2024 ISPN Annual Conference
Concurrent Session Abstracts

Thursday, April 4, 2024

Concurrent Session 1.1
PHARMACOGENOMICS (PGx) OF PSYCHIATRIC DRUG METABOLISM: PHENOTYPES AND INTERACTIONS OF SIX CYTOCHROME P450 (CYP) ENZYME ISOFORMS
David Newton (Shenandoah University)

The 1990-2003 Human Genome Project identified 57 genes in the cytochrome P450 or CYP ("sip") superfamily that code synthesis of 57 same-named metabolic enzymes. Concurrently, single nucleotide polymorphisms or SNPs ("snips"), i.e., individual DNA (deoxyribonucleic acid) base molecule transpositions in CYP genes, were learned to determine phenotypes of CYP enzyme isoforms. SNPs and drugs and substances that induce or inhibit CYP isoforms are major causes of well-known frequent failures and intolerable adverse effects with psychiatric drug therapy. Of the 18 CYP families, families 1, 2 and 3, and especially their isoforms 1A2, 2B6, 2C9, 2C19, 2D6 and 3A4, metabolize 90% of drugs and other xenobiotics to active or inactive products. CYPs emerged in bacteria three billion years ago when Earth's atmosphere lacked oxygen, and they evolved in animals, and then in humans, as a survival response to convert organic substances in swallowed matter to harmless and nutritional products, i.e., the hepatic first pass effect. By year 2000, rapidly accumulating knowledge of the effects of genetics on drug metabolism and response spawned the new pharmacokinetics subfield of pharmacogenomics or PGx. PGx is now established in academia (first in pharmacy), clinical practice, and Food and Drug Administration labeling of approved drugs. This session reviews the following topics that pertain to safe and effective therapy with 77 specific psychiatric drugs:1. PGx milestones since the 1950s.2. The Human Genome from World population to DNA nucleotide bases.3. Protein (e.g., enzyme) synthesis determined by DNA.4. Hepatic first pass effect and Phase I metabolism.5. CYP description and SNP-derived metabolism phenotypes.6. Enzyme saturation and drug toxicity.

7. Metabolism of psychiatric drugs by CYPs 1A2, 2B6, 2C9, 2C19, 2D6 and 3A4.8. Adverse effects and therapeutic failure of psychiatric drugs from extreme CYP phenotypes, and interactions with other drugs and substances that induce or inhibit CYPs 1A2, 2B6, 2C9, 2C19, 2D6 and 3A4.

Concurrent Session 1.2
MEETING THE MENTAL HEALTH AND SUBSTANCE USE NEEDS OF WOMEN MILITARY VETERANS WITH SUBSTANCE USE-RELATED ISSUES
Brayden Kameg, DNP, PMHNP-BC, CARN-AP, CNE (University of Pittsburgh School of Nursing)

Women military Veterans represent a growing population with unique healthcare needs. Women are the fastest-growing demographic of Veterans, with projections that women will comprise 18% of all Veterans by the year 2040, as compared to 4% in 2004. There remain barriers to healthcare service access for women Veterans, particularly as it relates to mental health services. Women Veterans face health disparities and are thought to be at increased risk for interpersonal trauma, including adverse childhood experiences (ACEs), military sexual trauma (MST), and intimate partner violence (IPV), with associated high rates of adverse mental health outcomes including posttraumatic stress disorder (PTSD), suicidality, and substance use disorders (SUDs). Approximately one-third of women Veterans who utilize VHA services have a history of or current SUD, and there is emerging evidence highlighting the associations between interpersonal trauma, suicidality, access to treatment, and at-risk substance use or SUDs, among women Veterans. Thus, the purpose of this presentation is to explore and describe what is known about the relationship between trauma, suicidality, and access to treatment among women Veterans with at-risk substance use or SUDs, and to inform best practices for the provision of mental health care and substance use treatment to this unique population.

Concurrent Session 1.3
PERSEVERANCE AND PASSION IN NURSING EDUCATION
Heather Keperling, EdD, RN (Alvernia University)

The United States is experiencing a significant shortage of Registered Nurses (RNs) which began in 2009 and is expected to continue until at least 2030. The World Health Organization (WHO; 2020), amid the COVID-19 pandemic, urgently calls for an effort to strengthen the nursing workforce with "massive acceleration of nursing education, creation of nursing jobs, and leadership" (p. 1). The National Council of State Boards of Nursing (NCSBN, 2021) also supports the WHO's efforts to increase nursing graduates. One way to meet the needs of healthcare, the nursing profession, and our communities is to graduate more student nurses. Nursing programs' attrition rates range from 10-50% across all program types in the United States. (Harris et al., 2013; NLN, 2007; Newton & Moore, 2005; Merkley, 2016). Most attrition occurs in the first year of nursing coursework. Academic achievement is not simply the result of cognitive variables (IQ, talent, GPA) but also non-cognitive variables (patterns of thoughts, feelings and behaviors) (Duckworth, 2016). Recognizing the impact of cognitive and noncognitive predictors on student performance is crucial because it can lead to strategies to support student success. Perhaps cultivating passion and perseverance can improve student success in nursing education. We will explore how nursing students experience passion and perseverance in nursing education in a recent dissertation study and employ strategies to cultivate passion and perseverance to promote student success and graduate more nursing students.

Concurrent Session 1.4
DE "CYFERING" ADVERSITY: THE DEVELOPMENT OF GRIT WITH THE NEXT GENERATION OF HEALTH CARE PROVIDERS
Dawn Bounds, PhD, PMHBP-BC (University of California, Irvine); Sarah Rodrigues, PhD, RN (University of California, Irvine); Genesis Sanchez, BS (University of California, Irvine)

Healthcare providers are reporting burnout, compassion fatigue, and mental health challenges since the COVID-19 pandemic. Given the disproportionate impact of the pandemic on racially/ethnically minoritized and/or marginalized people, minoritized and/or marginalized health sciences students may experience compounded stress. As educators of future healthcare providers, we recognize population and provider health as intertwined and that our students are being asked to shoulder compounding stressors when they are critically needed. Healing-Centered Engagement is a strengths-based approach focused on collective healing through recentering culture as central to flourishing. Flourishing encompasses both psychological growth and compassionate service to others. A whole-health approach that scaffolds the flourishing of minoritized and/or marginalized health sciences students' who tend to later work with underserved communities' vital to both community health and to preventing provider burnout. These students' ability to flourish during their training and beyond is linked with feelings of empowerment (a process that increases personal and collective agency to liberate minoritized people) and critical consciousness (an awareness that inspires marginalized individuals and groups to seek and develop collective resilience). Supporting psychological growth and compassionate service through empowerment and critical consciousness may facilitate internal and collective resilience. The Centering Youth and Families for Empowerment and Resilience (CYFER) Lab was created in 2021 to promote the well-being and professional development of minoritized and/or marginalized health sciences students at the University of California, Irvine. CYFER Lab students receive training and mentoring, attend weekly group meetings, develop self-care practices, and serve as near-peer Health Coaches to local adolescents in a community-engaged research study. To date, 25 students have been trained through the CYFER Lab to serve as Health Coaches promoting self-regulation skills with adversity-impacted adolescents and their caregivers. Students learned protective practices to manage the stress associated with being college students and future healthcare professionals and successfully delivered this content to local families.

Concurrent Session 2.1
MANAGEMENT OF PEDIATRIC PATIENTS PRESENTING WITH ACUTE TRAUMATIC PHYSICAL INJURIES IN AN ACUTE CARE HOSPITAL SETTING: THE POWER OF INTERPROFESSIONAL COLLABORATION, INTEGRATIVE APPROACHES, AND HOLISTIC HEALING
Taylor Flatt, MSN, CRNP, PMHNP-BC (Children's Hospital of Philadelphia)

The intersection of traumatic physical injury and psychiatric well-being presents complex challenges for Psychiatric Nurse Practitioners consulted to care for pediatric patients in the context of acute care hospital settings. Traumatic injury is the leading cause of death and disability in children worldwide, with subsequent sequalae affecting patients' physical, psychological, spiritual, and practical realms of life immediately and throughout the recovery process. By recognizing the interplay between physical and emotional manifestations of trauma, Psychiatric Nurse Practitioners can collaborate with other healthcare providers and integrate knowledge to provide excellent patient care throughout the continuum of recovery, from acute presentation to community support. The aim of this presentation is to explore indications for integrating psychiatric interventions to holistically address the needs of pediatric patients presenting with physical traumatic injuries. This presentation will also provide an overview of pediatric patients presenting to acute care settings with acute traumatic physical injury, as well as evidence-based practices for psychologically and psychopharmacologically supporting these patients. The presenter will use real-life

case presentations illustrating such concepts. Objectives: 1) describe the prevalence of psychiatric symptoms among pediatric patients presenting to acute care settings with traumatic injuries -- both in the short and long term trajectory of illness; 2) evaluate the various screening tools to identify patients at risk of developing psychiatric complications; and 3) assess ethical considerations when delivering psychiatric interventions in the acute care medical setting. Key topics covered include: 1) prevalence of psychiatric symptoms among pediatric patients presenting to acute care settings with traumatic injuries; 2) potential long-term consequences of untreated psychological distress; 3) screening tools to identify patients at risk of developing psychiatric complications; 4) collaborative care models that involve both medical and psychiatric teams; 5) psychological first aid techniques to address immediate emotional needs of patients and families; 6) psychological and psychotropic interventions to promote resilience, coping, and psychological adjustment; 7) the role of psychoeducation in preparing patients for recovery challenges; and 8) ethical considerations when delivering psychiatric interventions in the acute care setting.

Concurrent Session 2.2
ISPN POLICY ACTIVITIES FOR 2023-24
Sally Raphel, MS, APRN-PMH, FAAN, Pam Galehouse, PhD, RN, CNL, Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN, Brayden N. Kameg, DNP, PMHNP-BC, CARN, CNE, Elizabeth Bonham, PhD, RN, PMHCNS-BC, FAAN, Andrea Kwasky, DNP, PMHNP-BC, PMHCNS-BC, Barbara Peterson, PhD, PMHCNSBC, APRN, Mitch Kordzikowski, DNP, MBA, APRN, PMHNP-BC, NE-BC
ISPN Policy Committee

Some of the chaos from COVID pandemic is still with us. We still have the effects of new variants, racial protests, major financial disruptions, increased suicides, depression, high anxiety and rampant distrust and violence 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 waned as 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 our numbers can be a force for 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 strong policy messages. Psychiatric nurses have the resilience to lead the way by sharing what their 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 2023-24 federal legislative sign-on documents and advocacy collaborations. The policy focus for Social Justice, environmental and other current topics requires 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 members will create opportunities for full & student members to set the organization's Policy Agenda for 2024-25 through open discussion with panel members. 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 to key policy committee members as they carry mental health promotion forward.

Concurrent Session 2.3
EQUITY GAPS IN SUBSTANCE USE DISORDER TREATMENT: UNCOVERING DISPARITIES AND PURSUING CULTURALLY RESPONSIVE SOLUTIONS FOR COMMUNITIES OF COLOR
Tonjanika Ballard, DNP, PMHNP-C (Unique Holistic Care, LLC)

Communities of color, such as Black, Hispanic, and Native American populations, face significant barriers when accessing substance use disorder (SUD) treatment and often experience worse outcomes than non-Hispanic White individuals. These barriers are rooted in structural racism, poverty, limited healthcare access, and inequitable substance use policies. Unfortunately, the criminalization of substance use disproportionately affects communities of color, leading to higher rates of arrest and incarceration for drug offenses. Despite these challenges, SUD treatment systems do not adequately address the unique health and social needs of people of color involved in the criminal justice system due to substance use. Factors such as stigma, discrimination, limited treatment options, unmet social needs, and a shortage of culturally sensitive providers contribute to racial and ethnic disparities in SUD care outcomes. These challenges are further compounded by systemic inequities that disproportionately affect people of color. While the Affordable Care Act has increased insurance coverage for non-Hispanic Black and Hispanic populations, it has not consistently reduced SUD treatment disparities in these communities. A significant knowledge gap is a lack of research and policy focus on developing culturally and linguistically effective care models to address SUD and social service needs among diverse people of color. To address this gap, providers need to understand the barriers that people of color face when seeking SUD treatment and explore the impact of integrating human services and wraparound support on engagement and outcomes. Identifying common strategies and challenges providers encounter and shedding light on practical approaches to improving equitable SUD treatment for communities of color is vital.

Concurrent Session 3.1

THE SHARED TRAUMA PROFESSIONAL POST TRAUMATIC GROWTH INVENTORY FOR MENTAL HEALTH NURSES, A FEASIBILITY STUDY

April Hutto, MSN, PMHNP-BC, FNP-BC, APRN (Columbia Psychiatric Associates); Phyllis Raynor, APRN, PhD (University of South Carolina College of Nursing); Abbas Tavakoli, PhD (University of South Carolina College of Nursing)

Introduction: The Shared Trauma Professional Post Traumatic Growth Inventory (STPPG) was developed by Dr. Tosone (2016) to help understand shared trauma (ST) in social workers. ST occurs when the nurse and client both experience the same collective traumatic event. This inventory has been adapted for use with mental health nurses. A cross-sectional study of N=552 mental health nurses was completed in the spring of 2023 to assess the feasibility of using the STPPG to research shared trauma in mental health nurses. Methods: An exploratory factor analysis was run for the STPPG. This was done using squared multiple correlations with the maximum likelihood method. Further analysis will be conducted to learn how variables such age, education, and practice location may impact how mental health nurses were impacted by ST. Results: The alpha coefficient ranged from .82 to .89 for 2-factors and .73 to .89 for 3-factors. The results indicated that all the correlations are significant among these total scales and subscales. All correlation were positive and range from .81 to .95 for 2-factors and .58 to .89 for 3-factors.Conclusion: The STPPG has confirmed two factor analysis for use in mental health nurses. The STPPG has validity in exploring ST in mental health nurses and will allow researchers to further study the concept of shared trauma.

