linda Chafetz, RN, DNSc, and Gerri Collins-Bride, RN, MS, ANP+

High-risk subgroups use a disproportionate amount of costly acute services in programs for people in crisis, including hospitals, psychiatric emergency and outreach services. Recent reports indicate that the population using these "safety net" programs may be changing, possibly in response to policies integrating substance abuse and psychiatric services, and policies promoting front line use of use of novel antipsychotics. This retrospective, longitudinal study examined 10-year data on patients using crisis programs in San Francisco. Specific aims are: (1) to develop demographic and clinical profiles of a crisis care sample, and (2) to identify significant changes in their characteristics over time. Data were extracted from clinical "logs" maintained by Nurse Practitioners who provide services in Crisis Residential Programs (CRPs). CRPs provide short-term care for people referred from inpatient, emergency and outreach programs. Because they serve a citywide population, this sample approximates a treated community sample. It includes 7,221 service episodes or 3,112 individual patients seen from 1997 through 2009. Data analyses indicated a significant increase in the proportion of depressive diagnoses and diagnoses of "Psychosis NOS," associated with substance abuse in this sample. The proportion of persons diagnosed with schizophrenia/schizoaffective disorder dropped dramatically. Patients in the depressed subgroup shared a cluster of characteristics that distinguished them from the group with schizophrenia/schizoaffective disorders: higher rates of injection and stimulant use, AIDS/HIV, gastrointestinal and liver problems. However the schizophrenia/schizoaffective subgroup had significantly higher rates of diabetes. The growing importance of a depressed and highly substance abusive population in acute care facilities may have a great impact on psychiatric nurses and other clinicians. Models developed for wraparound care of dually and triply diagnosed patients have been very effective, but their evidence base consists of studies of samples with schizophrenia and related disorders. It remains to be seen if they will be of comparable value to a more addicted non-psychotic group. A discussion will allow participants to comment on these and other issues and implications for psychiatric nurses.

Concurrent Session 4.3 (Education/Research)

EFFECT OF A MOTIVATIONAL INTERVENTION ON EXERCISE BEHAVIOR IN PERSONS WITH SCHIZOPHRENIA SPECTRUM DISORDERS (SSDs)

Lora H. Beebe, PhD, PMHNP-BC, Reveen Burk, MSN+, Olivera Dessieux, MSN+, Kathy Smith, RN, PhD+, Abbas Tavakoli, DrPH+, Clifton Tennison, MD+, and Dawn Velligan, PhD+

Death rates from diabetes, respiratory/cardiovascular, and other obesity-related illnesses are significantly higher among the over 2 million Americans with schizophrenia, schizoaffective disorder and schizophreniform disorder (SSDs) than in the general population. Yet, despite the well-known benefits of exercise and the health dangers associated with obesity, persons with SSDs rarely exercise and few interventions to promote exercise have been empirically tested. Although studies have demonstrated that exercise can improve health in this population, only two other studies have attempted to modify actual exercise behavior. Ninety-seven outpatients with SSDs were randomly assigned to the Walk, Address Sensations, Learn About Exercise, Cue Exercise Behavior for SSDs (WALC-S), a motivational intervention designed to increase exercise behavior (n=48), or a time and attention control group (TAC, n=49). The WALC-S is based upon Self-efficacy theory, which was developed from Bandura's Social Cognitive Theory. WALC-S and TAC groups met weekly for four weeks before a 16-week walking program was offered to all subjects. We compared the exercise attendance, persistence and compliance of the groups during the walking program. WALC-S recipients attended more walking groups, for more weeks and walked more minutes than those receiving TAC. Percent of WALC-S or TAC groups attended was significantly correlated with overall attendance ($r=0.38$, $p=0.001$) and persistence ($r=-.29$, $p=0.01$), as well as number of minutes walked. This study is among the first to examine interventions designed to enhance exercise motivation in SSDs, and is a critical first step toward our ultimate goal of developing practical, effective exercise interventions for widespread use.

Acknowledgement: This project supported by a grant from the National Institutes of Health, R03 MH079047-02.

Concurrent Session 4.4 (Child/Adolescent)

RECOGNIZING EARLY INDICATIONS OF RISK FOR ANOREXIA NERVOSA IN CHILDREN AND ADOLESCENTS

Janiece E. DeSocio, PhD, RN, PMHNP-BC

Anorexia nervosa has been diagnosed in children as young as age 7 and is a leading cause of disability among adolescent females. By the time children and adolescents manifest symptoms sufficient for diagnosis of anorexia nervosa, multiple organ systems are often compromised. Relapse rates after undergoing treatment for anorexia nervosa are high and the recurring course of this disorder may contribute to a lifetime of disability. As proposed by Insel and Wang (2010), symptoms of mental illness may be viewed as end stage manifestations of neurodevelopmental disorders with early signals that could serve as the basis for pre-emptive interventions. This presentation will focus on the retrospective analysis of clinical cases to identify and describe characteristics and early symptoms in young people who go on to develop anorexia nervosa.

