2023 ISPN Annual Conference
Concurrent Session Abstracts

THURSDAY, MARCH 30, 2023

CONCURRENT SESSION 1.1

MENTAL HEALTH AND MIGRANT WORKERS IN IOWA

Emily Sinnwell, DNP, ARNP, FNP-BC, PMHNP-BC (Midwest).

Migrant workers are essential workers and the structural backbone of our communities. They provide the essential work which keeps our economy going, working on the front lines of meat packing plants, hotels, restaurants, and on farms. Their communities were marked by inequity well before the pandemic, with limited access to health insurance, healthcare, healthy food, and suffering from low incomes, high unemployment rates, outsized rent burdens, less healthy and more overcrowded living conditions and as a result, more chronic health problems. Unimaginable stressors related to family separation, trauma, immigration status, and unrealistic legal expectations impact their mental health. This presentation will present the current landscape of migrant workers in Iowa as well as how health disparities affect their mental health.

CONCURRENT SESSION 1.2

LEADERSHIP DEVELOPMENT THROUGH DISSEMINATION

Jennifer Graber, EdD, PMHCNS-BC (University of Delaware); Jennifer Saylor, PhD, APRN, ACNS-BC (University of Delaware).

Why is sharing your work so important? Let's look at the old adage in nursing - if you didn't document it, it didn't happen!! This holds true for your work as well. Leadership development can start with you disseminating your work for others to see (Limoges & Acorn, 2016). There are a variety of ways to get your work out to other healthcare professionals.Disseminating at work can be very informal such as leading a project at work or going to a conference and sharing this information with colleagues. This can be accomplished through lunch and learns, roundtable discussions, grand rounds, posters, or small presentations (Scala, Price, & Day, 2016). On the more formal end of the spectrum, nurses can select a conference presentation. It is important to find a conference that fits the topic by reviewing the objectives and goals followed by a review of the criteria for submission. Submitting an abstract may seem daunting but it is a small way to begin the dissemination journey.Electronic media is also a valuable resource when trying to disseminate work. Webinars are meant to be an avenue that turns a presentation into a real-time conversation from anywhere. Blogs are also a great way to discuss information in an online journaling format. Social Media is the quickest way to get work out to a large number of people. Writing for a nursing journal is a great way to advance a nursing career, get the nursing voice heard, and share particular nursing perspectives on important topics (Oerman, & Hays, 2016). In order to do all of this, it is important to make a plan and find a mentor (Becker, Johnson, Rucker, & Finnell, 2018). You can publish and present! Publishing or presenting your work is not some mythical unobtainable objective. Just believe in yourself! Set SMART goals and a plan to achieve the right blend of disseminating your work through posters, presentations, and publications (Milner, 2016). Publish or present your work with a mentor or coworkers; there is no need to take the publishing journey alone.

WORKSHOP #1

NUTRITIONAL PSYCHIATRY: AN INTRODUCTORY WORKSHOP

David Agor (University of North Carolina Chapel Hill); Daniel Pesut, (University of Minnesota, MN, USA).

The purpose of this introductory workshop is to educate psychiatric mental health nurses about the concepts, principles, and practice of nutritional psychiatry. The gut microbiome is implicated in the pathophysiology of a wide range of psychological disorders. There are many signaling pathways involved, including the hypothalamic–pituitary–ìadrenal axis, immune modulation, tryptophan and serotonin metabolism, bile acid transformation, microbial production of neuroactive compounds, and regulation of the endocannabinoid system

(Butler et al., 2019). Psycho-pharmacotherapy, which is the mainstay of mental health treatment, has limitations. Nutritional Psychiatry (Cavaye, J. n.d.) represents a shift in basic assumptions regarding mental health intervention and treatment. Evidence suggests attention to nutrition positively influences, treats, and may ameliorate common psychiatric conditions (Butler et al., 2019). Psychiatric Mental Health Nurses (PMHN) promote well-being through prevention and education–with the goal to transform life (Phoenix, 2019). Psychiatric Nurses are prime agents for championing the nutritional psychiatry and the evidenced-based practice and practice-based evidence to benefit patients. Nutritional Psychiatry (NP) is an evolving branch of psychiatry focused on maintaining homeostasis of the human microbiome through nutrition and healthy diet planning and choices. In this presentation concepts, principles, practices as well as mechanisms of action of nutrients on selected mental disorders are described. Food choices to promote healthy metabolism and healthy microbiome development are highlighted. Tapping the capacity of nutrients for symptom relief and treatment for selected mental disorders is discussed. Nutritional Psychiatry holds promise for elemental and primary prevention of mental illness (Butler et al., 2019) and can easily be an adjunct treatment option in the repertoire of Psychiatric nurses' practice, treatment, and intervention choices.

CONCURRENT SESSION 1.3

SHARED TRAUMATIC REALITY: AN EVOLUTIONARY MODEL CONCEPT ANALYSIS

April Hutto, MSN, PMHNP-BC, FNP-BC, APRN (University of South Carolina College of Nursing); Phyllis Raynor, PhD, PMHNP-BC, CARN-AP, APRN (University of South Carolina College of Nursing).

Background/significance: Psychiatric mental health providers (PMHP) have found themselves in a unique situation being both professionally and personally impacted by the COVID-19 pandemic. The novel term, double exposure, best describes a situation when a PHMP is exposed to trauma in their personal and professional lives (Baum, 2014). With the occurrence of double exposure, there is an increased risk for a shared traumatic reality (STR). A STR exists when a PMHP and patient experience the same traumatic event (Baum, 2010). The author developed a model to help understand STR concerning related and surrogate terms. The result of STR is the development of vicarious trauma and secondary traumatic stress, which can lead to compassion fatigue, PTSD, and burnout. Purpose: The purpose of this presentation is to explore the definition and concept of "Shared Traumatic Reality". There is limited research on this concept, and the author builds on a preliminary conceptualization started by Baum in 2010. Providing a model to assist in understanding the complexity of STR will aid PMHP in identifying when a STR occurs and will further increase their knowledge on how it may impact the care they provide.Methods: A scoping review of the literature was conducted to identify the concept and how it has been used. The search strategy used "shared traumatic reality,Äù and related and surrogate terms within the databases of PubMed, PsycInfo, and the Cumulative Index to Nursing and Allied Health (CINAHL).Results: A total of 788 articles were found and documented in a Prisma Flow diagram. Fourteen articles were selected for the concept analysis following a process of inclusion and exclusion criteria. Conclusions and Implications: A STR may negatively impact the therapeutic relationship between provider and patient, and lead to compassion fatigue and provider burnout. Prior research exploring the concept and impact of STR is limited. By defining the concept and symptomology of STR, there will be earlier recognition of its occurrence, which will allow for specific interventions to be implemented to manage it and prevent it from causing unintended negative health outcomes for PMHP and patients.

CONCURRENT SESSION 1.4

HOW TO EMBRACE CULTURAL PSYCHIATRY AND MULTI-CULTURAL PERSPECTIVES INTO PSYCHIATRIC MENTAL HEALTH NURSING CURRICULUM

Cynthia P. Paidipati, PhD, APRN, PMH-NP/CNS-BC (Loyola University Chicago).

Background: In the post-pandemic era (reflecting dual pandemics of the Covid-19 outbreak and widespread social and racial injustices), psychiatric mental health nurses are called to practice with a multi-cultural, inclusive, and pluralistic lens to care for individuals, families, and communities. There is a gap, however, in education and training for psychiatric mental health

nurses. While the new AACN essentials requires an integration of diversity, equity, and inclusion weaved throughout the curriculum, we have yet to see clear examples of how this is implemented, especially in specialty areas, such as psychiatric mental health nursing. Purpose: The purpose of this presentation is to share how embracing cultural psychiatry and multi-cultural perspectives into psychiatric mental health nursing curriculum fosters a sense of cultural humility and reflects the greater movement towards diversity, equity, and inclusion in nursing and higher education. Pedagogical Approaches: The presenter will share pedagogical approaches and examples of integrating cultural psychiatry and multi-cultural perspectives into two advanced practice psychiatric mental health nursing courses. The target students were Psychiatric Mental Health Nurse Practitioner (PMH-NP) students at the Doctor of Nursing Practice (DNP) level. Courses were lifespan courses with emphasis on the social, cultural, and ethical perspectives of mental health and mental health care within the United States and globally around the world. Implications for Nursing Education and Practice: These courses– with creative strategies and innovative approaches to pedagogy– will better prepare psychiatric mental health nurses to engage in the multi-cultural, pluralistic, and dynamic workforce in which they will enter. It's our professional and ethical responsibility as nurse educators and leaders to create nursing curriculum that is reflective of real-world practice and brings the profession of nursing into the forefront of transformative and justice-minded healthcare. Conclusions: The presentation will conclude with practical applications, recommendations, and additional resources to support nurse educators and academic / clinical faculty to integrate cultural psychiatry and multi-cultural perspectives into their programs and nursing curricula.