Concurrent Session 3.2

COUNSELING SPECIALIZATION STUDENTS' PERSPECTIVES ON INTEGRATING COGNITIVE BEHAVIORAL THERAPY AT THE UNIVERSAL TIER INTO SCHOOL-BASED MENTAL HEALTH SERVICES: A CONTENT ANALYSIS

Cristina Lu, MSN, RN-BC (Caldwell University)

Childhood mental health problems are becoming more prevalent, with long-term consequences. Schools have been identified as essential sites for providing mental health care. Cognitive Behavioral Therapy (CBT) effectively treats mental health problems in children and adolescents. This capstone project examined the feasibility and challenges of implementing CBT at the Universal Tier of a Multi-Tiered Support System (MTSS) for school-based mental health (SBMH) services. The study used qualitative research methods, including focus group interviews guided by the Consolidated Framework for Implementation Research (CFIR), to collect perspectives and experiences from Caldwell University's M.A. in Counseling students. The data gathered from the focus group was examined first for its manifest and latent content, and interpreted to reveal a final emergent theme, "Building Collaboration Foundations for Student-centered Mental Health Support." The study's findings will provide insights into best practices and strategies for providing effective mental health services to students. Furthermore, the study has the potential to guide the design and delivery of successful mental health services in educational settings, resulting in improved mental health outcomes for children and adolescents.

Concurrent Session 3.3

FOSTERING LIFELONG LEARNING: THE ROLE OF CRITICAL REFLECTION IN SHAPING PMHNP STUDENT DEVELOPMENT

Sara Robinson, DNP, RN, PMHNP-BC (University of New Hampshire); Elizabeth Hutson, PhD, APRN-CNP, PMHNP-BC (Texas Tech University Health Sciences Center)

Critical reflection is the process of analyzing, questioning and reframing a personal experience to enhance learning and inform future behavior. For psychiatric nurses, critical reflection involves a deep dive into situations to analyze our underlying assumptions and biases to promote lifelong learning, professional development and improve patient care and outcomes. Reflective strategies promote integrated learning, and for Psychiatric Mental Health Nurse Practitioner (PMHNP) students, the goal is to integrate the theoretical content from classes, patient-centered experiences in clinical rotations and faculty and peer dialogue. Ultimately, teaching the cognitive skill of critical reflection can promote wellness and resiliency, which can help PMHNP students navigate the demands and challenges of the mental health field.The purpose of this presentation is to discuss the strategies used by two online PMHNP programs to weave critical reflection throughout their curriculum, at the masters, post masters and doctoral levels. Both programs have integrated critical reflection in a multitude of ways into their content including, synchronous clinical conferences, simulation reflections and the Learning From your Experiences as a Professional (LEAP) SOAP note. Adaptations made by each program, and in each course, will be discussed to guide educators how to teach the valuable skills of critical reflection in their own program. Novel technology techniques used and lessons learned will be shared, including student response systems, assignment guidelines, rubrics and how to thoughtfully critique and grade these assignments by faculty. Adaptation for online coursework will be discussed. Importantly, artificial intelligence mitigation strategies during critical reflection will be presented. Ways critical reflection has been used in clinical courses, psychopharmacology, psychotherapy, and mental health assessment will be discussed. Critical reflection is an essential skill to teach and learn to apply at all levels of nursing education, but especially for PMHNP students. Updates to guidelines on the importance of reflection will be presented, including AACN Essentials, NONPF NP Role Competencies. Attendees will walk away with tools to integrate these strategies into their psychiatric nursing programs.

Concurrent Session 3.4

IMPLEMENTING A HOLISTIC, STUDENT-CENTERED COACHING PROGRAM IN PRELICENSURE NURSING EDUCATION: A CASE STUDY REVIEW TO ASSIST FUTURE HEALERS AND LEADERS

Sara Gifford, DNP, RN, AGCNS-BC (University of Detroit, Mercy McAuley School of Nursing); Andrea Kwasky, DNP, PMHNP-BC, PMHCNS-BC (University of Detroit, Mercy McAuley School of Nursing)

Nursing students are at an increased risk of mental health concerns. Current prelicensure nursing students must manage a variety of academic stressors, such as rigorous curriculum, physically and psychologically demanding clinical rotations, as well as an evolving licensure exam. Additionally, a growing number of students have reported the need to undertake supplementary work and manage family responsibilities. Nursing programs must address their students' increased risk of mental health concerns and the association with poorer academic performance through evidence-based interventions, such as academic coaching with an emphasis on stress management skills. This presentation will describe the implementation of a holistic, student-centered coaching program, "Coaching for Care", within multiple nursing courses at a private University in the Midwest. In response to the program, students reported increased motivation, improved stress management, and reduced anxiety. Classroom integration strategies and areas for future focus will be identified.

Concurrent Session 3.5

PROMOTING HEALTH EQUITY BY REDUCING VIOLENCE IN BEHAVIORAL HEALTH UNITS

Marchè Holt, DNP, RN (Samford University); Stephanie Wynn, DNP, RN-BC, PMHNP-BC, FNP-BC, FAANP, FNAP (Samford University); Lee Hardin, DNP, MBA, RN, NE-BC, CNE (Samford University)

Purpose: Physical assaults perpetrated by patients in behavioral health (BH) facilities is an alarming concern across the U.S. Inpatient BH units have an elevated risk of violence perpetrated by patients compared to community settings. Endemic workplace violence can increase staff turnover, reduce morale, and negatively affect the quality of patient care. One of the risk factors associated with aggressive behavior is the quality of the interaction between the patient and the staff. Interventions were developed to prepare staff to be competent in decision-making related to treating patients prone to violence to assist in combatting health inequities. Summary of Evidence: In psychiatric inpatient settings, 25 to 35% of patients exhibit aggressive behavior during their hospitalization. The number of behavioral disturbances displayed by patients with psychiatric disorders in an inpatient unit recorded a 69% increase in physical assaults over three months. Description of Practice: Educational sessions were provided to the BH staff related to utilization of a rounding tool, which was modified to score the patient' level of aggression;

identification of early behavioral disturbance warning signs; instruction of non-pharmacological de-escalation techniques; and usage of a modified aggression scale. The staff received pocket holders and badge buddies as visual reminders of the behavioral cues that may proceed an act of violence. Validation of Evidence: 106 staff completed the intervention. Three months of data from the event reporting system was reviewed pre- and post-intervention. Post-intervention, the number of patient-initiated physical assaults decreased by 46%. The female patient population had more documented behaviors, requiring non-pharmacological and pharmacological interventions than the males. Qualitative data collected from staff revealed positive outcomes. Implications: Standardized tools may increase the timely recognition of behavioral disturbance warning signs in patients with BH disorders. The devices are beneficial in identifying patients who may need early intervention of non-pharmacological and pharmacological therapy. Accurate identification and appropriate reporting of anxiety and agitation in patients with BH disorders may deter the occurrence of physical assaults. The identification of risk factors and screening for assaultive behavior should occur in all patients admitted to BH units. Heightened staff awareness and improvement of overall safety in practice are advantages of increased evidence-based aggression prevention models in BH units.

Concurrent Session 3.6

MEETING THE RURAL HEALTH CHALLENGE: ACADEMIC AND CLINICAL PARTNERSHIPS IN RURAL MENTAL HEALTH

Barbara Peterson, PhD, PMHCNS, APRN (University of Minnesota); Merri J. Kaas, PhD, APRN, PMHCNS, FAAN (University of Minnesota School of Nursing)

Availability of psychiatric providers and accessibility to mental health care continue to be barriers in rural areas. Rural residents are less likely to receive care for mental health issues and have more comorbid medical conditions that negatively impact mental health than their urban counterparts. This critical shortage of mental health providers could be met by increasing the number of Psychiatric Mental Health Nurse Practitioners (PMHNP) practicing in rural settings. This presentation describes DNP PMHNP student responses and community impact from a three-year Minnesota Department of Health Professional Clinical Training Expansion grant aimed at increasing the number of PMHNPs recruited from and/or planning to practice in rural areas and expanding sustainable rural clinical sites for student learning. This presentation will describe: 1) our innovative interactive course content about rural health needs; 2) strategies to expand academic-clinical partnerships between the School of Nursing and rural health clinical partners to provide immersive clinical experiences for DNP students; and 3) our efforts to increase the proportion of admitted PMHNP students who already live and work in rural areas. We will describe our project's initiatives and activities, challenges and pitfalls, and future

directions. Qualitative findings from post-clinical student interviews and clinic feedback demonstrate benefits and suggestions for future efforts. Participants will be encouraged to consider strategies to develop or strengthen partnerships between academic institutions that prepare mental health practitioners and rural clinical sites.

Concurrent Session 4.1
COMPONENTS OF EMERGING PRACTICE MODELS FOR THE MANAGEMENT OF ACUTE PSYCHIATRIC EMERGENCIES
Lyndon J. Taylor, RN, PHN, BSN (University of Missouri)

Inadequate access to appropriate care for persons experiencing acute psychiatric emergencies not only results in needless loss of life, but the costly overuse of emergency resources, psychiatric hospital beds, and jail cells. To correct the situation, communities across the US are racing to implement alternative crisis response systems in alignment with national guidelines issued in 2020 by the Substance Abuse and Mental Health Services Administration. Communities are also scrambling to improve the recent nationwide 988 helpline which ideally serves as a unified gateway to emergency psychiatric care. The purpose of this presentation is to summarize the current evidence-based literature for the overall management of care for persons in acute psychiatric emergencies from the bird's-eye perspective, as well as to describe components of new community-based mental health management systems that have not yet been published. In addition to searching standard databases for journal articles, this presentation includes information from websites such as the National Alliance for the Mentally Ill, the Social Work Action Group, the American Association of Suicidology, and the Los Angeles County Department of Mental Health. Management components include a description of 988 functions, coordination of community resources, mobile interdisciplinary crisis intervention teams which may or may not include law enforcement, psychiatric urgent care centers, cost-effective utilization of government and health insurance resources, utilization of peer paraprofessionals, minimization of physical and chemical restraints, decreased emergency room use and incarceration rates, recovery-focused trauma-informed care, and provision of culturally competent care for underserved populations. Information gathered about rapid changes in the management of acute psychiatric emergencies has implications for nursing practice roles within interdisciplinary teams, nurse public health policy makers, nurse administrators in medical and psychiatric healthcare facilities, psychiatric nurse education for the new recovery-focused trauma-informed paradigm, and for the identification of areas for future nursing research.

Concurrent Session 4.3
FADING INTO THE BACKGROUND: THE OVERLOOKED STRUGGLE OF WOMEN AND GIRLS WITH ADHD
Tonjanika Ballard, DNP, PMHNP-C (Unique Holistic Care, LLC)

A proper diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is critical to timely treatment and avoiding negative consequences that can significantly impact academic and professional achievements, work performance, relationships, and overall well-being. Failure to diagnose ADHD or an incorrect diagnosis can exacerbate the condition's effects, resulting in delayed treatment. Research shows that ADHD is more prevalent among males, with women and girls exhibiting more internal symptoms, such as inattentiveness, than external symptoms, like impulsiveness and hyperactivity, making it difficult for healthcare providers to recognize ADHD. This results in fewer referrals for diagnosis and treatment. Moreover, girls and women with ADHD may develop better-coping mechanisms, masking their symptoms, making it even more challenging to diagnose the condition. Additionally, women and girls with ADHD may be misdiagnosed if they have anxiety or depression, with their ADHD symptoms attributed to their other conditions. Research has shown that women and girls with ADHD may encounter distinct challenges due to the impact of hormones on their symptoms and how they react to treatment. Therefore, healthcare providers must conduct thorough evaluations that account for gender differences and tailor interventions based on individual needs to ensure proper diagnosis and treatment. Early intervention is crucial to managing ADHD symptoms and improving outcomes, highlighting the importance of proper diagnosis and treatment. By recognizing these challenges and adopting a gender-sensitive approach to ADHD diagnosis and treatment, healthcare providers can help individuals with ADHD achieve their full potential and improve their overall quality of life.

Concurrent Session 4.4
NURSES SUPPORTING NURSES: ASSESSMENT OF HOSPITAL-BASED NURSE WELL-BEING
Frankie Hale, PhD, RN (University of Hawaii, Manoa); Holly Fontenot, PhD (University of Manoa)

Background: The COVID-19 pandemic profoundly impacted nurses and has led to a potential crisis in staffing. The U.S. Bureau of Labor Statistics predicted a mass exodus of hospital-based nurses by the end of 2022, resulting in the shortage of more than 1 million nurses. Poorer mental health and wellbeing (WB) stemming from personal and organizational issues have driven nurses to leave the profession. National surveys tracking COVID-19's impact on nurses' WB have noted high rates of burnout, stress, anxiety, and depression. Additionally, national reports on disparities in WB (physical and mental) have been noted among racial minority nurses (primarily Black and Hispanic). Therefore, there is a gap in science examining nurse WB

among other racial minority groups and research informing culturally tailored interventions have yet to be explicated. Previous research has noted a few existing WB interventions for nurses, but these interventions were developed pre-pandemic, were burnout-focused, lacked effectiveness with long-term follow-ups, and were not culturally informed. The National Academy of Medicine (NAM) has recently announced a call for action to develop solutions to this crisis. Purpose: Informed by NAM Factors Affecting Clinician WB Model, the purpose of this study was to identify individual and external factors associated with nurses' WB as well as uncover factors unique to diverse racial groups. The NAM Model provides a framework for the development of interventions that may impact the individual (e.g., role, personal characteristics, and skills/abilities) and external factors (e.g., organizational and environmental) known to support clinician WB, and thus, quality of patient care. Methods: A cross-sectional online survey of hospital-based staff nurses was conducted at two metropolitan hospitals within the same health system. Each hospital employs a large proportion of racially diverse nurses. Nurses were recruited via email as well as in-person at change of shift by study's team of nurse champions. Participants were remunerated with a $10 gift card. Results: Analysis of N=250 nurses is underway. Conclusion: The study uncovered the mental health burden of racially diverse hospital-based nurses. Findings will be foundational for building culturally tailored interventions to support a robust, diverse nursing workforce reflective of the communities they serve.

Concurrent Session 5.1

"OUR STORIES ARE OUR WAY-MAKERS": RESTORATION OF HOPE AND SELF-EFFICACY THROUGH COMMUNITY MEDIATED PSYCHOEDUCATION

Kimberly McClellan, EdD, MSN, FNP-BC, WHNP-BC (student PMNHP) (Johns Hopkins University)

Background: In the U.S. care arena, both privately and federally funded programs exist to provide targeted HIV care and services. The majority of these programs place emphasis on access to care, especially for programs serving diverse and traditionally vulnerable populations. Despite this programmatic availability, African-born, HIV-positive women living in the U.S. continue to experience care disparity. The purpose of this qualitative, phenomenological study was to explore and understand the role of a community of practice (COP) among African-born, HIV-positive women seeking and obtaining care in Philadelphia. While preceding research gives evidence to the African-born population's value in community involvement in issues of health and wellness, little is understood regarding the role a community of practice can serve in care access. Material & Methods: The participants of this study were purposely sampled by convenience from this existing practice community of seven African-born women, representative of five diverse African countries of origin.