Friday, April 1, 2011, 10:40 a.m.-11:30 a.m.

Concurrent Session 5.1 (General)

HEALING TOUCH: COMPLEMENTARY THERAPY FOR MENTAL HEALTH

Linda Jo Volness, MS, PMHCA, HTP

Healing Touch is an energy therapy (nursing intervention) in which practitioners consciously use their hands in a heart-centered and intentional way to support and facilitate physical, emotional, mental, and spiritual health. Energy therapies focus on removing energy congestion that forms in our energy field (aura) and energy centers (chakras). Their presenter will have the audience participate in feeling energy. Presenter will pick a volunteer from the audience for a brief demonstration.

Concurrent Session 5.2 (Education/Research)

RESILIENCE IN FAMILY MEMBERS OF PERSONS WITH SERIOUS MENTAL ILLNESS

Jaclene A. Zauszniewski, PhD, RN-BC, FAAN, Abir K. Bekhet, PhD, RN, HSMI+, and Jane M. Suresky, DNP, PMHCNS-BC+

Family members of persons with serious mental illness may endure considerable stress and burden that can compromise their own health and quality of life and impair the functioning of the family. However, if family members are resilient, they can overcome stress associated with providing care for a loved one with a mental illness, and preserve their own health and the health of their family. Although definitions of resilience in caregivers vary, they all share the characteristic of overcoming adversity in order to not only survive the day-to-day burden of caring for a family member who is mentally ill, but to thrive, that is, to grow into a stronger, yet more flexible and healthier person. This presentation summarizes an integrative review of current research on resilience in adult family members who have a relative with a serious mental disorder, including major depressive disorder, bipolar disorder, schizophrenia, or panic disorder. Resilience theory focuses on the strengths possessed by individuals or families that enable them to overcome adversity. Central constructs of resilience theory are risk/vulnerability factors, positive/protective factors, indicators of resilience, and outcomes. Risk/vulnerability factors found in family members of persons with mental illness include having a family member with a diagnosed mental illness, lack of mental health services/support, threat appraisal, caregiver age, education, burden/stress/strain, family disruption, stressful life events, and avoidance coping. Positive/protective factors include sense of control, positive appraisal/cognitions, religiosity, psychoeducation, social support, time since diagnosis, and care recipient age. Seven indicators of resilience, including acceptance, hardiness, hope, mastery, self-efficacy, sense of coherence, and resourcefulness, have been described in family members of mentally ill persons. Outcomes of resilience indicators include expressed emotion, psychological well-being, family adaptation/functioning, greater knowledge/understanding, increased morale, improved relationship with the mentally ill person, reduced burden, and enhanced quality of life. The findings from the studies reviewed during this presentation provide beginning evidence of the importance of focusing nursing interventions on supporting and enhancing the resilience of family members of individuals with mental illness.

Concurrent Session 5.3 (Education/Research)

EMOTIONAL INTELLIGENCE: IMPACT ON STUDENT PERFORMANCE IN PSYCHIATRIC/MENTAL HEALTH SETTING

Lucille C. Gambardella, PhD, PMHCNS-BC, CNE, ANEF

Cultivating Emotional intelligence (EI) is an effective means of improving student performance in the psychiatric/mental health experience in the undergraduate setting. This presentation will explore the elements of emotional intelligence, methods of improving emotional intelligence in students, and methodology to measure student performance outcomes. Undergraduate student experiences will be shared that indicate the importance of emotional intelligence in the evaluative process. Implications for psychiatric nursing educators implementation of including emotional intelligence within course expectations will be discussed.

Friday, April 1, 2011, 2:10 p.m.-3:00 p.m.

Concurrent Session 6.1 (Education/Research)