CONCURRENT SESSION 2.1

INCREASING DIVERSITY IN NURSING

Gabrielle P. Abelard, DNP, PMHNP, PMHCNS-BC, RN (UMASS Amherst College of Nursing).

Research on implicit bias shows that we all– regardless of the social group we belong to– perceive and treat people differently based on social groups they belong to. Research also suggests ways to overcome these biases and improve decision making (Praeger, et al., 2007). Schemas are expectations (or stereotypes). They allow rapid, but sometimes inaccurate, processing of information and may conflict with consciously held or "explicit" attitudes. Schemas may have a large role in hiring processes and impact promotion potential (Dovidio & Gaertner, 1998). Understanding the roles schema plays in bias and discrimination may be helpful in addition to using effective strategies to address workplace recruitment and retention of diverse personnel. The research illustrates that schemas and bias impact recruitment and retention in multiple ways. The literature illustrates bias of schema. Findings in the literature demonstrate a preference for male gender vs female gender, younger verse older applicants, heterosexual verse non heterosexual, non-ethnic sounding names verse ethnic sounding names, and a preference for white candidates verse nonwhite candidates. Effective strategies on Search and promotion committees help to mitigate bias and educate on historical trends in order to improve workplace diversity of thought, person, gender, race, and age. Our population is growing more diverse with an increase in complex needs ranging from medical to psychiatric. In the face of a pandemic, we are dealing with a mounting mental health crisis and the need for greater understanding of working with a diversity of individuals is needed.

CONCURRENT SESSION 2.3

VENLAFAXINE-RELATED GALACTORRHEA IN AN ADOLESCENT FEMALE

Brayden Kameg, DNP, PMHNP-BC, CARN-AP, CNE (University of Pittsburgh School of Nursing); Kirstyn Kameg, DNP, PMHNP-BC, FAANP (Robert Morris University); Rose Wilson, DNP, PMHNP-BC (University of Pittsburgh School of Nursing).

BACKGROUND: Hyperprolactinemia with galactorrhea is a well-documented adverse effect of some psychotropic medications, primarily antipsychotics. Often distressing, galactorrhea is the most common and characteristic clinical manifestation of hyperprolactinemia and consists of a milky nipple discharge that is not related to the normal production of breast milk during breastfeeding. Antagonism at dopaminergic receptors in the tuberoinfundibular pathway, often secondary to antipsychotic mechanism of action, can lead to increase in prolactin release as do-

pamine typically inhibits prolactin secretion. While advanced practice psychiatric nurses are likely familiar with hyperprolactinemia with galactorrhea as an adverse effect of antipsychotics, they may be less familiar with hyperprolactinemia with galactorrhea associated with antidepressants, an adverse effect that is far less common and only documented in case reports. Advanced practice psychiatric nurses must be able to identify hyperprolactinemia and galactorrhea in patients and must be able to evaluate and manage antidepressant-related hyperprolactinemia with galactorrhea. PURPOSE: This case report describes hyperprolactinemia with galactorrhea in a teenage female prescribed venlafaxine diagnosed with major depressive disorder and posttraumatic stress disorder. PRACTICE IMPLICATIONS: A variety of management strategies exist to address medication-induced hyperprolactinemia with galactorrhea. Foremost, it is imperative that advanced practice psychiatric nurses make appropriate referrals to evaluate for the presence of a pituitary adenoma or other organic causes. If medical and neurological evaluation is unremarkable, several approaches could be utilized. If symptoms are mild and the patient is not particularly distressed by them, watchful waiting might be appropriate. Alternatively, reducing medication dose or ultimately discontinuing the offending medication might be appropriate. Augmentation strategies exist to mitigate antidepressant-induced hyperprolactinemia including addition of mirtazapine or bupropion. There is also some preliminary evidence that aripiprazole as an augmentation strategy might be appropriate. CONCLUSION: Advanced practice psychiatric nurses should be aware that serotonergic medications can induce hyperprolactinemia with galactorrhea, even in adolescents. This uncommon adverse effect must be identified and evaluated in patients prescribed serotonergic medications who present with symptoms of galactorrhea to include breast swelling and discharge. However, it is also imperative that advanced practice psychiatric nurses evaluate for underlying medical and organic causes of galactorrhea when it occurs.

CONCURRENT SESSION 2.4

THE EMERGING ROLE OF THE DUALLY CERTIFIED PRIMARY CARE/PSYCHIATRIC NURSE PRACTITIONER

Teresa (Tess) Judge-Ellis, DNP, ARNP, FNP-BC, PMHNP-BC, FAANP (Midwest); Anne Gentil-Archer, DNP, ARNP, FNP-BC, PMHNP-BC, FAANP (University of Iowa College of Nursing); Kathleen Buckwalter, PhD, RN, FAAN (University of Iowa College of Nursing).

The purpose of this presentation is to highlight the dually certified primary care/psychiatric mental health nurse practitioner (PC/PMHNP) role as a unique solution and opportunity for leadership to promote equitable healthcare for vulnerable, high needs/high-cost patients. Very little has been written about this role. The population with serious mental illness (SMI) is highlighted as care for people with SMI is highly fragmented and inadequate to meet their complex and changing physical and mental healthcare needs. The role of the PC/PMHNP is demonstrated using a real-life case example. It highlights how this role can facilitate cost savings, patient and provider satisfaction, and effective care with good outcomes for high needs patients. It illustrates how the role of the PC/PMHNP supported the patients complex, co-morbid needs characterized by depth, flexibility, and changing priorities to provide optimal, patient driven care at the right time. This presentation is timely and significant as modifications are emerging in DNP programs to accommodate students returning for dual certification and with increasing enrollment of primary care NPs returning for PMHNP certification. Further this is in response to repeated calls (NINR, Future of Nursing, AACN) for expansion of nursing education, research, and clinical practice to identify and meet the social and healthcare needs of diverse and vulnerable populations. Participants will actively engage is discussions of facilitators and barriers to expanding the role.

CONCURRENT SESSION 3.1

ADVANCING HEALTH EQUITY FOR SEXUAL AND GENDER MINORITY POPULATIONS IN RURAL COMMUNITIES

David Agor (University of North Carolina Chapel Hill).

This presentation aims to discuss nonmedical interventions clinicians can use to advance health equity for SGM populations in rural communities, by assessing and addressing minority stress, social needs, stigma and structural determinants of health within their local communities. The health disparity among sexual and gender minority individuals (SGM or LGBTQ+) is well-documented. In addition, research has classified minority stress (e.g., stigma, discrimination, and rejection), social needs (housing, nutritious food), and structural stigma (discriminatory policies) as social determinants of health contributing to the health disparities prevalent among this population (Mark L Hatzenbuehler & Pachankis, 2016; M L Hatzenbuehler, 2014; National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030, 2021). Minority stress are unique stressors experienced by socially: stigmatized, marginalized, and minoritized group that increases their stress allostatic load–thereby predisposing them (LGBTQ people) to chronic stress state that increases the prevalence of stress-related psycho and physiological pathologies (Flentje et al., 2020; Mark L Hatzenbuehler & Pachankis, 2016). Further, social needs are quintessential nonmedical resources such as housing, a strong support system, and community needed for optimal health outcomes for individuals and communities (NAM,2022, P.32). The lack of healthcare resources, inadequate access to care, scarcity of SGM competent providers, heightened structural stigma, and minority stress compounds the mental health challenges confronting LGBTQ populations in rural communities (Movement Advancement Project | Rural, n.d.; Willging et al., 2016). Consequently, there is a paucity of literature addressing the most significant sources (social needs, structural: stigma, and determinants of health) of health disparities among SGM population in rural communities (M L Hatzenbuehler, 2014; Link & Hatzenbuehler, 2016). Thus, it is imperative for mental health clinicians (MHC) to provide interventions that address minority stress, social needs, and structural stigma among the SMG population within rural communities. Research and practice-based evidence (PBE) indicates that such interventions hold promise for ameliorating the health disparities prevalent among SMG population (Mark L Hatzenbuehler & Pachankis, 2016; Pachankis, 2015).