These seven participants included women ranging in age from 25 to 62 with a mean age of 44 years of age. They possessed diverse family composition in terms of marital and parental status, as well as attained educational levels. The methods of this study included one-on-one interviews, group interviews, and participant observation. Through thematic coding of the stories or "Way Makers" of the COP, this study's three major themes emerged: a) internal perception of self; b) external perception of self, and (c) defined relevance of "community." Results: Apparent through analysis and framed theoretically by Rosenstock's Health Belief Model (HBM) was this study's novel finding of the relevance of psychoeducation in the restoration of self-efficacy among COP members. As voiced by the participants, it was the group-mediated psychoeducation and created "safe space" that reduced members' perceived risk of isolation and enhanced their perceived benefit of seeking care to achieve wellness. The members of COP described their lives prior to the group as one of isolation and living in hiding from themselves and others. Conversely, the participants described their lives within the group as "just being me…not hiding, being my real self." The COP members richly discussed how gaining encouragement from "people like us" was paramount. Discussed as critical by all participants was the use of this safe space to tell each other's stories. The COP members equated learning from their sisters as the translational, mediator for "hope" and "encouragement," "hope which means life." Conclusions: The purpose of this phenomenological study was to explore and further understand the role of a community of practice among African-born, HIV-positive women seeking and obtaining care in Philadelphia. While past literature gives prominence to HIV stigma and loss of one's external community, it was the loss of self and, more importantly, the COP-mediated restoration of self/self-efficacy that was most resonant to this study's participants. It will be the intention of this interactive, oral presentation to discuss this study's rich findings, implications for practice and further implications for research.

Concurrent Session 5.2

ARCHIVES: UPDATE ON THE ISPN SOCIETY JOURNAL

Edilma Yearwood, PhD, PMHCNS-BC, FAAN (Georgetown University School of Nursing); Cynthia Taylor Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois, Chicago); Sally Raphel, MSN, RN, FAAN (Retired); Pamela Galehouse, PhD, RN (Seton Hall University)

Archives of Psychiatric Nursing as a preeminent journal in psychiatric-mental health education, research and practice has been a valuable resource for nurses world-wide. This presentation will provide attendees with an update on the journal including recent and proposed special issues, inclusion of quality improvement/evidence based manuscripts and the breadth of topics the editorial board would like to elicit from our readers. The process of manuscript submission and review will be discussed along with opportunities to serve as a manuscript reviewer.

Presenters are particularly interested in hearing from our membership on novel and hot topics for future special issues, interest in publishing in the journal, and feedback on your experience to date on the journal content and process.

PREPARING THE NEXT GENERATION OF NURSES THROUGH AN UNFOLDING UNDERGRADUATE PSYCHIATRIC SIMULATION

Jennifer Graber, EdD, PMHCNS-BC (University of Delaware); Caren Coffy-McCormick, DNP, PMHCNS-BC (University of Delaware)

The American Association of Colleges of Nursing (AACN) released the new Essentials in 2021, which outline competency-based intentions as well as the necessary content for graduates of all nursing programs within 10 domains and 8 core concepts. The concepts represent important areas of knowledge and serve as a core component of knowledge, facts, and skills across multiple situations and contexts. Currently, nursing schools across the nation are developing new ways to meet the Essentials. The foundation for learning should be based on integrating the concepts within the competencies and sub-competencies for application throughout the nursing educational experience. Overall, the Essentials serve to bridge the transition between education and practice, which is highlighted in this psychiatric simulation presentation. Simulation learning with simulated participants (SPs) is an acceptable alternative to direct patient care learning and are beneficial for the development of therapeutic communication skills, performing mental health assessments, and enhancing learning experiences and skills. Healthcare Theatre uses SPs to develop the communication skills necessary of current and future professionals through interactive scenarios. Students can practice both technical and interpersonal skills in a safe environment without compromising quality of care. The traditional simulation incorporated several scenarios, whereas the new unfolding case study simulation helps students develop skills and critical thinking. In step with the standards of best practice in simulation, experienced faculty developed simulation experiences with specific learning objectives to enhance student outcomes by promoting patient-centered care, safety, and diversity based on the new Essentials in Domain 2: Person Centered-Care, Domain 5: Quality and Safety, and Domain 9: Professionalism.Students were given a survey after each simulation and asked to rate themselves in a variety of areas related to the unfolding case study. Overall, the results showed positive outcomes from being a participant in the activity. Theory and practice go hand-in-hand, where practice without theory cannot produce competent skilled behavior and theory without practice is less successful. The use of active learning strategies in simulated psychiatric experiences was shown to improve problem solving, critical thinking, and persistence as related to the new essentials for nursing education.

LUNA MENTAL HEALTH VIRTUAL COACH: ENHANCING STUDENT RESILIENCE AND WELL-BEING THROUGH INNOVATIVE AI-BASED CHATBOT

Phillip Olla, PhD (University of Detroit Mercy); Ashlee Barnes, DNP, APRN, FNP-C (College of Health Professions, McAuley School of Nursing)

This abstract introduces Luna, an Artificial Intelligence (AI) Powered Mental Health Virtual Coach. Chatbots like Luna have certain advantages such as always being available for the patients and remembering prior conversations and using that information to develop a more data-informed understanding of problems. This presentation will recommend insights and guidance to mental health practitioners who are considering creating and deploying Generative AI technology to support students to empower self-care, and bridge gaps in mental healthcare. Introduction: In August 2023, Luna underwent rigorous safety testing with 50 voluntary participants made up of both healthcare professionals and students. This was requested by the IRB (Institutional Review Board) as research has shown that there are inherent safety risks with deploying AI chatbots for mental health purposes. Methods: Luna was created by AI prompt engineering technique tailored to address critical concerns such as anxiety, time management, and stress, and works on the premise of supplying real-time support and guidance. Following interactions, participants were surveyed on Luna's usefulness and appropriateness. The collected data encompassed both quantitative ratings and qualitative feedback. Results: Notably, over 90% of participants regarded Luna as "useful" or higher, affirming its potential to serve as a supportive mental health resource. 95.2% considered Luna's interactions safe for students. Qualitative data provided insights into user experiences and needs, with suggestions for refining Luna's interaction approach. Discussion: There are two approaches that psychiatric mental health nurses can use to prioritize students' well-being to cultivate resilience in an academic environment. Effective Interventions: Luna's effectiveness lies in its ability to engage students in interventions related to anxiety, time management, and stress. Scope of Engagement: While respondents appreciated Luna's recommendations, discussions around Luna's handling of suicidality highlight the complex balance between innovation and ethical considerations. Conclusion: The Luna project exemplifies the importance of focusing on safety and usefulness when merging innovative AI technology with mental healthcare. Luna is a testament to the potential of technology to enhance mental healthcare accessibility and support, ultimately fostering a more resilient generation of healthcare professionals and students.

MORAL DISTRESS, COURAGE, & RESILIENCE: TEACHING UNDERGRADUATE NURSING STUDENTS HOW TO APPLY THESE CONCEPTS TO ETHICAL INQUIRY AND FUTURE NURSING PRACTICE

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

Background: Nurses are facing more ethically complex and challenging situations than ever before. These situations often cause moral distress and the psychological and emotional impact on nurses can have devastating effects. What is less known, however, is how to teach pre-licensure nursing students how to identify and respond to moral distress and the skills to develop moral courage and resilience. Purpose: The purpose of this presentation is to share teaching strategies from an undergraduate nursing ethics class on how to identify and respond to moral distress and develop the skills to enhance moral courage and resilience. Teaching Innovation: The presenter will share teaching strategies on how to integrate foundational knowledge on moral distress and how to identify ethical dilemmas that may cause moral distress and the psychological, emotional, physical, or spiritual consequences. The presenter will progress to innovative teaching solutions to address ethical dilemmas and mitigate the risk for moral distress. This includes teaching students how to enhance their moral courage in critical moments within nursing care. Finally, we will emphasize the importance of developing moral resilience throughout their nursing careers and the necessary skills to do so. Implications for Nursing Education and Practice: Modern day nurses are facing more ethically challenging and complex situations than ever before. Especially in light of the recent Covid-19 pandemic. It's essential to prepare future nurses to have the ethical competence and confidence to identify and respond to situations that may cause moral distress for themselves and others. We have an ethical responsibility to impart the necessary knowledge and skills to prepare future nurses for the potential consequences of moral distress and how to lessen the impact of these experiences. We also have a moral duty to teach students how to enhance their moral courage resilience within their nursing careers. By introducing these concepts (early) into undergraduate nursing education, we are taking a proactive approach to prevent nurse exhaustion, burnout, turnover, or nurses leaving the profession altogether. Conclusion: The presentation will conclude with additional resources and recommendations to support nurse educators and others invested in the psychological and emotional health of nurses and students.

STIMULANT BOOTCAMP: PHARMAKODYMANICS, PHARMAKOKENETICS, AND HOW TO MAXIMIZE EFFECTIVENESS WITHOUT CONTINUOUSLY INCREASING DOSAGES

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

Stimulants are central nervous system agents used to manage various mental health conditions. Stimulants primarily affect neurotransmitters such as dopamine, norepinephrine, and serotonin, which play crucial roles in mood regulation, attention, and other cognitive functions. The prefrontal cortex (PFC), caudate, and cerebellum are the brain areas responsible for ADHD symptomology. Slower maturation or decreased size of the PFC caudate or cerebellum activation is found in patients with ADHD. The pathway function within such regions is highly responsive to the neurochemical setting and is regulated by NTs such as DA, NE, serotonin (5-HT), glutamate, and glutamate/gamma-aminobutyric acid (GABA). Deficiencies or dysregulation of these neurotransmitters often diminish normal brain function, including executive and attentional functions. These functions are the primary concerns of Attention-deficit/hyperactivity disorder (ADHD). ADHD is the most common childhood neurodevelopmental disorder, affecting 8% to 12% of school-aged children in the United States. Significant impairments can continue into adulthood. Evidence suggests stimulants can decrease long-term adverse outcomes such as school absences, poor academic performance, impulsivity leading to motor vehicle accidents, and substance use. Current guidelines recommend stimulant medication and/or behavioral therapies as first-line treatments for ADHD. Open communication, a clear understanding of treatment goals, an understanding of the limitations of stimulant medications, and how non-pharmacological can increase the efficacy of stimulants are all crucial for providing effective treatment for ADHD with stimulants.

ADDRESSING SYSTEMIC RACISM AND GENERATIONAL ANXIETY USING BOWENIAN FAMILY THERAPY ON AFRICAN AMERICAN POPULATIONS: A DISCURSIVE REVIEW

Nia Josiah, DNP, PMHNP (Columbia University); Hakeem Shoola, BSN, RN AGACNP/DNP Candidate (Columbia University School of Nursing); Tamar Rodney, PhD, PMHNP-BC, CNE (Johns Hopkins University School of Nursing); Joyell Arscott, PhD, RN, ACRN (Johns Hopkins Bloomberg School of Public Health); Maureen Ndzi, MSN, RN, CCM PMHNP/DNP Student (Johns Hopkins University School of Nursing)

Aim: To examine intergenerational impact of systemic racism on mental health, depicting the evolution and

patterns of anxiety symptoms and the application of the Bowenian Family Theory to understand the interrelatedness and long-standing impact of intergenerational trauma within African American-Black families. This paper highlight interventions that increase awareness of and promote physical and mental health for Black populations. Design: Discursive Paper Method: Searching literature published between 2012-2022 in PubMed, SCOPUS, EBSCO Host, and Google Scholar, we explored factors associated with systemic racism and generational anxiety. Discussion: Evidence-based literature supports the application of the Bowenian Family Therapy theoretical framework to understand the intergenerational impact of systemic racism and to address the transmission of anxiety symptoms in Black populations. Conclusion: Culturally appropriate interventions are needed to decrease anxiety symptoms in an attempt to heal intergenerational trauma and improve family dynamics in Black populations. Relevance to clinical practice: Nurses play an integral role in providing holistic quality patient-centered care for Black populations who have experienced racial trauma. It is critical for nurses to implement culturally responsive and racially-informed care with patients focuses on self-awareness, health promotion, prevention, and healing in efforts to address racial trauma. Application of Bowenian Family Therapy can aid in the reduction of transgenerational transmission of racial trauma and generational anxiety. No Patient or Public Contribution: There was no patient or public involvement in the design or drafting of this discursive review. The authors reviewed the literature to develop a discussion.

Concurrent Session 6.3
ADVANCED PRACTICE REGISTERED NURSES AS LEADERS IN CRISIS INTERVENTION: MY EXPERIENCE WITH 988 SUICIDE AND CRISIS LIFELINE

Susan Glodstein, DNP, RN, PMHNP-BC, PMHCNS-BC (Binghamton University, Decker College of Nursing & Health Sciences)

The presenter is a 988 Suicide and Crisis Lifeline volunteer. This presentation will discuss the experiences of an advanced practice registered nurse (APRN) and her interactions with callers, other crisis staff, volunteers, and supervisors. Lifeline is a free national effort to provide much-needed mental health crisis support for individuals or 3rd parties via a three-digit phone number. Starting in 2022, the Lifeline has been part of a national effort to assist individuals who are in a mental health crisis. Psychiatric mental health nurses should be part of the efforts in promoting and discussing the Lifeline resource with stakeholders and the community. Many individuals needing psychiatric-mental health services are not currently in care or aware of all the resources that exist. The Lifeline is an invaluable resource to support wellness and well-being. APRNs can be involved in this national effort and encourage psychiatric nurses at all levels to be involved with this. This can also be a part of a clinical experience for all levels of nursing education. The presenter will discuss her experiences as a crisis counselor and APRN being trained by a local, community-based crisis center that answers national and local calls.