RESOURCEFULNESS TRAINING: GROUP VERSUS INDIVIDUALIZED APPROACHES

Abir Bekhet, PhD, RN, HSMI, and Jaclene A. Zauszniewski, PhD, RN-BC, FAAN+

Resourcefulness is a collection of cognitive and behavioral skills that are used to attain, maintain, or regain health. Resourcefulness involves the ability to maintain independence in daily tasks despite potentially adverse situations (i.e., personal resourcefulness or self-help) and to seek help from others when unable to function independently (i.e., social resourcefulness or help seeking). Empirical evidence suggests that resourcefulness promotes independent, healthy, and productive lifestyles. Persons with greater resourcefulness have been found to be better able to deal with challenging situations in a more constructive manner than those with low resourcefulness. Highly resourceful persons have more adaptive functioning, deal with life events more effectively; have better daily task performance, better social role functioning, improved self-help and quality of life, and greater life satisfaction. However, resourcefulness theory suggests that knowing the skills constituting resourcefulness is not sufficient; resourceful persons are adept at applying both personal and social resourcefulness skills when faced with adversity. Resourcefulness skills can be taught through individual or group approaches. For both approaches, two mnemonic strategies for RT are used: (1) an acronym, consisting of the eight letters that spell the word R-E-S-O-U-R-C-E; and (2) chunking, whereby social resourcefulness skills are represented by the first three letters of the acronym and personal resourcefulness skills are reflected in the last five letters. A third mnemonic strategy, practice, differs according to the individual versus group approaches. For individualized approach, practice may be done through expressive disclosure, using either a written journal or digital voice recorder. For the group approach, practice is facilitated by the group process, whereby the participants share examples of their use of resourcefulness skills and provide reinforcement for others in the group. Research has shown that the group approach to resourcefulness training has been effective in improving perception of health and functioning of elders in retirement communities. However, because it is not always feasible to convene groups, individualized methods for teaching resourcefulness skills are currently being developed and tested in grandmothers raising grandchildren and caregivers of elders with dementia.

Concurrent Session 6.2 (Adult)

PTSD BASICS AND NUANCES FOR ADVANCED PRACTICE: CAUSES, DIAGNOSIS, NEUROBIOLOGY, AND TREATMENT

Debby A. Phillips, PhD, APRN-PMH

Post Traumatic Stress Disorder (PTSD) is under-diagnosed; symptoms may be confused with ADHD, other anxiety disorders, mood disorders, and psychotic disorders. Treatment can range from a hammer pharmaceutical approach to under-treatment all of which cause further suffering to people with PTSD. PTSD arises out of experiencing a frightening event or events beyond which a particular person in a particular context finds that she/he is not "hard wired" to cognitively and emotionally process and safely cope at time of the experience or in the short or long term. These types of frightening experiences abound in the U.S. and other world societies. Research finds that at least one of four females and one of six males will experience sexual violence in her/his life time, higher numbers of females and males will experience physical violence, and an HMO study found that greater than 50% of 17,000+ participants experienced one adverse childhood event (ACE) and 38% experienced two ACEs (ACE = recurrent human violence; witnessed domestic violence; parental separation or divorce; growing up with drug or alcohol abusing family members; living with a family member who went to prison; and/or had a family member with a mental illness such as chronic depression or suicidality). ACEs that lead to PTSD usually occur in a context of non-protection and vulnerability that is conducive to or enables ACEs. Neurobiological science has helped us understand symptoms and treatment of PTSD and how chronic or acute victimization can result in multiple brain structural and functional impairments. Effects can include over-excitation of the limbic system leading to behavioral impulse control problems and hypervigilance and hyperactive startle reflex from overdevelopment of cognitive brain centers responsible for vigilance and attention. The later can contribute to life-long sleep problems unless this symptom of PTSD is assessed and treated appropriately. Symptoms of PTSD are broadly categorized in the DSM. Unique adverse experiences individualize PTSD symptoms. This presentation describes basic PTSD causes, symptoms, and treatments. It describes nuances related to unique populations and experiences like child and adult physical and sexual violence, diverse veteran experiences, and Mexican, African, and Middle East immigrant experiences.

Concurrent Session 6.3 (Geriatric)

MEDGO: A MEDICATION TEACHING PROGRAM TO PREVENT DEPRESSION IN SENIORS

Anne DuVal Frost, PhD, BSN, MA, RN

Quality of life in older adults is influenced by the ability to manage one's health. Most older adults who take daily medications are at risk for depression when they do not understand the purpose, the effects, or how to administer medications. With this growing population, effective educational interventions are needed. Community-based programs like MEDGO can provide thorough and personalized instruction. MEDGO uses a BINGO-like game in which each square on a board contains mnemonic strategies such as idioms and images. These research-based strategies facilitate storage of information in long-term memory and then act as a trigger for retrieval/recall. Because memory is associative, the best mnemonics use information that is already familiar to the person and associate it or link it with the new information. The program also promotes self-respect through a culturally familiar format. MEDGO can turn tedious medication instructions into an entertaining learning experience with high levels of retention. In a survey conducted by the author, over a thousand seniors confirmed MEDGO as a favorite game of "companionship and entertainment." By associating new knowledge information with a familiar game, participating adults evaluated the learning as "easy." There are 10 MEDGO boards. On the Blood Pressure Board, there is a square where a cartoon image of Dracula is identified with essential hypertension as a silent killer. On the General Information Board, a pot of boiling water and the quote "Water, water everywhere but never near a sink." is a twist on Shakespeare's words to remind people that storing medication near moisture can change the chemical composition. MEDGO has proven to be more effective than traditional teaching tools that use print material and promote passivity. The language is frequently technical, creating "information overload" and loss of interest. The teaching modalities frequently employ technologies unfamiliar or intimidating to the older adult. MEDGO avoids these obstacles by boosting the confidence in their ability to learn. It "invites" the older adult to learn because he knows the game, the idioms, and the images. The "friendly competition" of the game maintains the participants' interest throughout the program.