CONCURRENT SESSION 3.2

PHOTOVOICE: A CRITICAL THINKING STRATEGY TO INCREASE MENTAL HEALTH STIGMA AWARENESS

Moniaree Jones, EdD, MSN, COI (Samford University); Christa Moore, MSN, CNE (Samford University).

Individuals with mental health needs experience stigma, prejudice, discrimination, and social isolation. Photovoice is an advocacy and participatory action classroom assignment method based on the principles of community-based mental health conditions and individual student creativity. The strategy offers a creative approach to genuinely engage students in the personal voices and expertise of people intimately involved in mental health issues. The student assignment offers strategic planning steps and detailed curriculum stages to develop and facilitate photovoice groups within the mental health classroom.

CONCURRENT SESSION 3.3

PSYCHIATRIC CONSULTATION LIAISON NURSES JOINING TOGETHER FOR CRITICAL NEED: ADDRESSING DIVERSITY, AND HEALTH INEQUITIES ACROSS HEALTHCARE SETTINGS

Elizabeth Steinmiller, MSN, PMHCNS-BC (Children's Hospital of Philadelphia); Jim J. Kane, MN, RN, CNS, NEA-BC (UC San Diego Health); Pamela Minarik, PhD, RN, CNS, FAAN (Samuel Merritt Unversity); Karen M. Ragaisis, DNP, PMHNP-BC, PMHCNS-BC, CARN-AP (Hartford Hospital); David Karcher, PMHCNS-BC, NEA-BC (Cedars-Sinai Health System).

Prior to the pandemic, increasing numbers of patients with behavioral concerns were presenting to hospitals and posed complex care challenges. As the pandemic has continued, rates of substance use, delirium and depression continue to be crucial problems for patients receiving medical care in various healthcare settings. In addition, patients who experience COVID infections and/or long COVID often have subsequent impacts to their mental health. Overall,

the delivery of healthcare has been impacted by nurse turnover, new nurses without the typical training experiences, unprecedented exodus of nurses from the profession, increased use of traveler nurses, and increased incidence of workplace violence. Thus, without knowledge of and planning for diverse patients's behavioral needs in care delivery, we can expect continued inequities and stigma, as well as higher use of restraint and/or staff injury. Concomitantly, updated guidelines from regulatory agencies require greater attention on documentation and care planning for patients admitted with behavioral/developmental needs, particularly as related to suicidality and aggression. In keeping with ISPN's Mission and Practices, the timing is right to regenerate the Psychiatric Consultation-Liaison Nursing (PCLN) knowledge base and skill set to address a critical need. The PCLN role was phased out when Psychiatric-Mental Health Nursing certification and education shifted toward Nurse Practitioners. The goal of this panel presentation will be to share the changing landscape of healthcare and how the PCLN skill set can expertly address these ongoing needs of diverse patients and staff. The panel, composed of ISPN members experienced in the PCLN role, will engage participants in a brainstorming discussion of how to meet patient and staff needs in healthcare settings. In addition, the data indicate an urgent need to collaborate with other nursing organizations on reviving the patient care, staff support, and organizational development skills used by PCLNs.

FRIDAY, MARCH 31, 2023

CONCURRENT SESSION 4.1

ASSESSING CONFIDENCE LEVELS OF PMHNP PROVIDERS DIAGNOSING AND CARING FOR THOSE WITH PEDIATRIC BIPOLAR DISORDER

Daniel Wesemann, DNP, MSW, PMHNP-BC, ARNP (University of Iowa College of Nursing).

Pediatric Bipolar Disorder (PBD) is a controversial disorder that has seen an explosion in the rate of diagnosis in the 1990s but the prevalence of PBD is still low (1-3%). Due to rarity and symptoms overlapping with ADHD providers' confidence in making a diagnosis of PBD has been assumed to be low. Social media was utilized for this national survey. Survey seeked to assess confidence in diagnosing and caring for PBD was developed in 2015 and further refined through expert feedback in 2021. IRB approved this project in 2021. In fall 2021 the survey was distributed to two closed Facebook groups with over 10,000 members and International Society of Psychiatric Nurses distributed the survey to their social media and listserv. 68 PMHNPs responded to the national survey and represented each major geographical area in the US. The respondents had an average of over 8 years of practice and reported significantly less confidence in diagnosing PBD versus ADHD. The respondents also reported what symptoms they needed to make a diagnosis. This information should shape future continuing education endeavors and how we educate psychiatric nurse students.

CONCURRENT SESSION 4.2

ISPN POLICY AGENDA FOR 2023-24

Sarah Raphel, MS, APRN-PMH, FAAN (International Society for Psychiatric Nurses); Cynthia Handrup, DNP, APRN, PMHCNS-BC (Global Alliance for Behavioral health and Social Justice & ISPN Policy Committee Member); Pam Galehouse, PhD, RN, PMHCNS, CNL (ISPN Policy Committee Member); Brayden Kameg, DNP, PMHNP-BC, CARN, CNE (ISPN Policy Committee Member); Barbara Peterson, PhD, PMHCNS-BC, APRN (ISPN Policy Comitteee Member).

Some of the chaos from COVID pandemic has waned but we still have the effects of new variants, racial protests, major financial disruptions, revoking of ROE v. Wade, increased suicides, depression, high anxiety and rampant distrust on all levels in the U.S. A national spotlight on needed actions for mental health promotion during or after the COVID-19 pandemic have been a priority. The social justice situation is reaching a more visible, sometimes violent picture in need of major change. It is known that violence, discrimination and racism have a direct effect on the determinants of health, exacerbate health inequities and can lead to long term impact on mental health. This presentation reflects the ISPN activities for mental health promotion and social justice through policy development, webinars, partnerships, statements and liaisons. Our partners include the Nursing Community Coalition (NCC), Global Alliance for Behavioral Mental Health and Social Justice Partnership, the United Nations Policy Committee and the Mental Health Liaison Group. Clearly small numbers can be

a force for leadership change when joined with 63 other nursing organizations (NCC), accounting for a substantial portion of the 4 million nurses in America. This has potential for sending a strong policy message. Psychiatric nurses have the resilience to lead the way by sharing what their nursing organizations are doing nationally and internationally to serve as a primer for local community and state action agendas. Included in the presentation will be a list of 2022-23 ISPN federal legislative sign-on documents and advocacy collaborations. Since COVID -19 remains front and center, there is major need for policy development. The policy focus for Social Justice and other current topics require thoughtful planning. How can we protect our most vulnerable populations, support health care providers, increase access to mental health care and well-being. The ISPN Policy Committee expanded to 7 members this past year and created opportunities for full and student ISPN members to set the organization's Policy Agenda for 2023-24.This session will provide participants with an opportunity to engage in dialogue of key topics through discussion by the session participants. Input from our members is critical with key policy committee members to carry mental health promotion and well being forward.

CONCURRENT SESSION 4.3

UTILIZING CASE-STUDIES IN PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE EDUCATION: REFLECTIONS ON COMPLEX CASES FROM PRACTICE TO FULFILL A CRITICAL NEED IN EDUCATION

Susan Glodstein, DNP, RN, PMHNP-BC, PMHCNS-BC (Binghamton University, Decker School of Nursing).

This presentation will include three complex case studies from clinical practice that can be shared with advanced practice students in an effort to create discussions about how they would handle these clinical scenarios. Educators need to present case studies to students to allow them to understand the intricacies advanced practice nurses face when assisting patients to obtain treatment, which may include but are not limited to psychotherapy, medication management, and participation in healthy lifestyle choices.Case studies that faculty present are another set of clinical experiences students can learn from in addition to their clinical practicum. Students benefit from educators sharing clinical scenarios from their practice in the didactic setting. Sharing clinical experiences also creates discussion amongst students. The bond between the student and faculty is solidified, as students reflect on the challenges they will face in the clinical setting and begin to feel comfortable discussing experiences from their clinical setting in supervision. Students need guidance about how they will practice; as educators, it is our duty to model techniques related to responsible and ethical practice issues and treatment decisions. Some of the common themes around the practice issues in these case studies include:helping patients help themselves, being a good listener, helping the patient examine their life as components that fit together, thinking of patients as members of humanity, practicing with compassion, and nursing as a calling versus a business.