Concurrent Session 6.4
LEADING THE ADOPTION OF A NURSE-DRIVEN SCREENING TOOL TO MITIGATE PATIENT VIOLENCE

David Karcher, PMHCNS-BC, NEA-BC, PMHRN-BC (Cedars-Sinai Health System); Rinka Shiraishi, MSN, RN, SCRN (Cedars Sinai Medical Center); Linda Kim, PhD, MSN, RN, PHN, CPHQ (Cedars Sinai Medical Center)

Problem/Background: Workplace violence (WPV) injury rates among nurses are approximately three times higher than all other occupations combined. Research indicates WPV by patients is linked to increased nurse stress, anxiety, burn-out and turnover. Screening patients for WPV represents a care innovation supporting the Magnet pillar for innovative quality improvement while optimizing patient care and staff experience. Smart Aim: SMART Aims were to increase staff's: 1) familiarity with the violence pre-screening tool and interventions by 25% of baseline; 2) comfort levels caring for behavioral patients by 10% of baseline; and 3) feelings of having adequate resources and support to effectively manage violent patients safely by 10% of baseline; measured using the organizational patient behavioral health assessment survey by June 30, 2023. Methods: This project was implemented on a medical-surgical unit at a tertiary medical center by an interprofessional team (nurse educator [NPDP], Psychiatric Clinical Nurse Specialist [PMH-CNS], unit-based Shared Leadership Council members, and nursing leaders). Standard staff education (e.g., jobaid/tipsheet) was compared with in-person education provided by NPDP/CNS for the violence pre-screening tool and recommended interventions when patients scored ≥2 using the tool. REDCap web-based pre/post-surveys were conducted between February-June 2023 to measure outcomes analyzed using independent t-tests in SPSS. Results: Baseline familiarity with the violence pre-screening tool and interventions increased 67% in April, 69% in May, and 81% in June; all statistically significant ($p < 0.001$). Although staff comfort levels caring for behavioral patients initially decreased 3% in April, staff comfort levels subsequently increased 9% from baseline in May and more significantly ($p < 0.01$) by 17% in June. Staff's feelings of having adequate resources and support increased by 2% and 5% ($p > 0.05$) in April and May respectively; further increasing by 11% ($p < 0.03$) in June. Discussion/Conclusions/Implications: Active staff participation through in-person education may be a more effective learning strategy compared to passive education methods. Continuous educational reinforcement and monitoring of data applying continuous quality improvement methods (e.g., PDSA) is essential for sustaining improvement efforts. Future strategies may include simulation-based education to further improve staff comfort and competency when caring for potentially violent patients.

Concurrent Session 6.5
PSYCHOSOCIO-ECONOMIC DETERMINANTS OF SUICIDE ON A GLOBAL PERSPECTIVE

Endrex Nemenzo, MSN, MBA, RN (Cebu Normal University, Philippines / SHL Medical, Taiwan); Laurence L. Garcia, DScN, MN, RN (Cebu Normal University)

Man's exposure to dynamic changes of the past and the present times has led to various effects on his mental state. The world is becoming better in terms of economy, happier in terms of the happiness score, and has a better scenario in terms of the family. However, it is an area to investigate to determine why suicide rates remain high in society. The three research factors (GDP per capita, divorce rates, and happiness scores) constitute an initial approach to establishing how these specific psychosocio-economic elements have a role in the worldwide suicide mortality rate. Utilizing data mining for data on GDP per capita, divorce rates, happiness scores, and suicide mortality rates with sources including the World Bank, the WHO, the UN, and the Happiness Report. PLS-SEM is then utilized to statistically analyze the data using the Smart PLS 3.0 software. There were 60 countries included in the analysis of the study and reveals that among the three identified psycho-socioeconomic determinants, only divorce (β=0.537, $p > 0.000$) has a positive significant relationship with the suicide mortality rate. The results of the analysis yielded an R^2= 0.310 which brings us a weak explanatory power but medium-level predictive importance ($Q^2 = 0.262$) of the structural model. Divorce as a social factor primarily influences the incidences of suicide in various countries. Other factors such as happiness scores and the GDP per capita appear to have no relationship with suicide mortality. The model yielded weak explanatory power and medium-level predictive importance. The study suggests a preliminary exploratory inquiry into the influence of psychosocio-economic factors on incidences of suicide around the world. The presentation of the structural model supposes the relationship of such factors to suicide and thereby, enact strategies or policies to curb the increasing prevalence of mental accidents, particularly suicide mortality.

Concurrent Session 7.1
COMPASSION FATIGUE AMONG PSYCHIATRIC MENTAL HEALTH-ADVANCED PRACTICE PSYCHIATRIC NURSES

Maria Eden Gianan, DNP,PMH-CNS, APN-BC (Edith Nourse Veterans Memorial Hospital)

The primary purpose of this scholarly practice project was to explore and describe the experience of Psychiatric Mental Health-Advanced Practice Registered Nurses (PMH-APRNs) with Compassion Fatigue (CF). The second purpose was to design and develop an educational module on CF from the review of literature (ROL), Figley's Model and from the lived experiences of the PMH-APRNs. The ROL showed that Compassion Fatigue is a phenomenon among nurses, but the specialties addressed were emergency nursing, oncology nursing, hospice, neo-natal intensive care, etc. The gap in the literature was that no studies on CF concerned the psychiatric mental health advanced practice nurse. Findings from this descriptive qualitative study using interview methodology showed study participants experienced compassion fatigue on an ongoing basis in their daily practice and that they recommended interventions to manage compassion fatigue in an education program for other PMH-APRNs. Six (6) major themes emerged from the data. These main themes are: The Meaning of Compassion Fatigue, Empathy, Exposure to the Suffering Client, Life Disruption, Self-Management and Educational Factors. The findings and themes from this scholarly DNP project validated Figley's Model and Theory of Compassion Fatigue (2002).

Concurrent Session 7.2
ADVANCING CIVIC ENGAGEMENT AMONG PSYCHIATRIC MENTAL-HEALTH NURSES

Carrie Rewakowski, PhD, RN, NPD-BC, CNE; Post-Master's PMHNP Student (Le Moyne College)

Following the timely declaration that 2020 was the "Year of the Nurse" (World Health Assembly, 2019), the profession of nursing was thrust in the national spotlight. Because of the Covid-19 pandemic and critical health-related topics that were publicly debated, including issues of social justice, political discord was often invoked. The focus on nurses has created opportunities to fulfill the goal for "achieving health equity in the United States built on strengthened nursing capacity and expertise" (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021, p. 1) as set forth by the 2020-2030 Future of Nursing Report. This report posited that fostering nurses' role as leaders and advocates is one key area necessary for "strengthening the nursing profession to meet the challenges of the decade ahead" (NASEM, 2021, p. 4). Nurses with any level of education, and in all roles and practice settings, can engage in collaborative leadership to advocate for individuals, families, communities. Civic engagement is one way for psychiatric mental-health nurses to advocate for health-related issues and for health equity. Further, among a sample of nurses in NYS (n = 474), Rewakowski (2021) has found that civic engagement is significantly related to experiencing a sense of community through meaningfulness, commitment, and emotional connectedness to the profession (r =.102, p = .027). In this way, civic engagement holds promise for nurses to enhance both leadership development and professional well-being. During the 30-minute interactive session, the concepts surrounding civic engagement will be defined and introduced. The call for nurses to engage civically will be examined through the lens of the role and scope of practice for psychiatric mental-health nurses of all educational levels. Data that highlights levels of civic attitudes, civic engagement behaviors, and sense of community among psychiatric mental-health nurses will be shared with an

opportunity for attendees to engage in an interactive platform to compare their own experiences. Practical ways to leverage the practice of civic engagement for the purpose of leadership development will be explored for nurses to consider for adopting into their own professional practice.

Concurrent Session 7.3
UTILIZATION OF TRAUMA INFORMED CARE IN DAILY PRACTICE
Patrice Wade-Olson, DNP, AGPCNP-BC, AAHIV (Corktown Health Center and University of Detroit, Mercy)

This presentation will discuss information related to both adult and childhood trauma and their impact on health. We will discuss Adverse Childhood Experiences and their impact on health alongside, Adulthood trauma and the impact on health. We will then discuss the ways in which trauma can impact our patient's clinical engagement within their care. We will review current trauma assessment tools and discuss ways to incorporate them into practice when appropriate. Throughout this presentation, we will provide support for why nursing and even more so, psychiatric nursing is perfectly positioned to integrate trauma informed care into their daily practice. I will also provide some information on the impact of trauma within college students, for nurse practitioners who are active in the academic setting. Lastly, we will discuss the evidence and support for the utilization of trauma informed care within the practice setting. We will then move into different ways and methods that the nurse practitioners can utilize to create trauma informed spaces for their patients. I will also provide some specific examples related to diverse patient populations including those living with HIV and those who are LGBT identified.

Concurrent Session 7.4
NAVIGATING CLOSURE: THE ART AND SCIENCE OF TERMINATION IN CLIENT-PROVIDER RELATIONSHIPS
Mitchell Kordzikowski, DNP, MBA, APRN, PMHNP-BC, NE-BC (University of Illinois, Chicago College of Nursing); Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois, Chicago College of Nursing)

The termination of client-provider relationships in psychiatry marks a critical juncture in the therapeutic process, holding significance for both clinicians and clients alike. There is a wealth of literature available explaining how to terminate a relationship, yet out in reality things often do not go as planned. Abrupt endings, surprise facility closures, and shifting career priorities are just the beginning of some of the perils clinicians currently face when ending a therapeutic alliance. In turn, emotional, ethical, and clinical considerations are fundamental for facilitating a positive and empowered termination experience for both clinicians and clients. Emotions play a pivotal role in termination, affecting both clients and providers. Clients often experience a range

of emotions, from a sense of accomplishment to anxiety about the loss of a supportive connection. Providers, too, may grapple with mixed feelings, including pride in their clients' progress and a desire to ensure a successful transition. Clear and empathetic communication during this phase is essential to address these emotional responses and facilitate a smooth closure. Ethical dimensions come to the forefront during termination. Clinicians must balance their responsibility to provide effective care with the autonomy of their clients. Transparent discussions about termination procedures, potential referrals, and available resources are integral to uphold ethical principles, safeguarding the well-being of clients while maintaining professional integrity. From a clinical standpoint, termination presents both challenges and opportunities. Clinicians must evaluate clients' readiness for termination, considering treatment goals achieved and progress made. Collaborative goal-setting at the outset of therapy can guide the termination process, enabling clients to achieve a sense of closure while acknowledging areas for continued growth. Termination offers a platform to reinforce coping skills and foster resilience, translating therapeutic gains into lasting behavioral change. While termination signifies the end of a therapeutic journey, its implications endure, shaping clients' ongoing well-being. Drawing from current literature and clinical insights, this presentation will highlight the significance of effective termination processes for both clients and providers.

Concurrent Session 8.1
SOMATIC NURSING: A NEUROSCIENCE APPROACH TO TREATING MENTAL HEALTH DISORDERS AND CONDITIONS
Emily Knife, RN, MSN-Edu, YT-500, MT (Emory University School of Nursing)

Discover the art of Somatic Nursing, a neuroscience-basedapproach to treating mental health conditions. This session explores the mind-body connection, unlocking the potential fortransformative healing. Learn evidence-based somatic skills that effectively alleviate emotional distress and promote mental wellbeing. Our nurturing approach creates a safe space to connect with patients on a profound level during their healing journey. From releasing pent-up emotions to rewiring thought patterns,these powerful techniques offer a neuro-based healing experience. Witness firsthand how somatics can elevate your practice, empowering you to make a significant impact in patients' lives. Don't miss this opportunity to embrace the healing power of Somatic Nursing and revolutionize your approach to mental health care.

Concurrent Session 8.2

AN OPIOID OVERDOSE PREVENTION WORKSHOP: IMPROVING BSN STUDENT KNOWLEDGE AND CONFIDENCE IN THE MANAGEMENT OF OPIOID USE AND IMPLEMENTATION OF HARM REDUCTION STRATEGIES

Brayden Kameg, DNP, PMHNP-BC, CARN-AP, CNE (University of Pittsburgh School of Nursing); Dawn Lindsay, PhD (American Society of Addiction Medicine); Ann Mitchell, PhD, RN (University of Pittsburgh); Emily Matthews, BA (University of Pittsburgh); Gabrielle Najarian Hart, BSN, RN (University of Pittsburgh)

Background: BSN students likely have limited exposure to both community-based health experiences and the care of patients who use opioids. Most clinical experiences during BSN programs occur in acute care or inpatient settings, despite the shift to emphasizing ambulatory, preventative care throughout the United States. The high rates of opioid-related morbidity and mortality highlight the need for a nursing workforce that is prepared to care for patients using opioids across the continuum. Opioid overdose remains the leading cause of accidental death and is an ongoing crisis. Purpose: The purpose of this project was to implement validated, standardized patient simulation experiences focusing on the management of opioid use and harm reduction interventions, and to enhance community partnerships to provide BSN students with community-based clinical experiences with a focus on medically underserved patients who use opioids. Methods: Didactic training and standardized patient simulation scenarios regarding best practices in the nursing management of opioid use were developed and validated by faculty experts. This curriculum change was implemented in a scaffolded approach with initial didactic training and simulation scenarios implemented in a junior-level psychiatric-mental health nursing course, coinciding with community-based clinical experiences in settings providing services to individuals with opioid use disorder. Senior-level students in a community health nursing course participated in additional didactic training and simulation scenarios that built upon previous content. Pre- and post-measurements included the Drug and Drug Problems Perception Questionnaire (DDPPQ), Opioid Overdose Knowledge Scale, and Opioid Overdose Attitude Scale. Results: A total of 247 undergraduate students participated in the training, most of whom identified as female and were between the ages of 20 and 29 years. There was a marked improvement in knowledge regarding opioid use and overdose prevention and modest improvements in attitudes towards those with opioid use disorder and perceptions of drug use. Further, there were improvements in perceived job satisfaction surrounding the care of individuals with opioid use disorder. Conclusions: Educational interventions utilizing a workshop approach with standardized patient and clinical experiences can improve student ability to provide high-quality care to those with opioid use disorder, ultimately expanding the workforce's ability to serve this population.