Concurrent Session 6.4 (Adult)

THE EXPERIENCE OF TREATMENT FOR NURSES WITH SUBSTANCE USE DISORDERS

Angela McNelis, PhD, CNS, Sara Horton-Deutsch, PhD, CNS, and Pamela O'Haver Day, PMHCNS-BC

This qualitative descriptive study explored the experiences of registered nurses enrolled in a mid-Atlantic state nurses association mandated substance use treatment program. Substance use among health professionals is a serious concern for the impaired individual and patients alike. This study identified therapeutic and non-therapeutic aspects of this program as shared by nurse participants during focus groups. Thirty-one nurses participated in four separate focus groups and shared their experiences. Themes illuminated by participants included: (1) problems with access; (2) inattention to comorbidity of psychiatric and mental health disorders; (3) punitive versus restorative approaches to treatment; (4) professional alienation; and (5) cultural and political biases. Results of this study provide valuable insights for planning and implementing recovery programs for nurses impaired by substance use disorders.

Concurrent Session 6.5 (Child/Adolescent)

PROPOSED CHANGES FOR CHILDHOOD BIPOLAR IN DSM-5

Linda Jo Volness, MS, PMHCA, HTP

In the past decade there has been a dramatic increase in the rate of children being diagnosed with bipolar disorder. Why? The presenter will review the symptoms of bipolar disorder, current criteria in DSM-IV and the proposed changes for DSM-5. If time allows, the presenter will offer the most up-to-date information from a childhood bipolar research conference.

Friday, April 1, 2011, 3:15 p.m.-4:05 p.m.

Concurrent Session 7.1 (Child/Adolescent)

PATIENT-CENTERED, TRAUMA-FOCUSED, COLLABORATIVE PROBLEM SOLVING: A MODEL OF NURSING CONCEPTUALIZATION AND CARE FOR CHILDREN

Tess R. Searls, APRN

In this presentation, a model of care successfully developed and used in an inpatient acute child/adolescent psychiatric hospital is described. This model consists of three interlocking concepts: patient centered care, trauma focused care, and collaborative problem solving. The specifics of each of the concepts are discussed, as is the impact of the unified model on patients, families, staff and institutional culture. The challenges and rewards of implementation are discussed as well as concrete steps that can be taken by individuals and systems to understand and implement the model.

Concurrent Session 7.3 (Education/Research)

NURSING EDUCATION IN CYBERSPACE: TEACHING GRADUATE PSYCHOPHARMACOLOGY ONLINE

Sandra J. Wood, MSN, APRN, BC, Joyce Briggs, RN, MSN, and Rhonda J. Palmer, RN, MSN

Schools seeking cost-effective means to deliver high-quality graduate to potential students have embraced distance education through use of the Internet. By eliminating the need for attendance at a classroom, online courses are open to students living in remote, rural areas, working non-traditional hours, or having obligations that preclude attendance at on-site classes. The accessibility of online classes promotes higher enrollment, making the courses and the programs to which the courses belong more financially viable. This presentation will discuss the envisioning, development, and presentation of an online graduate psychopharmacology course as a part of a Health Resources and Services Administration grant to develop a web-accessible Master's degree psychiatric nursing program encouraging innovation and cultural diversity. The theoretical background as well as the process of course development will be presented. Aspects of the developed course will be demonstrated and resources for others desiring to create similar courses will be provided. Graduates who have taken the course will reflect on their student experience related to what they learned and the method of course delivery. The presenters hope to inspire other faculty to undertake the exciting, surprising and rewarding journey we experienced in bringing this course to fruition and refining it over the last three years.

Concurrent Session 7.4 (Child/Adolescent)

EFFECTIVE INTERNET-BASED COGNITIVE BEHAVIORAL THERAPY ON DECREASING DEPRESSIVE SYMPTOMS AND INCREASING SELF-ESTEEM IN OVERWEIGHT ADOLESCENTS

Beverly Thomas-Carter, FNP-BC, PMHNP-DNP(C)

The mortality rate among children diagnosed with major depression is increasing. This is an applied evidence-based project emphasizing treatment strategies of early treatment for decreasing depressive symptoms and increasing self-esteem among overweight adolescents. Due to the current shortage of mental health providers, referral visits are being delayed. Cognitive Behavioral Therapy is first-line treatment for depressive symptoms among children. Early treatment of depressive symptoms can reduce risks; prevent major depression and suicide among adolescents. The aim of this project is to reproduce an effective method to administer cognitive behavioral therapy through a secure internet site called CATCH-IT (Competent Adulthood Transition with Cognitive, Humanistic, and Interpersonal Teaching). This project will be evaluated through pre- and post-screening, the effectiveness and efficacy of internet-based cognitive behavioral therapy on decreasing depressive symptoms and increase self esteem among overweight adolescents. Studies show CATCH-IT is designed especially for adolescents. Measurements outcome variables include BMI, depressive symptoms, self-esteem, program acceptance, and knowledge learned. The objective of this project is to provide access to mental health care and teach effective coping skills building to reduce or prevent episodes of depressive symptoms and low self-esteem.