CONCURRENT SESSION 4.4

A PARADOXICAL PROBLEM: EXPANDING COLLECTIVE CONSCIOUSNESS WHILE PREVENTING PARTICIPANT BURDEN IN RESEARCH INVOLVING RACIALIZED COMMUNITIES

Brianna Jackson, MScN, RN, CPMHN(c) (Yale School of Nursing, Yale University.

Research regarding inequities at the intersection of racism and health represents a profoundly paradoxical problem. As clinician-scientists, we must carefully navigate the delicate balance between developing collaborative partnerships with racialized groups and guarding against participant burden. Communities of color are consistently looked to as experts and ambassadors of anti-racist pedagogy, yet are often unpaid and underappreciated for their labor, leading to deeply-held resentment, and distrust. Black, Indigenous, and People of Color (BIPoC) do not have a social responsibility to educate the masses on their lived experiences of systemic racism and structural violence, particularly when doing so carries an inherent risk of physical and/or psychological harm. A long and painful history of unethical treatment by researchers and academic institutions adds further complexity to this already-contentious issue. By contrast, the scholarly community has both a professional duty to investigate the relationships between and among racism and health in order to advance the state of the science in this field, as well as a moral imperative to address such inequities through knowledge generation

and dissemination across disciplines. The fine line between enlightenment and exploitation requires careful adherence to equity and social justice-oriented research practices. Health researchers must engage in collaborative inquiry, while simultaneously practicing from a perspective of self-reflexivity, if we are to effect meaningful systemic change. We must also explore the contextual nuances and intersectional identities that inform subjective realities of racial and health inequities, and seek insight, understanding, and meaning rather than absolute truth. We must find a balance between advancing scientific knowledge that will contribute to the collective good and implementing tailored strategies to enhance the participant experience. We must be critical of past ideological and methodological transgressions in order to support upstream theory-informed praxis and health promotion efforts that are both innovative and disruptive. By explicitly attributing health inequities to racism, rather than innate biological differences, we substantiate overwhelming scientific evidence that race is socially constructed; thereby preventing the perpetuation of harmful misinformation and biases. The philosophical underpinnings of psychiatric-mental health nursing demand the abandonment of complete neutrality and objectivity, in favor of honest and critical scientific communication that presents a declarative anti-racist stance. When it comes to human rights violations, diplomacy and prevarication are perhaps as toxic as overt forms of discrimination. If we are to center ourselves in the margins, we must not be silent.

CONCURRENT SESSION 4.5

ADVANCING STRUCTURAL AWARENESS IN PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER EDUCATION

Katerina Melino, MS, PMHNP-BC; PMHNP (University of California San Francisco); Rosalind de Lisser, MS, PhD(c), FNP, PMHNP (University of California Davis); Kathleen McDermott, DNP, PMHNP (University of California Los Angeles).

Structural inequities negatively impact the everyday health outcomes of many mental health patients. While the social determinants of health bring to light these health disparities, movement towards a more structurally focused lens allows us to see the reasons why these disparities exist. The new AACN Essentials mandate that structural racism, discrimination, systemic inequity, exclusion, and bias be addressed as part of all nursing education, including psychiatric mental health nursing education. This workshop will engage educators in enhancing their level of structural awareness by engaging in a critical reflection exercise on aspects of identity and power and applying a biopsychosocialstructural lens to case-based teaching.

CONCURRENT SESSION 5.1

GUT DYSBIOSIS IN MENTAL HEALTH: CAN MY DIET REALLY CAUSE DEPRESSION AND ANXIETY?

Kimberly Stack, DNP, PMHNP-BC (Center for Solutions).

Over the last decade, there has been a great deal of discussion regarding leaky gut, interactions with the gut-brain axis, and bidirectional communication between the central nervous system and GI tract resulting in alterations in cognition and behavior. Recently, evidence has emerged linking candida overgrowth to depression and anxiety. The purpose of this presentation is to discuss the impact of candida overgrowth on anxiety and depression.

CONCURRENT SESSION 5.2

EVALUATION OF INTENT-TO-STAY IN CURRENT PRACTICE AMONG HIGHLY EXPERIENCED NURSE PRACTITIONERS WITH DUAL CERTIFICATION: IMPLICATIONS FOR HEALTH SERVICES ORGANIZATIONS

Karan Kverno, PhD, PMHNP-BC, PMHCNS-BC, FAANP (Johns Hopkins University School of Nursing); Susan Renda, DNP, ANP-BC, CDCES, FNAP, FAAN (Johns Hopkins University School of Nursing).

Problem: Primary care and mental health care shortages exist for populations in rural geographic areas and for other populations that face barriers in accessing services. For these populations, it is typical for people to present first to primary care for mental health conditions. Primary care providers, whether they be physicians or nurse practitioners, are often able to initiate and manage treatment– but often lack the knowledge and skills for complex psychiatric conditions. Many seek out additional training to meet population needs. Providers that have both sets of competencies should be highly valued by the

organizations and communities that need them. The purpose of this presentation is to describe factors associated with intent to stay in current practice for an additional five years among nurse practitioners with dual primary care and psychiatric-mental health nurse practitioner (PMHNP) competencies.Method: As part of an evaluation of the outcomes and impact of a post-master's PMHNP educational program, graduates were invited to participate in an online survey. The survey included one question regarding intent to stay for an additional five years in one's current practice. The survey included theory-derived questions from three spheres of satisfaction that have been associated with workforce intent to stay: 1) career/role; 2) connection to community; and 3) organizational work culture. Results: Six cohorts of graduates were sent an invitation to the survey The response rate was 56%. Data from 70 participants, all working as nurse practitioners, were included in the final analysis. Four factors were significantly associated with intent-to-stay in current position for the next five years: 1) very rural geographic location; 2) satisfaction with community partnerships; 3) increase in salary; and 4) increase in leadership responsibilities.Conclusions/Implications: During the pandemic, national and world health organizations have voiced concerns about health care workforce burnout and strategies for workforce retention. The solutions often focus on what organizations can do to reduce provider stress and workload, but for this highly skilled nurse practitioner workforce, it was organizational recognition through increased salary and leadership opportunities that predicted intent to stay. Implications for health care and policy organizations will be discussed.

CONCURRENT SESSION 5.3

A REPRODUCTIVE JUSTICE FRAMEWORK FOR PMH NURSING PRACTICE

Catherine Kane, PhD, RN, FAAN (University of Virginia School of Nursing).

With the overturn of Roe vs. Wade and an increasing number of states denying a woman's right to choose, how can PMH nurses best care for clients who are making reproductive decisions? This presentation will examine this challenge through the lens of Reproductive Justice. Following an overview of recent statistics regarding abortion in the US, the presenter will help participants consider how making a choice about pregnancy is influenced by the judgmental attitudes of society, social networks, healthcare providers and systemic impoverishment of women. Moral judgements will be contrasted with situational ethics to clarify the holistic perspective of Reproductive Justice. Implications for informing mental health assessment and treatment will be discussed. Strategies to promote compassion and support will be presented through case examples drawn from the presenter's experience as an intake worker for a non-profit abortion fund.

CONCURRENT SESSION 6.1

THE PORTRAYAL OF DISSOCIATIVE IDENTITY DISORDER IN FILM AND ITS IMPACT ON TREATMENT: IMPLICATIONS FOR PMH RNS AND PMH APRNS

Briana Snyder, PhD, RN, PMH-BC, CNE, RYT 200 (Towson University); Stacey Boyer, PsyD (ChristianaCare); Jennifer Caplan, PsyD (Widener University); M. Shae Nester, MA (UNC Greensboro); Bethany Brand, PhD (Towson University).