Concurrent Session 8.3

UTILIZING ARTIFICIAL INTELLIGENCE TECHNOLOGY TO PROMOTE ONLINE STUDENT ENGAGEMENT

Lee Hardin, DNP, MBA, RN, NE-BC, CNE, COI (Samford University); Sherri Chatman, DNP, RN, FNP-BC (Samford University); Stephanie Wynn, DNP, RN-BC, PMHNP-BC, FNP-BC, FAANP, FNAP (Samford University)

Purpose: The demands associated with balancing personal, work, and school obligations seem endless for students enrolled in institutions of higher learning. Many students are drawn to the flexibility, pace, personalized learning, and perceived better work-life-school balance of a distance learning environment. However, online learning can cause increased stress, anxiety, and fatigue; thus, maintaining engagement can be challenging. As students prioritize the time to meet goals, self-care and essential course information is often overlooked. An innovative intervention, utilizing artificial intelligence technology, was used by faculty to promote self-wellness and engagement of online students. Summary of Evidence: Balancing personal, professional, and academic responsibilities is critical for effective online learning. However, many online students have difficulty maintaining a regular study schedule. According to a survey, 48.8% of college students reported a lack of time to complete coursework. Students who struggle with time management are more likely to disengage. In addition, online students reported elevated levels of psychiatric mental health (PMH) distress, which can reduce engagement and hinder academic performance. Description of Practice: Students completed the 19-item Online Student Engagement Scale pre/post intervention. Utilizing Artificial Intelligence (AI) text-to-speech technology, communications were delivered as audio and text messages via students' cell phones weekly throughout the semester. The AI's technology created a digital version of the faculty's voice, which was used to deliver the messages. The autonomous information consisted of motivational messages, which included strategies for improving emotional health, and course announcements/reminders. Anecdotal responses were recorded. Validation of Evidence: Exploratory factor analysis of the data was conducted using the principal components analysis extraction method. Mean scores of each survey item were compared. Students averaged higher scores on the post-survey; item means ranged from 3.33 to 4.89. Collected qualitative data revealed positive outcomes. Implications: As PMH nurses are considered as experts in their field, they are uniquely positioned to collaborate with faculty to develop evidence-based interventions to address students' emotional health. Coupling these interventions with those that focus on student engagement are essential to improve students' chances of success as online course enrollment increases. Integrating the utilization of AI with these interventions holds great promise for academia.

Workshop #1

EMPOWERING HEALTHCARE WORKER SAFETY: A CALL TO ACTION FOR URGENTLY NEEDED POLICY REFORM AND THE ADOPTION OF EFFECTIVE MITIGATION STRATEGIES

Jim J. Kane, MN, RN, CNS, NEA-BC (University of California, San Diego), Brayden Kameg, DNP, PMHNP-BC, CARN-AP, CNE (University of Pittsburgh School of Nursing), David Karcher, MSN, PMH CNSBC, NEA-BC, PMHRN-BC (Cedars Sinai Medical Center), Mitch Kordzikowski, DNP, MBA, APRN, PMHNP-BC, PMH-BC, NE-BC (University of Illinois, Chicago College of Nursing), Pamela Minarik, PhD, RN, CNS, FAAN (Samuel Merritt University), Karen Ragaisis, DNP, PMHNP-BC, PMHCNSBC, CARN-AP (Quinnipac University), Sally Raphel, MS, APRN-PMH, FAAN (Retired), and Elizabeth Steinmiller, MSN, PMHCNS-BC (Children's Hospital of Philadelphia)

Violence in healthcare is a pervasive and underreported problem worldwide (ICN 2000). The problem, challenges, solutions & future directions require all nurses' attention. The pandemic highlighted increasing patient aggression every year with nurses experiencing violence-related injury rates approximately three times higher than rates of violent events for all other occupations.2-3 Workplace violence (WPV) perpetrated by patients compromises staff capacity to provide quality care and has been linked to increased levels of stress, anxiety, burn-out and turnover4-5, yet N nurses are less likely to pursue legal action or protections.2-3 The frequency and severity of assaults against health care workers, particularly nurses and non-licensed personnel, have been increasing and require immediate attention and direction for action. ISPN has developed a position statement on the subject to inform healthcare providers, institutions, and policymakers. This primary focus of this workshop will explore current trends in workplace violence, definitions of the problem, federal legislation and OSHA initiatives regarding workplace violence. Discussion topics include the Cost of WPV to Patients & Employers, WPV Legislation & Standards--- Federal, State, Components of Effective & Sustainable WPV Programs in Health Care and Grassroots efforts to ensure policymakers hear nurse's perspectives and concerns. This dialogue will also cover nursing actions needed to improve the safety and well-being of healthcare environments for the future. The second focus of this workshop will highlight best practices to prevent and mitigate patient aggression toward healthcare staff implemented by Psychiatric Clinical Nurse Liaisons (PCNL) working within several different healthcare systems. Work groups deliberations will reflect on: 1) Prevalence & origins of workplace violence; and 2) Relationship between workplace violence and healthcare worker burnout, stress, and moral injury; 3) Components of Effective & Sustainable WPV Programs in Health Care; a) Oversight, accreditation, and accountability; b) Trauma informed care; 4) Assessment tools; 5) Gaps, recommendations & workplace plans of action; 6) Effective WPV prevention and mitigation strategies; a) Education and training opportunities; b) Behavioral Emergency Response Team (BERT) adoption; and c) Environment of care plans.

Concurrent Session 9.1

GENDER-SENSITIVE THERAPEUTIC USE OF SELF IN TRAUMA INFORMED CARE: HOW HARD CAN IT BE?

Emily Hauenstein, PhD, LCP,MSN, FAAN (University of Virginia School of Nursing)

Trauma informed care (TIC) is a standard for psychiatric nursing practice. TIC provides an interpersonal space where experienced trauma is acknowledged and integrated in treatment, ensuring that the patient is not re-traumatized. Gender-related trauma is especially salient to women who disproportionately seek mental health treatment. While gender-related events like experienced violence are often recognized and the focus of TIC, common, everyday gender-based trauma regularly is not, even though it plays an important role in anxiety and depression. Everyday trauma is the result of structural sexism and gender-based discrimination, gender subordination in day-to-day roles, and outright misogynistic acts. Women with intersecting non-binary, racial or other identities are especially prone to sexist discrimination and gender-intersectional oppression. Gender-sensitive TIC is impossible unless providers understand the effects of both current and past gender trauma. Providing gender-sensitive trauma treatment may be difficult for many psychiatric nurses. As a predominately female workforce, many psychiatric nurses share a gender-based trauma history with the women they treat. Psychiatric nurses experience on-going gender discrimination and oppression in both their professional and personal lives. Most psychiatric nurses understand the importance of therapeutic use of self which is a key element in providing gender and trauma-sensitive care to women. Therapeutic use of self requires personal awareness of embodied gender biases and expectations, attunement to past gender-based trauma experiences, and recognition of on-going coping with structural sexism and gender oppression in day-to-day encounters. Gender identity is so central to one's being and yet, by early adulthood, so resistant to change, that it may be difficult for women providers and patients to discern the effects of gender in treatment interactions. Professional women also may be prone to overlook gender in their therapeutic interactions because their achieved status may cause them to believe that gender is less salient in their daily life. This psychotherapy-oriented presentation is intended to examine the role of gender in TIC with women. Participants will have the opportunity to assess their own embodied gender values and expectations and evaluate how they affect their approach to common psychotherapeutic situations. Methods of cultivating gender awareness and providing gender-sensitive TIC will be explored.

Concurrent Session 9.2
EMPOWERING BLACK MENTAL WELLNESS: UNVEILING DISPARITIES, CHARTING PATHWAYS TO CHANGE

Kirby Williams, MSN, PMHNP-BC (Beacon Behavioral Health and Consulting, LLC and The PMHNP Source, LLC)

Research has demonstrated that racial bias and practices rooted in systemic racism havenegatively impacted the experiences of Black patients who seek and receive mental healthcare. The evidence from research demonstrates that Black patients are more likely to be offered pharmacologic treatments before options of therapy, more likely to be diagnosed with psychotic disorders even when they exhibit the same symptomatology as white patients, and have a higher likelihood of being prescribed antipsychotic medication for depressive symptomatology. Current practices to address disparities include companies/employers starting diversity committees, cultural competency trainings and crafting diversity statements. These changes have been implemented among many employers, but they are passive approaches to addressing bias and disparities. More active strategies to address racial bias help us as PMH nurses provide better care and it creates spaces where clients feel safe enough to seek and continue services. Companies,organizations and PMH professionals need active ways to address bias on a consistent basis,not solely through use of trainings and committees.

Concurrent Session 9.3
EDUCATING UNDERGRADUATE NURSING STUDENTS TO BE LEADERS IN SUICIDE PREVENTION THROUGH QPR GATEKEEPER TRAINING

Robi Thomas, PhD, RN, PMHNP-BC (University of Detroit, Mercy); Andrea Kwasky, DNP, PMHNP-BC, PMHCNS-BC (University of Detroit, Mercy); Rebecca Kalinoski, DNP, PMHNP-BC (University of North Carolina, Greensboro)

Suicide is a devastating public health problem and a leading cause of death in the United States. Undergraduate nursing faculty can play an important role in ensuring that nursing students can effectively respond to people with suicidal ideation in both clinical settings and the greater community. A growing body of evidence supports the effectiveness and benefits of suicide prevention gatekeeper training. The purpose of this project was to implement QPR (Question, Persuade and Refer) gatekeeper suicide prevention training in undergraduate psychiatric nursing courses at 2 nursing schools to improve knowledge and comfort levels of the students regarding responding to individuals with suicidal ideation and behaviors. Results demonstrated that the training improved students' knowledge and confidence regarding suicide prevention.

Concurrent Session 10.2
PROMOTING A CULTURE OF OPENNESS AND SUPPORT IN LAW ENFORCEMENT

Karan Kverno, PhD, PMHNP-BC, PMHCNS-BC, FAANP, FAAN (Georgetown University School of Nursing); Renee Waskovich White, DNP, FNP-BC, PMHNP-BC, Esq (Ocean County Prosecutor's Office); Julia Kaye Knauff, DNP, FNP-BC, PMHNP-BC (First Responder Peer Support Network: Statewide volunteer organization)

Law enforcement officers have a duty to protect the public under uncertain and unpredictable conditions that require accurate appraisal and split-second decisions. These conditions, in addition to heavy workloads, shift work, and repeated exposure to trauma, are known to increase the risk for mental, physical, and social impairments, thereby increasing public risk. Law enforcement organizations have traditionally stigmatized mental health problems, creating cultures of silence and hesitancy. In this presentation, we will discuss the work of two psychiatric mental health nurse practitioners in addressing the mental health needs of law enforcement officers: one through crisis intervention team (CIT) training and mental health services; and the other through a statewide peer to peer support network. All first responders are vulnerable to job stress and burnout and require organizational openness and support to improve early identification and access to care.

Concurrent Session 10.3
DEVELOPMENT AND IMPLEMENTATION OF A SUICIDE PREVENTION CURRICULUM WITHIN A UNIVERSITY SETTING

Caroline McKinnon, PhD, PMHCNS-BC (Augusta University)

Background: Suicide is increasingly recognized as a major public health concern, across the United States, and within institutions of higher learning. Suicide is also the 2nd or 3rd leading cause of death among individuals ages 15-24. Although high-stress college majors such as nursing increase the risk of suicide, many nursing faculty are underprepared to engage in suicide prevention strategies. Moreover, evidence-based strategies such as universal gatekeeper training are often not well utilized due to a combination of limited knowledge, low self-efficacy, and overwhelming stigma. Purpose: The purpose of this presentation is to describe the role of nursing faculty in a comprehensive suicide prevention approach utilized at a four-year academic health sciences university. Curriculum: Components of this effort included specialized faculty training in suicide prevention, frequent reminders to students, faculty, and staff about the availability of suicide prevention training, and interdisciplinary collaboration with others within the university and community partners. The curriculum has been modified by a trained PMHNP faculty to diverse audiences ranging from nursing students, nursing faculty, public school personnel, and first responder trainees. Results: Results will document the frequency of and satisfaction with suicide prevention offerings to

nursing students, faculty and staff as well as community partners. These results will be presented in the context of future research, practice, and educational implications. The presentation will conclude with an opportunity to share suicide prevention resources, especially those focused on university settings.

Concurrent Session 11.1
THE ESSENTIAL TRIAD OF NURSE-PATIENT-INTERPRETER RELATIONSHIP TO OPTIMAL THERAPEUTIC OUTCOMES

Marian Newton, PhD, PMHNP-BC, PMHCNS-BC, ANEF (Shenandoah University); Karen Goyette Pounds, PhD, PMHCNS-BC (Boston College)

The U.S. population represents only 5% of the total world population, but nearly 20% of all global migrant persons live in the U.S. While 78% of the 313.2 million U.S. residents report speaking only English at home, the other 22% (67.8 million) report speaking a language other than English. These non-English speaking migrant residents are encountered throughout the health care system, i.e., inpatient, outpatient and emergency departments. The increasing quantity of non-English Speaking (NES) patients treated primarily by only-English Speaking (OES) psychiatric mental health providers presents a dilemma. Medical interpreters occupy a central role in mental health care by bridging communication gap between patient and PMHRN/APRN care providers. The interpreter role often goes beyond a mere language role to that of clarifier and advocate-mediator. This presentation will review the literature on the influence of the interpreter presence on establishing, maintaining and improving the nurse-patient relationship. Strategies needed to assist patients during this time of patient population transition utilizing interpreters is viewed through the lens of Hildegard Peplau's Theory of Interpersonal Relations.

Concurrent Session 11.3
THE PLANET AS MY PATIENT: MENTAL HEALTH ADVOCACY ON A GLOBAL SCALE AT THE UNITED NATIONS: BRINGING THE VOICE AND EXPERTISE OF NURSES TO THE UNITED NATIONS SYSTEM

Holly Shaw, PhD, RN (University of Minnesota School of Nursing and Long Island University)

The UN System serves as the main transnational forum for global peace, quality of life, and health of the planet and all its inhabitants. While policy development and decision-making are limited to the General Assembly Member State governments, the UN provides non-governmental organizations (NGOs) with an opportunity to contribute voice and input to many deliberative processes and activities. Psychiatric Mental Health RNs and APRNs are uniquely qualified and positioned to serve as leaders, change agents, educators, researchers and

health advocates in the UN civil society and diplomatic community. Though there are over 1,300 NGOs associated with the UN Department of Global Communications (DGC) and 5,451 NGOs in active consultative status with the Economic and Social Council (ECOSOC), less than ten are nursing organizations. The complexity of the system and confusion interacting with the multilateral body and its entities have been obstacles to active nursing engagement that could possibly influence major issues affecting the peoples of the world. Despite the dearth of nursing NGOs, the author, formerly representing Sigma and currently ICN at the UN has energized the nurse activist community to achieve unique leadership roles in the Civil Society sector: organizing, implementing, and moderating global Briefings, chairing NGO Committees, consulting to Ambassadors and staff, collaborating with professionals at UN entities including UNESCO, UNICEF, etc., convening Side Events for the Commission on the Status of Women and integrating nurse experts as presenters on panels and presentations. Opportunities for participation and leadership within the UN System and Civil Society will be highlighted. ISPN members who are PMH RNs and APRNs are skilled in establishing trust, promoting solidarity, complex thinking, translating science, communicating compassion, leading teams, and promoting health, thus, strong proponents contributing to global mental health and social issues. We have expertise in interprofessional partnerships and demonstrating intersectionalities/interrelationships between planetary health, climate crisis, disasters, forced migration, conflict, discrimination, and violations of human rights as threats to mental health. Our contributions are needed to ameliorate these adversities, to restore well-being and promote global and planetary health. The author will present multiple pathways for global advocacy, engagement, and leadership, from the unique perspective of an insider's view.