Concurrent Session 7.5 (Adult)

USING THE MYERS-BRIGGS INVENTORY TO INCREASE EFFECTIVENESS OF COUPLES ASSESSMENT AND COUNSELING

Vicki D. Lachman, PhD, APRN-BC, MBE

The Myers-Briggs Type Indicator (MBTI) is used frequently in business world to help people better understand themselves and how they interact with others. However, this instrument is seldom used in the therapeutic setting of couple's therapy. Having used this instrument countless times in business consultation, this therapist decided to use it for problematic couples in therapy. In the three cases presented, participants will see how this instrument can crystallize the issues and then provide practical strategies for problem resolution. The MBTI is a psychometric questionnaire designed to measure psychological preferences in how people relate to the world, perceive the world, make decisions, and live their lives. These preferences were developed from Carl Jung theories and first published in his book *Psychological Types* (1921). The Myers-Briggs® assessment was first developed in 1943 by Katharine Cook Briggs and Isabel Briggs Myers. Proponents of the test cite reports that the indicator meets or exceeds the reliability of other psychological instruments. Some studies have found strong support for construct validity, internal consistency, and test-retest reliability. The MBTI sorts some of these psychological differences into four opposite pairs, with a resulting 16 possible psychological types. People use all four cognitive functions, yet one function is generally used in a more conscious and confident way. However, none of these types are better or worse. This makes the instrument non-judgmental for couples. The three cases discussed vary significantly in age, degree of pathology, and time of introduction of the assessment. The presenter will briefly outline each case, discuss why intervention was made, and discuss the degree of success in using this assessment instrument. The focus of the cases will be on communication, decision-making, and extroversion-introversion conflicts. The final segment will consist of Q and A and further recommendations. Ten minutes will be allotted for questions and answers on the cases. Suggestions for use of the assessment will end the presentation.

Friday, April 1, 2011, 4:15 p.m.-5:05 p.m.

Concurrent Session 8.1 (General)

INTERVENTION DEVELOPMENT: ASSESSING CRITICAL PARAMETERS FROM THE INTERVENTION RECIPIENT'S PERSPECTIVE

Jaclene A. Zauszniewski, PhD, RN-BC, FAAN

The goal of evidence-based nursing practice is to integrate the best research evidence with clinical expertise and patient values in order to provide the highest quality nursing care to those who are in need of it. In recent years, testing interventions to produce the evidence for practice has become a nursing research priority. However, before effective nursing interventions can be translated into practice, they must undergo critical examination. This presentation will describe methods for evaluating six parameters of nursing interventions: necessity, acceptability, feasibility, fidelity, safety, and effectiveness.

Necessity refers to whether or not one believes he/she needs the intervention.

Acceptability refers to whether or not one considers what he/she is being asked to do as reasonable or appropriate for himself/herself.

Feasibility refers to whether or not one thinks that what they are being asked to do is manageable and practical for them.

Fidelity is defined as the competent delivery of the intervention that adheres to a prescribed protocol.

Safety requires that the intervention does not cause physical harm or mental distress to intervention recipients.

Effectiveness is associated with examining an intervention's outcomes in the real world.

The emphasis of this presentation will be on the importance of assessing these parameters from the intervention recipient's perspective. Examples from empirical studies that have evaluated these parameters will be provided and discussed. Involving the intervention recipients in assessing these parameters can lead to developing interventions that not only promote their health and well-being, but also interventions that they will be willing to continue to participate in or perform over time. Knowledge of these six parameters will inform nursing practice as well as the nurse scientist's next steps in intervention development and further testing in randomized controlled clinical trials.

Concurrent Session 8.2 (Education/Research)

MIGRANT MENTAL HEALTH HISTORY: LESSONS FROM THE FIELD

Sergio Olivares, PhD

Rural mental health care is rarely studied and migrant farm worker mental health care has received even less attention historically. Any mental health care provided to migrant farm workers, broadly defined, can expand our understanding of rural mental health needs from the past to the present. Since World War II, most migrant farm workers have been of Hispanic origin and transcultural efforts have become more important when providing mental health care. Moreover, an examination of the attempts of those providing mental health care including nurses is needed. This type of historical analysis can expand the definition mental health nursing and is important to the history of mental health nursing.