Background: Dissociative identity disorder (DID) is a complex, trauma-related psychiatric condition that is characterized by a disruption of identity involving the presence of two or more distinct personality states, notable discontinuity in sense of self and agency, and recurrent gaps in memory that are beyond normative forgetting. Although DID is often underrecognized and neglected in clinical settings, it garners mass attention and fascination from the media and film industries. Countless films and television series have capitalized on DID in the interest of creating a captivating storyline or plot twist at the expense of individuals living with the condition. Methods: A total of 377 individuals with DID completed the anonymous online survey about their perceptions of DID representations in film. Participants were presented with a list of common films, television shows, YouTube channels, and other video media in which DID is portrayed, and they were asked to indicate which they have viewed personally. Next, participants were asked quantitative (yes/no and 5-point Likert scale) and qualitative (free-text) questions about their perception of the impact of these media portrayals of DID on their treatment. Results: Of the 151 participants who reported that media portrayals of DID had an impact on their mental health treatment, an overwhelming 85.4% (n=129) reported negative

or detrimental experiences when asked to describe the impact, and 7.3% (n=11) reported positive or facilitating experiences. Thematic analysis of qualitative data revealed that film portrayals of DID perpetuate myths among clinicians, cause people with DID to delay/avoid seeking treatment, and lead to maltreatment and abuse by clinicians who engage in misinformed treatment techniques. Conclusions: Inaccurate, stigmatizing depictions of DID in film perpetuate misconceptions about DID. These faulty portrayals are a barrier to these trauma survivors receiving trauma- and dissociation-informed mental health treatment and delay healing from the impact of severe childhood trauma. It is imperative that PMH RNs and PMH APRNs receive evidence-based training in dissociation to prevent further harm to people living with DID.

WORKSHOP #2

LET'S TALK ABOUT RACE

Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois at Chicago); Edilma Yearwood, PhD, PMHCNS-BC, FAAN (Georgetown University); Sally Raphel, MS, APRN-PMH, FAAN (Chair, ISPN Policy Committee).

How racist are we? Many know about slavery, Jim Crow, and the oppression of Native Americans. But does this mean we hold remnants of racism and white supremacism in our core being? Is our whiteness perpetuating oppression and racism today? Or is racism in our past, something we have overcome? How do we as psychiatric nurses, advanced practice nurses, and members of the nursing profession contribute to or mitigate racism? Intentional outreach addressing and confronting racism is not a singular project, act, statement, or set of tasks. It is a lengthy, fully invested, and continual effort on the personal, local, national, and global levels. The fundamental understanding of individual nurses about their personal beliefs and actions can and does impact patients' well-being. This 90-minute interactive workshop will explore these and other complex questions about race and racism and discuss US national policy/legislative work that has and will occur in 2022-23. We will first review common terminology used when discussing race and structural racism, followed by a discussion of the social determinates of racism. Since mitigating racism must be consistent with an ecologically grounded approach, we will discuss issues across multiple factors and levels and work to develop multilevel solutions. The Bronfenbrenner Ecological Systems Theory will be used to discuss the micro, meso, exo, macro, and chronosystem sources of racism. Examples will be provided of Historical Trauma experienced by several populations. Finally, participants will explore and formulate an Action Plan for combatting personal, professional, and organizational level racism.

CONCURRENT SESSION 6.2

GENDER-AFFIRMING HORMONE THERAPY: WHAT DO ADVANCED-PRACTICE PSYCHIATRIC-MENTAL HEALTH NURSES NEED TO KNOW?

Rhonda Schwindt, DNP, RN, PMHNP-BC (The George Washington University School of Nursing).

Advanced-practice psychiatric-mental health nurses (PMH-APRN) may work with transgender or gender expansive (TGE) patients who are considering, or have decided, to affirm their gender in one or more aspects of their lives. Physical affirmation through gender-affirming hormone therapy (GAHT) is a safe and effective way to treat gender dysphoria. The creation of an internal hormone environment that best aligns with the individual's gender identity has been shown to improve quality of life, reduce psychiatric co-morbidities, and decrease suicidality. TGE people are a diverse group, however, and as such, their health needs and goals vary significantly. For some, the ability to access and receive GAHT is lifesaving, while for others it may result in unexpected and undesired physical and psychological effects. Though there is little precedent for psychiatric providers, including PMH-APRNs, to prescribe GAHT, knowledge about indications for its use, risks, benefits, drug-drug interactions, and the potential impact on mental and physical health is a critical component of affirming, person-centered care. PMH-APRNs must also be prepared to advocate for their TGE patients seeking physical affirmation through GAHT and support their goals and priorities.

CONCURRENT SESSION 6.3

COORDINATING PSYCHIATRIC MENTAL HEALTH CARE VIA A NURSE PRACTITIONER RESIDENCY

Stephanie Wynn, DNP, RN-BC, PMHNP-BC, FNP-BC, FAANP, FNAP (Samford University); Johnny Tice, DNP, MA, CRNP, FNP-C, PMHNP-BC (Samford University).

Purpose: Primary care providers (PCPs) are more accessible than behavioral health providers (BHPs) in rural areas. More than 40% of individuals with psychiatric mental health (PMH) disorders seek care from PCPs annually. Yet, PCPs receive minimum training in PMH. As family nurse practitioners (FNPs) are legally able to prescribe medications and diagnose illnesses, it is common for them to treat patients with PMH disorders. However, some areas are outside of their scope of practice (SOP). Because a push exists for FNPs to fill primary care (PC) gaps in medically underserved areas, interventions were developed to prepare FNP residents to be competent in decision-making related to treating PMH disorders to assist in combatting health inequities. Summary of Evidence: FNP education includes basic aspects of PMH care but does not sufficiently provide preparation for treatment of patients with complex disorders. The lack of appropriate collaboration between providers yields thousands of FNPs attempting to provide care to patients with complex PMH disorders independently, sometimes resulting in negative outcomes. In 2017, within malpractice allegations, claims of "practice violates SOP and standards of care" were the most common (60.3%). Description of Practice: As a part of an academic-practice partnership, faculty provided residents an experiential learning activity focused on coordinating care of patients presenting PMH complaints at a PC appointment. Utilizing the Collaborative Care Model to address patients' behavioral and physical health risk/complexity, residents, under the supervision of a FNP and PMHNP, learned to develop treatment plans for shared patients. Faculty observed residents utilizing screening tools and a decision tree to coordinate care for patients. Validation of Evidence: The waitlist for the PMHNP was compared pre- and post- intervention; wait time for appointments decreased significantly. Qualitative data collected from patients and providers revealed positive outcomes. Implications: As novice FNPs enter the workforce, highlighting their SOP as it relates to PMH treatment is important to ensure patient safety as well as protect their professional license. Coordinated care training and processes with evidence-based strategies are essential to ensure individuals receive a continuum of preventive and restorative PMH services, according to their needs in a variety of healthcare systems.

CONCURRENT SESSION 7.1

METABOLIC SYNDROME AND MENTAL ILLNESS: TREATMENT STRATEGIES AND THE ROLE OF CARE COORDINATION

Ann Marie Jones, DNP, PMHNP-BC (University of North Carolina Chapel Hill).

Severe and persistent psychiatric illness can be debilitating, affecting clients, families, and communities in various ways. Persons with severe and persistent mental illness (SPMI) have a higher mortality and morbidity rate than the general population, which inadvertently increases the cost burden to the consumer and the community. This population's leading causes of death include suicide and untreated preventable diseases, such as hypertension, diabetes, and cardiovascular disease. Currently, there is often fragmentation of care for the SPMI leading to untreated diseases and decreased monitoring of risk factors such as obesity, smoking, poor nutrition, substance abuse and misuse, and limited physical activity. Best practice has identified increasing collaboration with some form of integration for treating chronic mental illness. Despite federal incentives through Medicaid to integrate care, providers face managing all aspects of care, which can overstep the scope of practice. Following evidence-based practice, psychiatric providers can help bridge the gap until coordination can occur.

CONCURRENT SESSION 7.2

DOES PARENTAL STRESS CONTRIBUTE TO THE DEVELOPMENT OF ADHD IN CHILDREN?

Oluyemisi Olatilu, RN (Massachusetts College of Pharmacy and Health Sciences).

Attention deficit hyperactive disorder (ADHD) is one of the most prevalent children's mental diseases, characterized by impulsivity, inattention, and hyperactivity. Although the specific origins of ADHD in children and adults are unclear, some risk factors are related to its development. These risk factors are

multifaceted, ranging from genetics to environmental variables such as socioeconomic level, parental age, parental stress, parenting style, and mother's mental illness and family dysfunction. This article examined research from 11 quantitative articles following children invitro to age 17 and examines the effect of parental stress as a factor in the development of ADHD in children and adolescents, as well as therapies aimed at lowering parental stress. It suggests that parents with well-managed depression report fewer depressive symptoms that may favorably impact their children's therapy. ADHD and clinical depression are comorbid; thus, it is vital to examine risk factors and variables that may adversely affect treatment outcomes and to suggest solutions that may lead to improved outcomes for the juvenile population. The implications for practice include early detection of parental depression and providing therapies and support to reduce family stress.