Concurrent Session 12.1
USING COMORBIDITY CASES TO STRENGTHEN COLLABORATIVE CARE IN PMHNP NURSING EDUCATION

Marci Zsamboky, DNP, PMHNP-BC, CNE (Duquesne University School of Nursing); Lori Dado, DNP, FNP-BC, PMHNP-BC (Duquesne University)

Population-based mental health care needs have rapidly become a national priority. Recent data on suicide completions from the CDC (2023) indicates significant increases in 2022. Individuals being seen for mental health care are presenting with scenarios that are both more acute and more complex than in the past. These complexities are often related to physical comorbidities that may arise from health disparities common in this population. Such physical comorbidities may complicate mental health diagnosis, treatment and disease progression, compounding functional impairment. Most importantly, individuals with mental health disorders and co-occurring chronic physical health conditions are at risk for a shorter life expectancy

of approximately 12-20 years compared with the general population (Behan et al., 2015; De Hert et al., 2011; Storm et al., 2020). PMHNPs must develop competency in identifying patients who develop physical conditions during their mental health treatment. They must also feel confident when collaborating with primary care and specialty providers in the referral and treatment process.In order to strengthen collaborative care in PMHNP nursing education, our PMHNP program has developed a comorbidity case study that helps draw attention to these complex patient scenarios. Integrated into the final patient management course, PMHNP students are assigned comorbid physical conditions and must discuss pathology, common pharmacology, required lab work and diagnostic testing, and special considerations for mental health interventions as related to their assigned physical comorbidity. Students report increased knowledge and comfort level in working with physical comorbidities as a result of completing the case study.

Concurrent Session 12.2
WHEN IS DEPRESSION REALLY BIPOLAR II DISORDER?
Caren Coffy-McCormick, DNP, APRN, PMHCNS-BC (University of Delaware); Jennifer Graber, EdD, APRN, PMHCNS-BS (University of Delaware)

Collaborative care is an important aspect of treating patients with mental illness. Advanced practice psychiatric nurses are valuable leaders when working with a multidisciplinary healthcare team. Primary care providers tend to be the first line of defense for clients seeking treatment, even for mental health issues. Primary care providers must be knowledgeable in identifying clients with mental health disorders, but also know when to refer to a specialist. This presentation will focus on Bipolar II Disorder and how to differentiate from Major Depressive Disorder reviewing the pathophysiology and clinical presentation. When antidepressants are not working, it may be time to start thinking of a different diagnosis or treatment. According to the NIMH (2023), more than 2.5% of the adult population in the US has a diagnosis of Bipolar II Disorder, and according to the WHO (2022), around 40 million people worldwide experience some type of Bipolar Spectrum Disorder. Statistics also show that about 15% of patients that are being treated by a primary care provider for depression may have a bipolar spectrum disorder. There are a variety of issues surrounding appropriate diagnoses, only 20% are correctly diagnosed within the first year, the average delay of correct diagnosis is 7.5 years, and patients usually present with only the depressive symptoms. Overall, diagnosis of Bipolar II is not always easy and this disorder is often mistaken for depression or treatment resistant depression. It is important for the provider to understand the benefits and risks of interventions administered early in the disease process. Pharmacology is the mainstay of treatment for bipolar spectrum disorders with this type of treatment possibly lasting for life. Medications include first- and second-generation antipsychotics and mood stabilizers/

anticonvulsants with only two medications being specifically for bipolar II disorder. The use of antidepressants still remains controversial related to the possibility of exacerbated symptoms. This presentation will focus on outlining the specific symptoms of bipolar II disorder and the psychopharmacologic treatment as well as how to involve the collaborative care team in management of the disorder.

Concurrent Session 12.3
HEALTH EQUITY RESEARCH BOOTCAMP USING COLLABORATIVE COMMUNITY RESOURCES
Mary Louise Tatum, MPH, MSN, PMHNP-BC (Cleveland Clinic)

For too long, research endeavors have lacked Black and Brown participants making it difficult to close the health equity gap that currently exists in America. We often hear that it is due to past research traumas, such as The Tuskegee Experiment. However, there are other factors, such as a dearth of Black and Brown researchers or scientists to provide modeling and mentoring. Using a boot camp framework to understand factors preventing professional nurses from engaging in research, provide an educational intervention, and to inspire participant capacity as scientists, 14 people participated. Of those, eleven (11) people (78%) were Black, 8 were nurses (advanced practice, DNP and student nurse), and 3 people were from other healthcare departments. Scheduled on a weekend and held at a public library in a primarily Black residential area in a large Midwestern city, a one-time five (5) hour program centered on information about the National Institute on Minority Health and Health Disparities Research Framework; the Health Equity Research Framework; research informatics; grant development; and research and impact evaluation. A multidisciplinary team representative from MetroHealth Medical System, Quantitative Health Sciences at Cleveland Clinic, and staff from Clinical and Translational Science Collaborative of Cleveland (evaluation director and DEI and Health Disparities assistant director) facilitated training. Outcome program data results included all participants requesting access to the Collaborative Institutional Training Initiative and two additional trainings were formulated for Institutional Review Board Basics and Removing Intrapersonal Barriers to Success.

Concurrent Session 13.1
THE COMMUNITY PSYCHIATRIC NURSE PRACTITIONER: A MODEL FOR WORKFORCE DEVELOPMENT: THE VNS HEALTH COMMUNITY PSYCHIATRY NURSE PRACTITIONER FELLOWSHIP
Rachel Griffin, DNP, MPH, PMHNP-BC (VNS Health--Visiting Nurse Services of New York); Andrea Abranoff, MSN, PMHNP-BC (VNS Health); Jules Ranz, MD (VNS Health, Columbia University)

The demand for psychiatric services in underserved communities is a growing challenge for the health care system. Psychiatric Mental Health Nurse Practitioners

(PMHNPs) serve as a crucial workforce component in addressing the nation's shortage of mental health providers, especially in these communities. This population is complex and can be overwhelming for the inexperienced provider. PMHNP education is years shorter than psychiatrists' training and many graduates have limited exposure to the community setting. Post-graduate PMHNP fellowships can target this gap between years of training and complexity of responsibility by providing additional on-the-job education in the first year of practice. This presentation will focus on the VNS Health Community PMHNP Fellowship and aims to support the development and implementation of similar fellowships and to highlight the need for increased funding for such programs. The VNS Health Community PMHNP Fellowship was developed to provide specialty training for new graduate PMHNPs serving severely mentally ill populations in underserved and diverse communities. This year's class consisted of PMHNPs in their first year of practice working in ACT and IMT teams. This type of community work is particularly challenging as practitioners work seeing clients in their homes and seeing unhoused clients in shelters or on the street. This fellowship consists of a didactic program, psychopharmacology education, and case conferences. The didactic program focuses on clinical practice and on the systems and social determinants of health impacting this patient population. The curriculum covers evidence based-practices and recovery-oriented services, clinical care, PTSD and trauma-informed care, serious mental illness, substance use, geriatric psychiatry, legal aspects of psychiatry, mental health advocacy, leadership, and systems of public health and behavioral health services. Psychopharmacology is taught through weekly medication presentations and woven into didactic sessions. Outcomes of the fellowship include 100% staff retention during the fellowship year, increased peer support, and enhanced clinical skills and community resource finding. Additionally, the fellowship helped VNS Health attract and retain new graduate PMHNPs and ensure their practice is effective and evidence-based. VNS Health is seeking financial support to continue the fellowship, but sustainability remains a challenge without a national model for funding post-graduate NP education.

Concurrent Session 13.2
RESEARCH USING THE ISPN HISTORICAL ARCHIVES
Catherine Kane, PhD, RN, FAAN (Professor Emerita, University of Virginia School of Nursing); Julie Roebuck, DNP, PMHNP-BC (University of Virginia)

Building on 2023's introduction of the ISPN Historical Archives at the University of Virginia, this presentation will introduce participants to the process of working with the ISPN Collection for research purposes. The process of using historical documents and artifacts for research in Psychiatric Nursing will be described. Strategies for using the Collection to understand the challenges, accomplishments and perspectives on the future of PMH Nursing history will be discussed. Participants will learn about the scope of the ISPN Collection at the University of Virginia Eleanor Crowder Bjoring Center for Nursing Historical Inquiry; the current status of the archives; the process of submitting and accessing materials; and strategies of utilizing the archives for nursing education and research. The goal of this presentation is to stimulate the development of research questions as the basis for researching the collection, generating research projects, and publishing research papers. The Collection is essential to nursing educators and researchers who will use it to understand the challenges and successes of PMH nursing through the lens of the progression of ISPN through time. The Archives have great potential to provide PMH nursing with opportunities to learn from our past in planning for our future.

Concurrent Session 13.3
KEEP CALM AND TEACH ON! PERSONALITY DISORDERS AND SIMULATED GROUP THERAPY SESSION
Jennifer Graber, EdD, PMHCNS-BC (University of Delaware); Christine Hanna-Ronald, MSN, PMHNP-BC (University of Delaware)

Few simulations allow psychiatric mental health nurse practitioner (PMHNP) students to address complex patients while also addressing therapeutic modalities in advanced practice education. Research shows that students who are actively engaged in simulated learning experiences demonstrate improved student and professional outcomes as well as better client outcomes when taking into consideration the whole well-being of the client. Simulation learning with simulated participants (SPs) is an acceptable alternative to direct patient care learning and are beneficial for: development of therapeutic communication skills, performing mental health assessments, enhancing learning experiences and skills. Students can practice both technical and interpersonal skills in a safe environment without compromising the quality of care. Many individuals demonstrate behaviors or traits associated with personality disorders, even if they do not meet full diagnostic criteria. It is therefore important for PMHNP students to be able to successfully navigate therapeutic relationships and interactions with these individuals. The majority of PMHNPs may not be frequently or directly involved in facilitating therapeutic groups, however, the knowledge and mastery of the core competencies of group therapy are critical to the overall delivery of quality mental health care. Faculty with experience in advanced practice and group therapy developed a simulated group experience to offer students a safe environment to practice skills with two difficult topics - group therapy and personality disorders. Students were randomly assigned a personality disorder, which they had to research and portray during a group therapy session. Students also had the opportunity to co-facilitate a group therapy session with other students and SPs portraying different personality disorders. PMHNP students reported various benefits of this engaging simulation to address complex patient needs and collaborate with colleagues to

better address the whole health of the client. Analysis of videos allowed faculty to recognize the need for additional program care delivery and collaboration. Simulated learning outcomes included improved problem solving, critical thinking, persistence, and adaptability. When utilizing advanced simulation techniques, students learn to critically think, communicate, negotiate, collaborate, and lead in interprofessional roles. This way of thinking is essential as schools strive to meet the new CCNE essentials for accreditation.

Concurrent Session 14.1
DIAGNOSIS OF BORDERLINE PERSONALITY DISORDER IN ADOLESCENTS (BPD-A): A RAPID REVIEW WITH RECOMMENDATIONS FOR PRACTICE AND FUTURE RESEARCH

Maricar Bana, BSN, RN, CNRN, HNB-BC (University of Florida); Michaela Hogan, DNP, APRN, PMHNP-BC, CNE (University of Florida); Margaret Ansell, MLIS, AHIP-S (University of Florida)

Background: Borderline personality disorder (BPD) is a serious mental illness that commonly emerges in adolescence and early adulthood, potentially impeding subsequent stages of life. The far-reaching consequences of BPD may encompass physical health, medical interventions, psychological well-being, psychosocial functioning, and overall quality of life. Controversy surrounds the early diagnosis of BPD, particularly in adolescents (BPD-A), despite some literature linking it to improved outcomes. The clinical debate surrounds the potential stigmatization of BPD-A and its complexity related to the overlap of symptoms with other psychiatric disorders and typical adolescent developmental changes. Furthermore, diagnostic instruments and clinical guidelines for BPD-A are limited. This rapid review aims to provide a narrative synthesis of evidence-based recommendations for practice and future research in diagnosing BPD-A. Methods: The design and methods used for this rapid review comply with Cochrane Rapid Reviews and are reported with the guidance of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Searches in three databases (PubMed, Embase, & APA PsycINFO) were conducted using keywords related to borderline personality disorder, adolescents, and diagnostic instruments. After importing search results into a software tool, duplicates were removed. Two reviewers independently screened abstracts for exclusion criteria. The remaining studies were independently assessed based on full-text reviews by the same two reviewers. Studies determined to meet inclusion criteria by both reviewers were included in the rapid review. Conflicts between reviewers were resolved through consensus-driven discussions. The study selection process was summarized using a PRISMA flowchart. Data extraction following a structured template was summarized in table format. Included studies were appraised for risk of bias (National Heart, Lung, and Blood Institute) and level of evidence (Joanna Briggs Institute) to determine the quality

and reliability that guided the interpretation of evidence for practice. A full study protocol is available to the public on Open Science Framework (Ba√±a et al., 2023). Results: Database searches returned 5663 studies. 2250 duplicates were removed. 3413 titles and abstracts are currently under review. A narrative synthesis with a descriptive and categorical summary will be completed. An external content area expert will appraise the evidence summary using the AGREE II Instrument.

Concurrent Session 14.2
NO ROOM IN THE CURRICULUM? CONSIDERATIONS FOR EDUCATING ADVANCED PRACTICE PSYCHIATRIC NURSES TO PROVIDE CARE FOR NEURODIVERSE POPULATIONS

Holly E. Brown, DNP, RN, PMHNP-BC, PMHCS (Golisano Institute for Developmental Disability Nursing/St. John Fisher University); Janiece DeSocio, PhD, RN, PMHNP-BC, FAAN (Golisano Institute for Developmental Disability Nursing/St. John Fisher University)

Increasingly, patients represent a spectrum of neurodiversity that requires advanced practice psychiatric nurses (APPNs) to adapt communication and approaches to achieve patient-centered care, treatment engagement, shared decision-making and improved outcomes. Neurodiversity is a relevant concept for APPNs due to the increased prevalence of autism spectrum disorders, trauma related sensory issues and cognitive impairments, chronic health conditions, post-acute viral sequalae, and changes associated with aging. The ability to pivot from "care as usual" and create an effective treatment plan in partnership with individuals on a neurodiversity spectrum requires competencies not typically taught in advanced practice education. Knowledge and skills essential to providing inclusive and accessible care for persons with developmental disabilities are translatable and applicable across a spectrum of neurodiversity. This presentation explores the concept of neurodiversity as it applies to a changing psychiatric population and describes innovative solutions for integrating content and practice competencies for an increasingly neurodiverse population.