Concurrent Session 8.3 (Adult)

DEPRESSIVE SYMPTOMS, SLEEP DISTURBANCE AND CHRONIC ILLNESS IN MIDLIFE WOMEN: A LONGITUDINAL STUDY

Pamela A. Minarik, PhD, RN, PMHCNS-BC, FAAN

The purpose of this research was to describe patterns of depressive symptoms across time as a function of fixed demographic factors and time-varying biological and social factors, and describe the relationship between depressive symptoms and physical illness. The community-based sample of 347 healthy, ethnically diverse, premenopausal women was between 40-50 years of age. The women with hypertension provided a group with a chronic physical illness. Longitudinal data included the Center for Epidemiologic Studies - Depression (CES-D) scale, investigator-designed questionnaires about sociodemographics, medical history, and health problems, Pittsburgh Sleep Quality Index, social support subscale of the Interpersonal Relationships Inventory, and the health perception item from the Medical Outcomes Study Short Form. Biometric measures included: follicle stimulating hormone assays, blood pressure, and height and weight for calculating body mass index (BMI). Group comparisons used t-tests, ANOVA, chi-square, and Mann-Whitney U. Negative binomial regression was used for analysis of CES-D due to its skewed distribution in this sample. A significant model of predictors of CES-D scores was identified. Prevalence of depressive symptoms was 30% at study initiation and 26% at 30 months. Predictors of high CES-D scores were poor sleep quality, presence of chronic illness at 30 months, high BMI, and the interaction of time and poor sleep quality. Time, having a partner, positive social support and the interaction of time with low BMI predicted low CES-D scores. A higher proportion of African American women scored >16 on the CES-D. Number of health conditions, presence of chronic illness, and hypertension were significantly higher for women scoring >16 on CES-D compared to women scoring <16. Chronic illness was reported by 30.8% African Americans compared to 26.4% European Americans and 15.8% Latinas. Research and clinical implications were identified.

Concurrent Session 8.5 (Consultation/Liaison)

THE BUTTERFLY FACTOR: METAMORPHOSIS OF AN INPATIENT PSYCHIATRIC UNIT THROUGH EDUCATION, COLLABORATION, AND EBP

Karen M. Pehrson, MS, PMHCNS, BC, Deborah Hayes, RN, BC, BSN, MS, and Jeremiah F. Murphy Jr., MBA

U.S. healthcare reform has shifted priorities for universal access to health care; however, funding streams have been severely challenged in state budgets. Emergency departments/psychiatric units in acute care hospitals, free-standing clinics, psychiatric hospitals, mental health agencies, PACT teams, and clubhouses, all are attempting to cope with reduced resources, staff, and options to support persons with brain illnesses. This presentation will focus on the systemic transformation of an inpatient psychiatric unit, which is part of a three-hospital system. This 30-bed, closed system, psychiatric unit was internally focused with minimal community/agency/university relationships, problematic throughput with the area hospitals/agencies, and outdated therapeutic programming. Nursing staff had long tenure with limited exposure to current psychiatric nursing practice. The change process was accelerated, and resulted in movement to a more collaborative unit with solidified relationships within and outside the hospital system. All key leadership changed, except the Nurse Manager of the unit. The system-wide Psychiatric CNS joined the team, with a focus on education and clinical practice. Mental Health workers replaced CNA's. Parallel processes of collaboration and change occurred on multiple levels, and will be explicated with a representational model. Comprehensive education was a major focus of the Psychiatric CNS in collaboration with the leadership team. Policies and processes were significantly altered and implemented. Evidence Based Practice guided the change and education processes and included best practices, national/international guidelines, international research, and regulatory requirements. The brief treatment/stabilization focus of the unit includes the Recovery Model, trauma-based care, consumer involvement, use of sensory modalities, and collaborative safety planning. Measurable outcomes of this change process: (1) increased safety for all patients, (2) increased Evidence-Based Practice care which meets all regulatory requirements, (3) increased collaborative networks, (4) development of seamless processes, and (5) increased financial health of the unit.

Saturday, April 2, 2011, 10:00 a.m.-10:50 a.m.

Concurrent Session 9.1 (Adult)

INTEGRATED CARE FOR POST TRAUMATIC STRESS DISORDER

Marsha D. Snyder, PhD, PMHCNS, BC

The prevalence of Post Traumatic Stress Disorder (PTSD) in primary care maybe higher than what maybe expected but exact numbers of persons seeking help is unknown due to under reporting of trauma related events. The trajectory of a medical disorder can be seriously complicated by co-morbidity with a mental disorder. Depressed persons who are seen in primary care and who also screen positive for PTSD are at high risk for severe depression, lowered medical prognosis with more frequent medical visits. Due to shame, embarrassment and fear of having a serious physical or mental disorder many individuals do not seek help readily. When they do it is not within a mental health setting but rather within primary care. While primary care settings can offer the option of community-based services that are convenient and affordable, these setting are not fully able to meet the challenges presented by the complicated symptom presentation afforded by a PTSD diagnosis. The purpose of this presentation will be to present a model for collaboration and integration of physical and behavioral health services for those persons who suffer from PTSD and are seen in primary care.