SATURDAY, APRIL 1, 2023

CONCURRENT SESSION 8.1

CBD AND OTHER PHYTOCANNABINOIDS: IMPLICATIONS OF FACTS, PROSPECTS AND FALLACIES FOR PMHNPS

Marian Newton, PhD, RN, PMHNP (Shenandoah University); David W. Newton, BS Pharmacy, PhD, FAPhA (Shenandoah University); David Chinyeaka Agor, RN, B. Nursing (University of North Carolina at Chapel Hill).

The nationwide abundance of unregulated CBD (cannabidiol) and other phytocannabinoid (pCB) retail products that emerged in spring 2019 was a sequel to the 2018 U.S. FDA approval and marketing of Epidiolex brand of CBD as the first drug derived from Cannabis sativa, and passage of the U.S. Agricultural Improvement Act of 2018 or 2018 Farm Bill, which made industrial hemp with less than 0.3% THC (delta 9-tetrahydrocannabinol) non-scheduled by the U.S. DEA (Cannabis, marijuana and THC are Schedule I, C-I). That marketing boom of CBD coupled with increasing legalization by states of Cannabis and marijuana for medical and recreational use presents a considerable therapeutic challenge to PMHNPs when providing care to patients who consume pCBs. The purpose of this presentation; therefore, is to summarize the following aspects of pCB consumption by psychiatric-mental health patients, which can affect optimal drug therapy prescribing and psychotherapy provided by PMHNPs: ÔÇÅ Regulatory status of Epidiolex and retail CBD and pCB products; ÔÇÇ Dangers and faults from anecdotal, but scientifically unproven, health claims by promoters of retail CBD and other pCB products (e.g., delta-8 THC); ÔÇÉ Chemical structure-pharmacologic activity relationships, potential hepatic cytochrome P450 (CYP) drug interactions, and pharmacokinetics of CBD and THC isomers and derivatives; ÔÇÑ Chronology of Charlotte Figi (2006-2020) whose relief of Dravet syndrome seizures by CBD launched the U.S. medical Cannabis or marijuana movement in 2012-2013; ÔÇÖ Review of the endocannabinoid system with the natural agonists anandamide (AEA) and 2-AG, and pharmacologic effects of CBD and THCs at intrinsic cannabinoid receptors CB1 and CB2; ÔÇÜ Potential uses and fallacies of CBD in the treatment of psychiatric-mental health disorders; ÔÇá Application of motivational interviewing; individual, family, and support groups; and evidence-based psychometrically validated tools such as the Marijuana Adolescent Problem Inventory (MAPI) by PMHNPs in assessing and treating patients who use Cannabis or with Cannabis use disorder.

CONCURRENT SESSION 8.3

OPERATOR SYNDROME, NAVY SEALS, AND MODERN ASYMMETRIC WARFARE: WHAT NAVY SEALS BRAIN HEALTH PREDICTS ABOUT MODERN ASYMMETRIC WARFIGHTERS' AND SURVIVORS' FUTURE MENTAL HEALTH NEEDS, FROM THE UKRAINIAN BATTLEFIELD AND BEYOND

Rebecca Ivory, DNP, MS, RN, PMHNP license pending (University of Delaware); Jennifer Graber, EdD, PMHAPRN, CS, BC (University of Delaware).

As the Ukrainian conflict continues and future conflicts involving China, the United States, Russia, and other major international actors loom, psychiatric nurses must anticipate the healthcare needs of both warfighters and civilian survivors. Unlike previous wars, today's modern warfare relies on asymmetric warfighting tactics that cause brain axis and structure disruption and dramatic, downstream psychiatric morbidity. These injuries are different than the traumatic brain injuries seen in previous conflicts. Further, today's warfare is conducted close to population centers, as seen in Ukraine, which exposes civilians to similar brain injuries. New warfare and new inju-

ries demand new means of treatment and care for those who survive modern conflicts, and psychiatric nurses of all levels are well-prepared to develop new, evidence-based practices that will meet the needs of the new generation of war survivors and veterans. Using an interactive case study discussion format that details the experience of a Navy SEAL veteran, audience members will analyze and discuss the signs and symptoms of psychiatric morbidity they will encounter among veterans and civilian survivors of current and future conflicts, the newly published origins of low-level blast brain injuries, Operator Syndrome as a conceptual framework of downstream brain injury morbidities, and the evidence-based strategies that have been evaluated thus far to treat modern warfighters' unique morbidities. The audience will learn how, for example, modern warfighters' trauma will not likely meet full PTSD (DSM-5-TR) criteria and synthesize and integrate new and established trauma treatment information. Facilitated discussion will also examine the care implications for civilians who are experiencing similar injuries due to their proximity to asymmetric conflicts. Audience members will synthesize, apply, and evaluate information throughout this presentation.

CONCURRENT SESSION 8.4

DRUMMING CIRCLE GROUP: AN INTERDISCIPLINARY NURSING STAFF EDUCATION IN AN ACUTE CHILD AND ADOLESCENT PSYCHIATRIC UNIT

Karen Salvador, MSN, RN-BC, PMHNP-BC (UCLA Resnick Neuropsychiatric Hospital); Patricia Anderson, RTII, CTRS (UCLA Resnick Neuropsychiatric Hospital); Erika Lozano, MSN, RN-BC (UCLA Resnick Neuropsychiatric Hospital); Lisette Espana, MAN, PMHRN-BC (UCLA Resnick Neuropsychiatric Hospital).

Introduction: Group drumming, including drumming circle group, is now part of several therapeutic environments (Rojiani et al., 2021). There are many studies about group drumming but very few tackle logistical, safety and utility issues in the hospital setting (Archambault et al., 2018). To integrate a more innovative approach to patient groups at a 25-bed acute inpatient child-adolescent psychiatric unit, a 12-week after-school evidence-based group-drumming and group counselling program shown to improve socio-emotional behaviors among low-income, predominantly Hispanic children (Ho et al., 2011) was adapted for inpatient use by the interdisciplinary team partnership between nursing and recreational therapy. Nursing staff were then provided firsthand training to lead this drum circle group for patients. Methods: Phases of the Project: 1) Planning involving obtaining permission and funding from stakeholders, reviewing related literature, making program modifications under existing unit and hospital policies: asynchronous start and end dates due to variations in admission and discharge dates, plus length of hospital stays, use of smaller, safer drums, shorter sessions, and more stringent sanitation methods 2) Implementing staff education through classes and in-services, with live demonstration and hands-on drum training that promotes discovery and diversity, and providing educational handouts 3) Evaluating data using a quantitative within-subjects-design and post-test only survey with 4-point Likert-like scale. Results: Majority (69%) of nursing staff with few or no prior drumming experience but 100% felt confident they could lead inpatient group drumming in the child-adolescent psychiatric unit after training. Positive feedback for the drumming group include an effective coping skill for managing anxiety, inattention, stress, anger, or boredom, and an enjoyable activity for young patients.Conclusion: The adaptation of an existing integrated group drumming and group counselling program to the child-adolescent psychiatric hospital setting yielded a roadmap for improved patient outcomes but this necessitated program modifications due to challenges posed by unique inpatient needs and acuity. The interdisciplinary direct training of nursing staff gave them confidence to lead inpatient drumming groups that are enjoyable and that can improve socio-emotional patient behaviors. Further research is needed to determine effectiveness of group drumming in inpatient child-adolescent psychiatry.

2023 ISPN Annual Conference
Poster Session Abstracts

POSTER #1

THE BEST PRACTICES FOR RATING ADULT PATIENTS PSYCHIATRIC ACUITY WHO ARE IN ACUTE PSYCHOSIS ON ADULT INPATIENT UNITS

Sterling Wilmer, BSN-RN, BA (The Johns Hopkins Hospital).