Concurrent Session 14.3
VIOLENCE AGAINST NURSES IN THE WORKPLACE: WE NEED TO ACT NOW!

Emily J. Hauenstein, PhD, LCP, MSN, FAAN (University of Virginia); Kathleen R. Delaney, PhD, APRN, PMH-NP, FAAN (Rush College of Nursing); Joanne DeSanto Iennaco, PhD, APRN, PMHNP-BC, FAAN, FFNMRCSI (Yale University School of Nursing); Mona Shattell, PhD, RN, FAAN (College of Nursing, University of Central Florida)

Since 2020, there has been a 23-35% increase in patient violence toward nurses and healthcare workers; patient assaults were nearly ten times higher in psychiatric hospitals compared to all hospitals. The on-the-job murder of PMHNP June Onkundi in North Carolina compelled a

group of PMH leaders and violence experts to collaborate and begin working on a comprehensive approach to eliminating violence toward all nurses, especially PMH nurses and staff. One outcome of this work is a set of recommendations outlining a five prong, comprehensive, multi-system approach to reducing workplace violence, recently published by Health Affairs. At the Federal level we have recommended that Congress enact comprehensive legislation embodied in the recently reintroduced Workplace Violence Prevention for Health Care and Social Service Workers Act. This act compels OSHA to set a standard for workplace protections, and mandates risk assessment, real-time solutions, and training of personnel. At the regulatory level, we recommend that accreditors develop and emphasize quality indicators that elevate efforts to protect staff from harm. Our group also recognized the weaknesses of existing data systems and recommend that these systems be strengthened to better monitor worker exposure to aggressive events. At the institutional unit level, we recommended improving reporting of workplace violence acknowledging both the overt and covert means that institutions use to discourage accurate reporting of violent incidents when they occur. Finally, we emphasize the role of pre-licensure education in developing nurses who understand quality and safety standards that protect nurses and staff from injury, and who will assert their right to be safe at work. Despite our recent success in publicizing the dire need to improve workplace safety, we are humbled by the amount of work necessary to actualize these recommendations. In this presentation we will describe the evidence supporting our recommendations and discuss policy and research approaches to minimizing violence at work. Our efforts to network these ideas through organizations will be discussed. We will engage participants to join our efforts by considering potential solutions at each of these five action targets and by providing recommendations for coalition building to further this crucial professional work.

Poster #1
NURSING STUDENTS' RESPONSE TO MINDFULNESS INTERVENTIONS: AN INNOVATIVE MENTAL AND PHYSICAL EDUCATIONAL PREPAREDNESS

Ashlee Barnes, DNP, APRN, FNP-C (University of Detroit, Mercy); Arthur Ko, PhD, RN (University of Detroit, Mercy)

Nursing students' success in completing course requirements is dependent upon their ability to actively participate in class. Mindfulness interventions may promote mental, behavioral preparation and relaxation that can easily be conducted during class sessions. The result of this pilot project reveals a positive impact towards students' feelings of calmness ("ease") and comfort prior to completing course requirements post mindfulness intervention. These interventions can be applied in practice settings by nurses (i.e., inpatient) to relieve stress and increase mental and behavioral preparedness prior to conducting nursing interventions. This mindfulness intervention can also be used in group dynamic activities.

Poster #2
SCOPING REVIEW: DEBRIEFING TYPES IN HEALTH SCIENCE SIMULATIONS

Claire Song, BScPN, RPN, MSc (Douglas College)

Background: Debriefing is a pivotal element of simulation-based learning in health sciences. The need to investigate the efficacy of diverse debriefing methods remains evident. Amid technological advancements, simulations have gained prominence across health disciplines, encompassing communication skills and intricate tasks. While efficient simulation sessions have been developed, the significance of debriefing warrants exploration. Varieties of debriefing involve peers, instructors, and professionals. This study synthesizes literature on the effectiveness of debriefing methods in health science simulations. Method: Employing the JBI model, a scoping review was conducted to map evidence on peer-, instructor- and professionals-led debriefing's effectiveness in health science simulations. Results: A total of 24 scholarly journal articles from 2015 to 2023 were included. Findings indicated effectiveness across all three debriefing types, with peer-led combined approaches yielding richer learning experiences. Diverse debriefing methods with inherent pros and cons were identified. Method selection impacts learning outcomes. Peer-led debriefing fosters leadership among debriefers and participant comfort but necessitates guidance. Instructor-led debriefing outperforms self-led methods, though formal training remains lacking. Professionals-led sessions require clear objectives and feedback. Group debriefing with professionals surpasses 1:1 settings. Conclusion: Debriefing

profoundly influences health science education simulations. The efficacy of distinct debriefing sessions necessitates evaluation before implementation. Combining peer-led debriefing with instructor-led or professional-led methods enhances learners' meaningful and enriched experiences.

Poster #3
A PILOT STUDY INTEGRATING SIMULATION INTO A PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER PROGRAM
Rebecca Schroeder, DNP, MPH, PMHNP (University of Maine); Susan Yetter, PhD, APRN, PMH-NP, CNE (University of Southern Maine School of Nursing)

There have been long standing efforts to integrate simulation into nursing curriculum, however many advanced practice nursing programs have not kept pace. By using case scenarios that reflect real-life situations, simulation reinforces learning opportunities that may not be available in clinical practice. There is widespread support for this pedagogy in nursing, however, there are gaps in the literature on the use of simulation in advanced practice mental health nursing curriculum. In order to help Psychiatric Mental Health Nurse Practitioner (PMHNP) students at the University of Southern Maine (USM) prepare for the realities of clinical practice, a high fidelity (HP) simulation was developed using standardized patients (SP). IRB approval was obtained prior to the execution of this project allowing students to give informed consent for qualitative and quantitative analysis of the data obtained. The purpose of this project was to offer students a clinically immersive experience and for faculty to develop a deeper understanding of simulation technology as an effective pedagogical technique. For this scenario, student learners in their first clinical course conducted a 20 minute focused mental health visit with a SP. Following the simulation exercise students were asked to evaluate their perception and effectiveness of the experience and to participate in a debrief and reflective writing assignment. All vignettes were videotaped allowing students to review their performance and skill set. The goal of this project was to develop best practices in future HF simulations. This project has helped faculty become familiarized with both the technology and the process of live simulations and has offered students the opportunity to gain competence in their skills. As with all new teaching/learning activities, revisions and developing expertise are ongoing expectations. Faculty in the PMHNP program tract are now positioned to include this pedagogy into the clinical preparation of all students enrolled in the program. This pedagogy is no longer an innovative option. It must become an expected portion of advanced practice education as another strategy for preparing students for clinical practice.

Poster #4
METABOLIC MONITORING OF PEDIATRIC PATIENTS PRESCRIBED SECOND-GENERATION ANTIPSYCHOTIC MEDICATION
Julie Roebuck, MSN, DNP, PMHNP-BC (University of Virginia)

Introduction: The prevalence of psychotropic medication prescription use in youth has increased over the past several years. Despite recommendations and practice parameters established by the American Diabetes Association-American Psychiatric Association (ADA- APA) outlining metabolic monitoring of patients prescribed second-generation antipsychotic (SGA) medication, monitoring adherence for the pediatric patient population remains inadequate. AIMS: This project aimed to improve metabolic monitoring of pediatric patients prescribed SGAs and discharge recommendations for follow-up monitoring within a small, child and adolescent psychiatric hospital. Methods: This project compared metabolic monitoring adherence rates pre and post implementation of a metabolic monitoring organizational policy developed to provide procedural guidance, using ADA-APA guidelines. Participants included prescribing clinicians (physicians and psychiatric nurse practitioners). Results: Phase 1 chart reviews found no records of fasting blood glucose, fasting lipid profile or waist circumference. Following project implementation, chart review found that fasting blood glucose and fasting lipid profile was recorded in 21 (72.4%) of the charts, and waist circumference was recorded in 18 (62.1%) of the charts for patients prescribed SGA medication. For patients discharged on an SGA, written recommendations for follow-up metabolic monitoring improved from 13% to 70% (<.001). Conclusions: Implementing an organizational metabolic monitoring policy and protocol can improve clinician adherence to ADA-APA guidelines for recording in-patient monitoring of metabolic parameters and discharge recommendations for pediatric patients prescribed SGA medication.

Poster #5
TRAUMA'S FAR REACH
Patrice Wade-Olson, DNP, AGPCNP-BC, AAHIV (Corktown Health Center and University of Detroit, Mercy); Arthur Ko, PhD, RN (University of Detroit, Mercy); Jill Turner, BSN, MLIS, MALS (University of Detroit, Mercy)

Adverse Childhood Experiences (ACEs), are traumatic experiences that occur prior to age 18. ACE's are associated with an increased risk of cardiovascular disease, depression, and substance use in adulthood. Recent research suggests that trauma occurring during adulthood has a stronger impact on current and future health as compared to ACE's. People who are LGBT+ and people living with HIV experience higher rates of trauma as both children and adults. People who are living with HIV who experience trauma are at increased risk of depression, anxiety, worsened overall health outcomes and poor adherence to medication. Further understanding trauma within these

special populations is critical to addressing their health care needs as well as in improving their quality of life and care. Previous research has largely focused on white and LGB populations, while the current study allows for a more diverse sample and an intersectional perspective. To further understand trauma within these special populations, the researcher created a tool and has enrolled approximately 100 participants. The study is currently enrolling with an estimated completion date of November 2023.

Poster #6
ATYPICAL ANTIPSYCHOTICS: PREVENTING AND MITIGATING WEIGHT GAIN
Nick Dotson, DNP, APRN, PMHNP-BC, MSTOM, Lac (University of Illinois, Chicago) and Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois, Chicago)

Clinical Issue: Patient adherence to atypical antipsychotics has been problematic, with high rates of symptom relapse and rehospitalization (1) due to rapid and persistent weight gain associated with these medications (10). The aim of this study was to increase psychiatric provider confidence in preventing and mitigating weight gain in this patient population. Supporting Literature: A review of good or high-quality research, per the John Hopkins Research Evidence Appraisal tool (2017), indicated that education and appropriate metabolic monitoring are key factors in the prevention of metabolic syndrome-associated weight gain. Project Implementation: This presentation is based on a Quality Improvement Project Twenty-one psychiatric provider participants, from two Midwestern medical centers completed a pre-and post-intervention survey to describe their perceived competence and confidence in addressing weight gain in patients prescribed atypical antipsychotic medication. Participants were provided with a digital scale, tape measure, and a card containing metabolic monitoring guidelines, healthy lifestyle education, and a QR code linked to a narrated PowerPoint. Outcomes: A comparison of pre- and post-intervention surveys indicated an overall increase in the provider's sense of competence; most significantly in the ability to provide education, and the least significantly in the provider's sense of patient adherence. Clinical Implications: Implications of this study indicate the benefit that access to educational and metabolic monitoring tools can have on increasing provider perceived competence.

Poster #7
MENTAL HEALTH OUTCOMES OF POOR ACCESS TO HEALTHCARE AS IT RELATES TO PELVIC FLOOR DYSFUNCTION IN NATIVE AMERICAN WOMEN
Lexxie Gramke, PhD, PMHNP-BC, AGPCNP-BC (University of Illinois, Chicago)

Overactive bladder is a prevalent problem affecting as many as half of all women in the United States. Literature suggests that this disorder can lead to depression and anxiety and, subsequently, decrease the quality of life in those affected.

Certain factors are known to increase the risk of developing overactive bladder, including overweight, diabetes mellitus, smoking, and increased parity, all of which are present in Native American women at higher rates than the general population of women. While overactive bladder is, in many cases, preventable or treatable, poor access to healthcare for Native Americans may lead to increased rates of untreated overactive bladder which may increase the likelihood of depression, anxiety, and a decreased quality of life. Underfunding of the Indian Health Service, lack of healthcare providers in the rural and remote areas where many Native American women live, transportation issues, inability to afford health coverage, and inadequate cultural care are barriers that Native Americans often face. These barriers deter many Native Americans from receiving routine annual medical appointments; specialized medical care for issues such as pelvic floor dysfunction is even less likely. In order for access to healthcare to be considered adequate, patients must: a) have sufficient insurance coverage to ensure they are not left with heavy financial burdens as the result of receiving routine care; b) have preventive and treatment services available in their locale; and c) be able to receive needed care in a timely manner without significant delays. In addition, a capable workforce that is large enough to meet patients' needs is essential. It is likely that budgetary reforms to the Indian Health Service could increase healthcare access and benefit over one million Native American women and honor the U.S. government's "promise of all proper care and protection" included in many treaties with Native Americans.

Poster #8
NURSE LEADERS STRATEGIES TO ENHANCE WELLBEING FOR THEIR TEAMS
Mamilda Robinson, DNP, APN, PMHNP-BC (Rutgers University School of Nursing)

Nurses are considered a vital member of the healthcare team, yet much remains unknown about the psychological, emotional and even physical wellbeing of nurses. Given that Nursing is perceived as a selfless profession, nurses often neglect their own needs in order to support and provide optimum care for their patients, families and the community at large (Aktan, et al., 2023). While this may be viewed as admirable, diligent and courageous, there remains a need for nurses to address their own wellbeing as they continue to care for others. We know that people need to be healthy themselves to that they can help others. By empowering the nursing body with education and support, nurses can receive the appropriate assistance and treatment as needed. As such, nursing leaders should put, initiatives in place to support nurses' wellbeing. (Robinson, 2023).