Concurrent Session 9.3 (Education/Research)

SIBLING VIOLENCE: STATE OF THE SCIENCE- ESTABLISHING PRACTICE GUIDELINES

Debby A. Phillips, PhD, APRN-PMH

Despite the dearth of sibling violence (SV) research, the research that does exist shows that sibling violence rates are extremely high in national surveys, in inpatient psychiatric populations, and SV is the most common violent practice in families. Sibling violence is not sibling rivalry, conflicts, or roughhousing. It is bruises, lacerations, molestation, verbal humiliation, and one sibling repeatedly abusing another in a context where the victim feels defenseless, unprotected, angry, depressed, and even suicidal. Sibling violence usually goes under the cultural, professional, and family radar due in large part to societal mixed messages about "normal" sibling behavior and "normal" boy behavior and due to language like sibling rivalry, roughhousing, and competition that constitutes violent sibling behaviors as benign. Similar to the consciousness raising around male violence against women that began in the late 1960s, SV researchers are slowly bringing to light the frequency and seriousness of physical, sexual, and psychological violence perpetrated by brothers or sisters within a family or pseudo family context. This research and practice presentation describes a synthesis of SV research, an in-depth SV case study, and a SV retrospective chart review from an inpatient child psychiatric population. The case study describes effects of SV that lasted from childhood to adulthood perpetrated by a brother diagnosed with ADHD and conduct disorder. SV was physical, imprisonment, verbal, and psychological. Parent protection was absent and knowing adults did not intervene. Effects on the female sibling include relationship interest only in violent males, violence towards others- especially females, PTSD, and addiction to opiates and gambling. Victim mini mental exam showed panic disorder, social anxiety disorder, and antisocial personality disorder. Findings from the inpatient chart review of 135 patients 5 to 12 years showed that 76% of the patients perpetrated SV. Other findings showed that the majority of SV perpetrators had experienced adverse childhood events and the majority of SV perpetrators did not have a diagnosis that included violent behavior in the diagnostic criteria. Psychiatric nursing should establish practice guidelines to acknowledge, prevent, and intervene in sibling violence including explicit questions about sibling behaviors on H&Ps, multi-level interventions, and mandatory reporting.

Concurrent Session 9.4 (Adult)

IMPLEMENTATION OF MODIFIED HEALTH EDUCATION STRATEGIES FOR INCREASING DIABETES KNOWLEDGE IN THE SEVERE AND PERSISTENTLY MENTALLY ILL (SPMI)

Miriam S. Zwitter, PhD, RN, and Barbara Ponder, MS, RN

Individuals experiencing SPMI have an increased risk and incidence of Type 2 Diabetes (DM2). Deficits in knowledge about DM2 management affect the individual's ability to control the disease and to prevent co-morbidities associated with poor control. Empirical findings indicate that diabetes is poorly managed by this population (Dixson et al., 2004; Desai, Rosenheck, Druss & Perlin, 2002) indicating the necessity of better diabetes education. While diabetic education programs are well developed, programs for the SPMI require modifications to meet the cognitive, emotional and social changes resulting from the severe mental illness. Knowledge of disease management and its complications can empower the mentally ill individual to better control his/her disease. Nurses and other health care providers who care for the SPMI in non-psychiatric settings are often unaware of the educational needs of the SPMI. Further, health education may not be provided because of the misperception of the SPMI as being less capable of learning to manage their illness. The purpose of this study was to investigate the effect of a modified diabetes education program on diabetes knowledge of the SPMI. As part of the psychiatric nursing course, BSN students and faculty developed a diabetes health education program modified to meet the education needs of the SPMI population. The video recorded teaching module was based on the mental status assessment of participants and review of the pertinent literature. The convenience sample (n= 72) consisted of SPMI individuals from 2 group home and community program settings in a metropolitan area. A pre- and post-test indicated a statically significant change ($p=.01$) in the diabetes knowledge of the participants. Further research is needed in the identification of effective strategies for health education of the SPMI population and the relationship between health education and health outcomes in this population.

Saturday, March 2, 2011, 11:00 a.m.-11:50 a.m.