Background: Psychiatric acuity scales can be a helpful and even essential tool when considering the needs for patient care such as securing observation or security for a patient. Unfortunately, it is up to the subjectivity of the nurse to rate the acuity score of a patient, which may tend to vary due to the amount nursing experience, comfortability with a population, and knowledge of how to properly use the scale. Materials and Methods: In this study, an integrative review of the literature was used. The search strategy began using the Welch Library database with the terms: aggression risk assessment psychiatry, DASA, BrVTset violence checklist. Results will be limited to peer reviewed articles from nursing journals in English with in the last 5 years. The articles included systematic reviews, meta-analysis and mixed methods designs. Results: The BrVTset Violence Checklist (BVC), HCR-20: Assessing Risk for Violence version 2.0 clinical subscale and Dynamic Appraisal of Situational Aggression (DASA) have similar scalability, reliability and generalizability. The BVC and the DASA performed with higher accuracy for imminent danger and violence prediction. Conclusion: In general, the research shows a favorable trajectory for the scalability and reliability of many of the short-term risk assessments for aggression. There should be more quantitative research done over these assessments in varying acute psychiatric environments and shifts to increase statistical power and evidence. Further nursing staff education, engagement, and integration into practice considerations are also pertinent in the use of short-term risk assessments for aggression in the acute psychiatric clinical setting.

POSTER #2

EATING DISORDERS GENETICS IN ASIA: A PILOT STUDY IN TAIWAN

Ya-Ke Wu, PhD, MSN, RN (The University of North Carolina at Chapel Hill School of Nursing); Jui-Yen Huang, MD, MSPH (Kaohsiung Medical University Hospital, Department of Pediatrics, Taiwan); Laura M. Thornton, PhD (The University of North Carolina at Chapel Hill Department of Psychiatry); Alexis S. Dumain, BA (The University of North Carolina at Chapel Hill, Department of Psychology and Neuroscience); Meredith Bowman, BS (The University of North Carolina at Chapel Hill Department of Biology).

Eating disorders (ED) are serious illnesses and are emerging in Asia.1 Yet, little is known about ED phenotypes and genetic factors that predispose Asians to ED.2 This ongoing study 1) collects deep ED phenotypes in Asians addressing the course of illness, current ED symptoms, quality of life, barriers to ED treatment, cultural factors affecting ED, and ED-related psychological distress; and 2) will contribute to the identification of genetic loci associated with ED in Asians. This cross-sectional study is a collaboration between the University of North Carolina at Chapel Hill (UNC) and Kaohsiung Medical University Hospital in Taiwan to recruit 500 Taiwanese individuals with ED. Questionnaires are conducted online and saliva samples are collected for DNA. Inclusion criteria include Taiwanese 1) who live in Taiwan; 2) are age~15 years; 3) can read and write traditional Chinese at a sixth-grade level or above; and 4) meet criteria for anorexia nervosa, bulimia nervosa, or binge-eating disorder as determined by the ED100K, a validated screening tool. Participants with cognitive impairments or conditions that affect the ability to complete questionnaires or collect saliva are excluded. Participants are recruited from the Kaohsiung Medical University Hospital through flyers and brochures. Informed consent is obtained from participants or legal guardians. Eligible individuals complete additional online questionnaires and provide a saliva sample for DNA. For aim 1, descriptive statistics will be computed for phenotypic data. For aim 2, saliva samples will be shipped to UNC for DNA extraction and genotyping on the Illumina Global Screening Array chip. A genome-wide association approach will be used to identify genomic variants associated with ED in our

Asian samples, combined with other available Asian samples from ongoing studies by the Eating Disorders Working Group of the Psychiatric Genomics Consortium. Recruitment commenced in the summer of 2022. Future goals are to expand recruitment (n>1,000) in Taiwan and collaborate with other Asian countries to further characterize ED in Asia and identify both ancestrally shared and Asia-specific genetic variants associated with ED. Ultimately, we aim to develop culturally appropriate and personalized ED health care for Asians.

POSTER #5

DECREASING ANXIETY IN ADULT PSYCHIATRIC OUTPATIENTS AT AN FQHC USING A MOBILE MENTAL HEALTH APPLICATION: A QUALITY IMPROVEMENT PROJECT

Michael Solomon, DNP, APRN, PMHNP-BC (University of Illinois at Chicago); Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois at Chicago).

Clinical Issue: Mobile mental health applications are a novel treatment with unique capabilities. A Federally Qualified Health Center (FQHC) in the Chicago area identified a need to leverage this technology in caring for adults with Generalized Anxiety Disorder (GAD). However, little is known regarding how to best deliver such an intervention or how patients at an FQHC will respond.Supporting Literature: Research indicates mobile mental health apps are acceptable, feasible, and can reduce patient anxiety. Levin et al. (2017) found that the addition of the mobile app ACT Daily to ongoing therapy decreased anxiety symptoms in 13 patients. Mohr et al. (2017) tested the IntelliCare app suite in 145 people with anxiety and depression and found it significantly decreased symptoms in both. Similarly, Graham et al. (2020) tested IntelliCare in 99 participants and found a substantial reduction in anxiety symptoms. Project Implementation: Four participants were recruited and instructed on how to download and use IntelliCare. Participants were then administered GAD-7 screenings as well as semi-structured interviews to collect qualitative data at three weeks and six weeks.Outcomes: At three weeks, GAD-7 scores decreased an average of seven points while at six weeks, GAD-7 scores decreased an average of four points. Survey responses were categorized according to themes: journaling, increased connectedness, gamification, adjunct to therapy, difficulty focusing, and level of anxiety. Implications: IntelliCare may encourage journaling and increase a sense of connectedness. FQHCs may consider gamification in treatment of GAD. IntelliCare may be used most by those with moderate anxiety.

POSTER #6

INCREASING PRESCRIBER KNOWLEDGE OF BENZODIAZEPINE TAPER PROTOCOLS: A QUALITY IMPROVEMENT PROJECT

Da'Vonya Wilson, BSN, RN (University of Illinois Chicago); Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois Chicago).

Benzodiazepines are among the most prescribed medications in the US. However, excessive use of benzodiazepines can contribute to adverse outcomes, including falls, motor vehicle accidents, drug overdoses, and societal costs. This presentation describes a project that aims to provide a tool (a pocket card) that prescribers can refer to for information on benzodiazepine tapering. The pocket card is a quick reference for the tapering processes and has a QR code with additional resources. Studies show that tapering does not result in severe withdrawal symptoms and any withdrawal symptoms often peak within 1-2 days. A survey given to prescribers determined more than 90% of survey responders were specialists in psychiatry (PMHNPs and MDs), and they found the tool at least moderately helpful. Most prescribers believe shared decision-making is beneficial when deprescribing benzodiazepines with an individualized plan. There are no official clinical benzodiazepine tapering guidelines in the US. However, provider feedback suggests a clear evidence-based guideline is necessary. While many providers believe there is an issue related to overprescribing benzodiazepines, there is no consensus on the best way to approach the problem. A benzodiazepine pocket card, such as the one designed for this project, could be valuable for initiating evidence-based guidelines for the withdrawal process.

POSTER #7

USING NURSING THEORY TO MITIGATE STRESS/ ANXIETY IN MENTAL HEALTH NURSING CLINICALS

Sandra Ojurongbe, PhD, APRN, PMHNP-BC (Palm Beach Atlantic University).

The academic rigor of nursing programs has historically been implicated as a significant source of stress and anxiety for nursing students. Historically, the stress associated with nursing education is multifaceted. The academic rigor of the program, coupled with the critical thinking skills required in the application of nursing practice, can be appraised as challenging and threatening, exhausting the coping skills necessary for success. Moreover, psychosocial factors such as a limited support system, financial constraints, balancing work and studies, independence, time management, and family life can deplete the coping skills of even the most resilient students. Unfortunately, the advent of the Covid-19 pandemic only exacerbated the deleterious effects of stress, draining coping skills and threatening psychological harm. It is imperative therefore, for nursing instructors to be caring and supportive as they nurture a healthy learning environment where stress is minimized. This paper presents a model approach to the instructor-student relationship, guided by caring theory, to foster the development of the nursing personality, while reducing stress and anxiety in mental health nursing clinical education specifically. The approach reduces stress and anxiety because of an instructor-student relationship that exemplifies caring, mentorship, and professionalism. Students thrive in an environment where they feel respected and nurtured. If students feel supported and valued, not only will learning take place, but a professional nursing attribute will also mature. Clinical instructors have a responsibility to nurture future nurses who will continue to promote the science and profession of nursing. Keywords: Caring, instructor-student relationship, nursing education, caring theory.