Concurrent Session 10.1 (Education/Research)

NEW APPROACH TO SUBSTANCE ABUSE EDUCATION IN UNDERGRADUATE NURSING

Barbara Jean Sullivan, PhD, APRN-BC, NP, and Kendra J. Niemi, BA, BSN, RN

The explosion of information and evidence-based research to guide practice leaves nursing educators rich with resources but challenged to make critical decisions about integrating essential content into undergraduate curricula. Due to time constraints, substance abuse content is often only taught in a distinct specialty area rather than integrated throughout undergraduate nursing programs. As a result, students often graduate unprepared to provide care to the significant patient population who receive substance use treatment in non-mental health settings. As of 2008 statistics, 20.8 million people (or 8.3% of the total population 12 years or older) received treatment in general (non-mental health) treatment facilities. Due to the prevalence of substance abuse in general patient populations, past learning modules had been developed to increase undergraduate nursing student knowledge of SUDs (Substance Use Disorders). However, changes in treatment of SUDs leave these modules outdated. It is not surprising then, to find generalist nurses feeling uncomfortable and concerned about quality of care in the treatment of people with coexisting SUDs. Recognizing the current efforts of psychiatric nursing organizations to identify key psychiatric and substance abuse competencies needed in generalized nursing practice and within undergraduate curricula, the purposes of this paper are twofold: (1) to describe the development of a tool to assess current level of SUD knowledge in undergraduate student nurses, and (2) to explain the development of an up-dated, interactive and easy to use SUD computer learning module that nursing educators could incorporate into existing curricula to rectify areas of knowledge deficit. After reading this paper, the participant will be able to:

- Recognize the prevalence of substance abuse in patient populations treated in psychiatric and non-psychiatric settings.
- Explain why SUD education is important for both psychiatric and general nursing practice.
- Identify appropriate SUD educational content applicable to developmental stages across the lifespan.
- Appreciate the need for the development of an up-to-date revised, SUD learning module to ensure safety and provide highest quality of patient care.
- Articulate rationale for integration of computerized SUD learning module throughout the undergraduate curriculum.

Concurrent Session 10.2 (Education/Research)

PLANNING COMMUNITY-BASED PARTICIPATORY RESEARCH: COLLABORATION AT THE MOST BASIC LEVEL

Pamela Galehouse, PhD, PMHCNS, BC

It is well recognized that in order for intervention research to take place in the community, community sanction is required. While most sensitive researchers make efforts to build community partnerships in order to gain community acceptance and participation, the research focus is usually determined by the researcher, her interests and expertise. Nurse researchers are now developing strategies that take community partnerships to new levels; where the partnership is developed with a community prior to problem identification and research design. This presentation will explore the process of a community based intervention study targeting parenting education/behaviors in parents/foster parents. Guiding principles are those of Community-Based Participatory Research (CBPR). Underlying theory and process will be presented and the progress and challenges found in this specific endeavor will be discussed. Special attention will be paid to the challenges introduced by the mental health focus and the definition of community.

Concurrent Session 10.3 (Adult)

THE ROLE OF THE PSYCHIATRIC CONSULTATION LIAISON NURSE IN DEVELOPING A COMPREHENSIVE WEIGHT MANAGEMENT PROGRAM

Susan Krupnick, MSN, PMHCNS-BC, ANP, CARN

This presentation will focus on the integral role of psychiatric consultation liaison nurses in both the development and implementation of a comprehensive weight management program within an acute care center. One of the major public health care problems that America faces is the issue of obesity and the overall health and economic impact on our citizens. Many strategies are advertised to provide the "quick fix" to obesity; however most are not sustainable. The work of maintaining a healthy weight and body size is often an ongoing challenge. There are weight management programs burgeoning in the United States and worldwide that often do not address the issue of obesity with a comprehensive approach. This presentation will describe the development of a comprehensive weight management program that had both bariatric medical, surgical and psychological components. The role of a psychiatric consultation nurse with expertise in early approaches to bariatric surgery and knowledge of psychiatric issues related to obesity will be described as one of the key developers of the program. Additionally, a discussion of the role of the PCLN on both the outpatient assessment and management phase and the acute care psychiatric consultation aspects when a bariatric surgical procedure was conducted will be presented. Presently, it is important for advanced practice psychiatric nurses to have basic knowledge of both bariatric medical and surgical options. These APRN's are frequently being asked to conduct psychiatric assessments for pre-operative clearance, make determinations on the individual's readiness to commit to a critical post operative plan of care, and address the patient's psychological suitability to undergone body altering surgery that does have associated surgical and psychological risks. During the presentation a description of specific medical and surgical techniques will be described including information on the more recent development of a gastric pacemaker procedure. During this discussion the pros/cons of each procedure with risk/benefit will be presented. Finally, resources for both the psychiatric APRN and patients will be provided and discussed with the audience. The use of a case study to illuminate the importance of a comprehensive psychiatric evaluation will be explored.