POSTER #8

BARRIERS PREVENTING ADVERSITY-IMPACTED YOUTH FROM UTILIZING COMMUNITY MENTAL HEALTH RESOURCES IN SOUTHERN CALIFORNIA

Jayla Aldridge (CYFER Lab); Genesis Crystal Flores, BA Psychology (CYFER Lab).

Objectives: Adverse childhood experiences (ACEs) is a public health issue that affects almost half of youth and over 60% of adults. Individuals with 3 or more ACEs are at high risk for toxic stress, cardiovascular disease, and all-around higher rates of morbidity and mortality. Experiencing one or more ACEs can lead to an increased risk of negative mental health outcomes and unhealthy lifestyle choices. Community mental health resources have the potential to reduce the risk of these outcomes, however, studies have shown that over 50% of youth with high risk ACEs do not utilize these resources (Finkelhor et al., 2021). Among marginalized communities, utilization of community mental health resources is even more limited given that Hispanic and Non-Hispanic black children are the most likely to have 1 or more ACEs (Sacks et al., 2014) and children below the FPL are five times more likely to have greater than 4 (Halfon et al., 2017). In efforts to combat these disparities, accessible community interventions are necessary to build resilience and protective factors (e.g. emotional regulation). Our aim is to address barriers preventing minority youth from utilizing community mental health resources in Southern California. Methods: Assess perceived barriers to minoritized youth recruitment, engagement, and retention in community-based mental health interventions by administering an online survey to the staff of mental health resources in SoCal. Report survey findings and situate within the literature. Present recommendations for youth engagement, recruitment and retention. Results: Findings from our survey of administrators in the mental health field will be further contextualized by comparing the results to what is currently known about barriers to community-based mental health care for minoritized youth impacted by adversity. Conclusion: The results of our study may reveal a better understanding of barriers to the utilization of community-based mental health interventions among minoritized adversity-impacted youth. Our findings may assist community-based mental health organizations improve utilization of services through the implementation of a recruitment plan addressing the specialized external and internal barriers that inflict the marginalized youth of Southern California.

POSTER #9

FELLOW ME TO THE ACADEMY! OVERVIEW OF THE AMERICAN ACADEMY OF NURSING FELLOWSHIP AND PSYCHIATRIC MENTAL HEALTH AND SUBSTANCE USE EXPERT PANEL CONTRIBUTIONS

Beth Bonham (Bonham Associates, LLC), JoEllen Schimmels (University of New Mexico College of Nursing).

Psychiatric mental health (PMH) nurses are natural leaders who think critically and calmly in a volatile, uncertain, and complex environment such as healthcare. Enhancing well-being of patients, peers, families, communities, and systems improve health outcomes. PMH nurses at all levels are doing amazing things, yet may not have considered their accomplishments as an entry to the American Academy of Nursing as a Fellow. The American Academy of Nursing (AAN) is a national organization of more than 2800 talented nurse fellows committed to advancing policies concerning health equity, system innovation, and health burden reduction. In this presentation, we will review the AAN mission, discuss the work of the Psychiatric Mental Health Substance Use Expert Panel, and illustrate the importance of PMH nurse active involvement in national organizations such as the American Academy of Nursing. As leaders in APNA, ISPN, and the Psychiatric Mental Health Substance Use Expert Panel, we will review the FAAN application criteria, provide tangible examples of impact descriptions, and discuss how PMH nurses' contributions can enhance the mission of the American Academy of Nursing.

POSTER #10

SUICIDE RISK SIMULATION

Esther Gravis (George Fox University), Andrea Alexander, RN, DNP, CNE (George Fox University).

Undergraduate nursing students are provided little to no educational content on suicide assessment or prevention. A review of the literature demonstrates a lack of published articles on the preparation of undergraduate nursing students' suicide prevention or intervention. Undergraduate nursing programs are effective in preparing students to prevent and intervene during a suicidal incidents, however little training is provided (Pistone, Beckman, Eriksson, Lagerlöf, & Sager, 2019). Undergraduate nursing programs do not have structured lecture content or simulation experiences related to suicide prevention. The aim of this project was to develop and evaluate an interactive suicide risk simulation. Data was collected utilizing pre-post survey questions in a baccalaureate nursing program in rural Oregon. Students responded positively to the suicide risk learning experience and their confidence increased.

POSTER #11

USE OF A MINDFULNESS APP TO DECREASE LEVELS OF PERCEIVED STRESS IN WAITLISTED PSYCHIATRIC OUTPATIENTS

Mitchell Kordzikowski (University of Illinois at Chicago College of Nursing); Cynthia Handrup, DNP (University of Illinois at Chicago).

Patients in an outpatient behavioral health program were experiencing wait times of up to six months to get into outpatient therapy. Anxiety and stress were identified as significant issues in this patient populace by the treatment team. The intent of this project was to enroll waitlisted outpatient therapy clients a mindfulness-based app with a goal of decreasing levels of Perceived Stress (PS) and building positive coping skills while they wait to get into therapy. Evidence based literature supports the use of mindfulness-based activities such as meditation, deep breathing, and awareness exercises as cost effective methods to control levels of anxiety and perceived stress (PS) (Champion, Economides, & Chandler, 2018; Shaygan, Yazdani & Valibeygi, 2021; Mikolasek, Berg, Witt, & Barth, 2018). Participants were enrolled in a brief two-week pilot program and contacted a minimum of three times via phone. Clients were coached through use of the app and instructed to perform at minimum one meditation daily for the duration of the program. The PS scale was performed at initiation and termination of the program. A total of thirteen clients elected to participate n the program. A paired T-test was used to compare results across the course of the intervention. Pre-test (M=26.2, SD=5.5) and post-test (M=23.4, SD=5.3) PS scale results show the app-based intervention did not lead to a statistically significant decrease in PSS ($p=0.19$, $t [12] =1.40$, $a=0.05$). Clients' average PS scale score decreased on average a total of 2.8 points across the course of the program. This initiative shows remote behavioral health interventions and use of apps may be a viable means of meaningfully impacting levels of client perceived stress, however more research is necessary given the limited scope of this program.

POSTER #12

BEHAVIORAL EMERGENCY RESPONSE TEAM

Adam Shuaib, BSN RN-BC (University of Maryland School of Nursing [UMSON]).

Problem: Workplace violence (WPV) is an ongoing problem in the healthcare field. The incidence of aggression and violence by patients and their family members is rising in acute care settings. According to the Occupational Safety and Health Administration (2015), from 2011 through 2013, U.S. healthcare workers suffered 15,000-20,000 workplace violence-related incidents resulting in severe injuries and time away from work for treatment. In a 179-bed urban hospital facility in Maryland catering to the needs of the inner-city population, there has been an increase in aggression and violence towards healthcare workers in adult (18 years and above) acute care settings. The use of combative patient code and security calls has increased significantly within the last year, especially in the 18-bed inpatient medicine unit. The unit has increased the number and frequency of patients with mental illness and substance misuse requiring medical care. Due to this ongoing problem, there is an increase in verbal and physical assault on staff members, staff burnout and turnover, and poor patient outcomes such as restraint and forced medication usagePurpose: This quality improvement project aims to evaluate the effectiveness of implementing a proactive violence prevention initiative called behavioral emergency response team (BERT) at an urban hospital facility in Maryland. Methods: The intervention will be implemented over 15 weeks and piloted on the medical/surgical floor. The first three (3) weeks involve training the BERT members about de-escalation techniques using in-vitro simulations to rehearse real-life situations. The pilot unit staff members will receive education about using BERT, the activation algorithm, and behavioral emergencies. The management of aggression and violence scale (MAVAS) will be provided to the pilot unit to capture staff perception of aggression pre and post-intervention. Following education, BERT members will respond to behavioral emergencies in the pilot unit. Subsequently, a weekly collection of data such as the amount of BERT and security calls, combative patient codes, and reasons for the calls will be uploaded into REDCap, a HIPAA-compliant, password-protected server. Data spreadsheets, reports, and a run chart will be analyzed using REDCap to track the number of security calls, BERT calls, and staff perception of safety pre-and post-intervention. Results: This is pending as implementation is currently taking place till December 15, 2022. Conclusion: The anticipated outcome of this QI project is reduced utilization of security services, reduced use of restraints, and increased safety perception of staff members in the clinical setting.