USING COGNITIVE-BEHAVIORAL THERAPY IN THE COPE PROGRAM TO REDUCE ANXIETY AND DEPRESSION: GROUP THERAPY IN A SCHOOL SETTING

Meg Tomlins, MPH, RN (University of Illinois, Chicago); Gina Juliano, DNP APRN PNP-PC IBCLC (University of Illinois, Chicago); John Heybach, PhD (Altus Academy)

Clinical Issue: Adolescents living in stressed families in low socioeconomic communities experience high rates of depression and anxiety compared to their peers who do not experience mental health challenges. Providing targeted cognitive-behavioral coping skills education to children in a school setting can alleviate depression and anxiety as well as improve mental health and learning readiness. Supporting Literature: A high-quality literature review indicated that cognitive-based therapy designed to create and improve coping skills in adolescents in a school setting is effective at improving mild to moderate depression and anxiety in young people (1, 2). Local clinical resources in psychiatry and therapy services cannot meet the demand students have for mental health care. Project Implementation: This poster presentation is based on a quality improvement project. 10 seventh grade students from a small school in a low socioeconomic area of a major metropolitan city in the Midwest participate in a 7-week coping skills training group program. Each student gains new thinking and behaving skills, and their perception of their mental health will be measured at the project's conclusion. Participants are provided a personal manual for the learning, helping them visualize and track their own progress. Outcomes: A pair of pre-, mid- and post-intervention psychiatric inventories (PHQ9A, GAD7A) will be collected to evaluate self-reported changes in depression and anxiety symptoms, and a post-intervention survey will evaluate students' confidence levels in maintaining their new skills. Clinical Implications: While data analysis will conclude in November 2023, the implications of this project may add to the data showing the benefits of offering group-based coping skills therapy to students to mitigate circumstances of their environments, and to improve mental health and academic readiness. A group-based solution could positively affect more students in the school than the school's counselors are able to offer in 1:1 sessions with students.

POPULATION MENTAL HEALTH: MENTAL HEALTH LITERACY EDUCATION FOR YOUTH SPORTS COACHES

Donald Taylor, MS, RN, PMHNP-BC (Oregon Health & Sciences University)

Background: The 2021 National Survey on Drug Use and Health from Substance Abuse and Mental Health Services Administration (SAMHSA) identified 5 million 12–17-year-olds in the United States who had experienced a major depressive episode within the past year and 1.5 million made plans for suicide (SAMHSA, 2022). Suicide is the second and third leading cause of death in ages 10-14 and 15-24, respectively (Centers for Disease Control and Prevention (CDC), 2021). A 2019 national study identified over 4.5 million children with anxiety disorders (Bitsko et al., 2022). However only about 40% of the youth experiencing mental health symptoms have received any care. Individuals experiencing mental health symptoms frequently make first contact with the health system via primary care services, yet only one in five people with major depressive disorder are even provided "minimally adequate treatment" with low recognition of symptoms notably contributing to this number (World Health Organization, 2018). Specified Problem: Mental health symptoms in youth are underrecognized and undertreated, resulting in extended and unnecessary symptom experience, increasing severity of illness, negative impact on daily activities and social development, as well as suicide attempts and death. Proposed Interventions: The intervention consists of a mental health literacy training for the coaching and team management staff of a community youth soccer organization. The training consists of five sections: define mental health vs. mental illness; the prevalence of mental health concerns in youth; common mental health disorders present in youth; the role of a sports coach in promoting mental health; how to help. Best practices for communication when addressing mental health concerns of adolescents will be reviewed, and coaching staff will be provided local contact and resource information for services within the local area. Proposed Outcome: This project aims to increase the mental health literacy of coaches of youth sports as a population-level intervention to improve youth mental health. Specifically, the coaching staff will demonstrate a 20% increase in mental health literacy, express confidence in discussing mental health concerns with youth and parents and be able to utilize available community resources to refer youth when necessary. Results: Project currently ongoing.

EFFECTIVENESS OF MENTAL HEALTH FIRST AID AS A SUPPORTIVE TACTIC ON RESILIENCE AND ORGANIZATIONAL ENVIRONMENT-RELATED FACTORS AMONG NURSES IN THE WAKE OF COVID-19: THE SEARCH CONTINUES

Rasha Eweida, PhD, MSc, BSN (Alexandria University, Egypt); Leena Mohammed Khonji (College of Health and Sport Sciences); Eman Abdeen Ali (Alexandria University, Egypt); Eman Ghallab, Alexandria University, Egypt; Mahmoud Abdelwahab Khedr (Alexandria University, Egypt)

Background: Despite the existing epidemic is on the regression curve, it continues. The World Health Organization (WHO) highlighted that nurses in developing countries, including Egypt, are plagued by crippling bouts of stress that threaten their mental health. Implementation of Mental Health First Aid (MHFA) reliably assists in averting the longer-term psychological ramifications of trauma. Besides, it helps nurses stabilize and regain their emotional and practical recovery. Methods: A quasi-experimental

two groups, a pre-post-test study was used in which sixty nurses in COVID-19 isolation units completed a baseline survey which registered low resilience capacity due to the COVID-19 crisis. The study group engaged in the MHFA tactics RAPID Model. Whereas the control group received routine psychological care. Results: A statistically significant improvement in resilience and organizational commitments mean scores among the study group (62.50 ¬± 19.33, 21.67¬± 9.66 respectively) post-intervention. Besides, a significant decline in the study group's job insecurity and turnover intention mean scores (8.90 ¬± 2.32, 8.70 ¬±2.34, respectively) after the MHFA intervention. Conclusion: Implementing MHFA fosters nurses' ability to withstand COVID-19 adversity and improve the resilience capacity. Besides, it has a significant positive effect in ameliorating the participants' organizational commitment and thereby reducing the sense of job insecurity and turnover intention. Implementing the MHFA among future nurses is recommended to overcome the successive episodes of psychological exhaustion and prevent burnout.

Poster #13
ENHANCING MAXIMAL RESPONSE TO ANTIDEPRESSANTS WITH PATIENT-CENTERED CARE: A CONTINUING EDUCATION INITIATIVE

Robert Lowney, MBA (CMEology); Amber Hoberg, MSN, APRN, PMHNP-BC (Morning Star Family Medicine PLLC); Beth Goodwin, MA (CMEology); Dana Ravyn, PhD, MPH, CHIS (CMEology)

Background: Delayed management of suboptimal response to an antidepressant (AD) in patients with major depressive disorder (MDD) is a common occurrence in practice. To improve functional recovery, health care providers (HCPs) need to prevent and manage residual adverse effects (AEs) and cognitive impairment, and to address suboptimal response to ADs in a timely manner. HCPs could participate in two online CE activities (Pro-CME) to enhance patient-centered care in MDD from 1/22 to 01/23. The goal of the activities was to enhance inclusion of patient preferences and goals in MDD treatment to maximize functional recovery. Two modules focused on: 1) identifying and managing residual symptoms and cognitive impairment; 2) prevention and management of AD-related AEs. Results: A total of 745 HCPs completed the pretest and posttest. There was an 87% increase in overall knowledge and 98% of learners were confident in their ability to implement intended practice changes. Participants who reported being very confident in identifying and managing residual MDD symptoms increased from 14% to 47% and those reporting being very confident detecting and managing cognitive impairment increased from 11% to 45%; 74% correctly identified that nonresponse to ADs can be determined as soon as 2 weeks, compared to 30% at baseline (P<.001). After the activity, more learners identified the most appropriate approach to assessing residual cognitive symptoms and recommending appropriate treatment (P<.001) and identified the ADs most appropriate in patients with MDD and cognitive symptoms (P<.001). Participants who reported being very confident in identifying and managing AD-related sexual dysfunction increased from 22% to 49% and those reporting being very confident detecting and managing AD-related weight gain increased from 22% to 51%. Compared to pretests, posttests showed significant gains in the ability to identify treatments least likely to cause sexual dysfunction (65% vs 88%; P<.001) and weight gain (32% vs 56%; P<.001). Conclusion: CE activities significantly improved the knowledge and competence of HCPs managing patients with MDD. These activities enhanced HCP's knowledge of the benefits of patient-centered approaches to identify and manage residual symptoms and side effects, such as cognitive impairment, sexual dysfunction, and weight gain.

Student Poster #15
REDUCING NURSE BURNOUT AND SENTINEL EVENTS ON AN INPATIENT PSYCHIATRIC UNIT USING A PSYCHIATRIC ACUITY TOOL

Ilana Abramowitz, RN, MSN (University of Maryland, Baltimore)

The setting for this quality improvement initiative is an inpatient psychiatric unit at a large, urban medical center. In 2022, this unit lost 30% of its nursing staff, which was significantly higher than loss of nurses in previous years. This unit has seen such a dramatic loss of Registered Nurses (RNs) that it has resorted to using float pool staff for almost all its dayshift RN needs and about half of its nightshift RN needs. This is extremely high compared to the ideal usage of float pool staff, which is meant to account for only 20-30% of staff on the unit, according to unit management. Exit interviews with management indicated that high levels of acuity and inadequate staffing were factors in many RN's decision to seek new employment. During informal staff meetings, multiple RNs reported that the unit is not adequately staffed to accommodate its high acuity levels, leaving nurses with heavy workloads and the potential for sentinel events such as violence, patient self-harm, and falls. Acuity tools are an evidence-based intervention that measure acuity in objective terms. These tools are useful in determining staffing needs, improving patient care, and controlling costs. The purpose of this project is to implement a standardized acuity tool to promote objective communication of acuity between disciplines with the intention of decreasing nurse burnout and violent incidents associated with high levels of acuity. An acuity tool will be utilized at the site for a 15-week period between August and December of 2023. Outcome measures include nurse burnout via the Maslach's Burnout Inventory (MBI) and seclusion/restraint incidence. MBI scores will be measured pre- and post-implementation and evaluated using descriptive statistics. Seclusion and restraint data will be measured weekly and plotted using a run-chart. Results lend insight as to the tools ability to mitigate nurse burnout and violent events.

Student Poster #16

DISRUPTIVE CLINICIAN BEHAVIOR: A QUALITATIVE DESCRIPTIVE STUDY OF NON-NATIVE ENGLISH-SPEAKING NURSES

Seyoung Baik, PhD student (University of Missouri, St. Louis); Julie Bertram, PhD (University of Missouri, St. Louis)

Background: Disruptive clinician behaviors among healthcare staff are an increasing concern, negatively affecting patient safety. In 2015, 16% of nurses in the U.S. were foreign-born (Shaffer et al., 2022), and 25% of New York and California nurses were immigrants (Shaffer et al., 2021). Nurses' migration to the U.S. has been exploding. Non-native English-speaking nurses experience complications, problems, and discord in their workplace with coworkers. Aim: The purpose of this qualitative descriptive study is to explore and understand non-native English-speaking nurses' experiences with disruptive clinician behaviors in the U.S. Specific aims are to: 1) create a comprehensive description of the experiences of disruptive clinician behavior of non-native English-speaking nurses in the US; 2) identify responses of non-native English-speaking nurses toward disruptive clinician behavior; and 3) discover the impacts of disruptive clinician behavior on patient care activities. Methods: Qualitative descriptive method will be used to explore the status of experiences with disruptive clinician behavior for non-native English-speaking nurses. Data collection: Semi-structured interviews will be conducted as the primary data source. Sampling: Purposive and snowball sample sampling will be used to recruit 20 participants. Inclusion criteria: age between 20 and 65, working as non-native English-speaking licensed nurses (licensed practical/vocational or registered), have experienced or seen disruptive clinician behavior at their clinical workplaces. Exclusion criteria: age below 20 and over 65, nurses working outside clinical settings (schools, industries, and community). Analysis plan: This study will utilize the phases of thematic analysis according to Braun and Clarke (2006) to gain a comprehensive understanding of disruptive clinician behavior and develop a nuanced interpretation of findings.

Student Poster #17

PHYSICAL VIOLENCE REDUCTION TOWARDS STAFF IN A LARGE INTERCITY INPATIENT PSYCHIATRIC UNIT

Lawrencia Addo Darko, RN-BSN, PMHNP-DNP student (University of Maryland, Baltimore School of Nursing)

In a large intercity inpatient adult psychiatric unit, physical assaults toward staff have increased over the past two years with no identified improvement plan. The unit reported that physical assaults on staff increased from a mean total of 2.79 in the third quarter of 2020 to a mean total of 14.86 in the fourth quarter of 2021. Currently, behavioral plans in the unit do not incorporate multimodal interventions suitable to control patients' violent behaviors and are not to control patients' violent behaviors and are not initiated immediately following a high violent risk score. This project's primary goal is to incorporate multimodal evidence-based interventions available on the unit in patients' behavioral plans within 48 hours following the admission of a violent patient whose Brøset Violent Checklist score >2 to effect the outcome goal of reducing physical violence or assault perpetrated by patients against all staff in the unit. This project will be implemented over 15 weeks from August-December 2023. The unit's nurse educator will educate all 14 nurses about the simple chart audit tool (placed in the charge nurse's binder and kept at the nurses' station) through the staff's work email and in person. Nurses will assess patients' violence risk (per standard of care) and report a BVC score > 2 to the psychiatrist. Psychiatrists, nurses, and two occupational therapists (OTs) will incorporate appropriate multimodal interventions on the unit (sensory room utilization, groups, headphones, among others) into a comprehensive behavioral plan within 48 hours of a recorded BVC >2. Other strategies include the central pharmacy will deliver emergency medications (not available in the unit's pyxis), tube emergency medications to the closest tube station, or getting the medicines ready for pick up within 10 minutes after the drug is ordered. Security will report to the unit within 10 minutes following a call for assistance.

Student Poster #18

UNVEILING THE INVISIBLE WOUNDS: EXPLORING RACIAL TRAUMA THROUGH EVIDENCE-BASED ASSESSMENTS

Christopher E. O'Brien, DNP (c), MSN, RN (University of Illinois, Chicago); Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN (University of Illinois, Chicago); Sonia Wisniewski, MSN, APRN, PMHNP-BC (Jesse Brown VA)

Clinical Issue: Veterans of color often contend with trauma throughout their lives, stemming from overt or covert racism, cultural trauma, invalidation, institutional barriers, or generational experiences, placing them at a heightened risk for developing post-traumatic stress disorder (PTSD). Surprisingly, there is currently no validated trauma assessment tailored to the unique experiences of persons of color or ethnicity within the psychiatric triage protocol at a prominent urban veteran's hospital. This project's primary objective is to assess provider knowledge and gauge their receptiveness to implementing a validated trauma assessment tool. Summary of Supporting Literature: There is extensive research on racial trauma or race-based trauma and its correlation with PTSD symptomatology. Moreover, multiple evidence-based, validated tools for assessing racial trauma have been developed. Enhancing provider education and data collection are pivotal in enhancing treatment outcomes.Implementation: This Quality Improvement Project was carried out in a major urban VA healthcare setting. Psychiatric and mental health care providers received an informative presentation on racial trauma and the burgeoning assessment tools in this domain. The presentation furnished historical context regarding racial trauma, underscored the efficacy of

emerging validated assessments, and allowed providers an opportunity to offer feedback on these innovative tools. Outcomes: Remarkably, more than 85% of participants deemed the presentation highly useful, while 45% expressed a strong likelihood of incorporating these assessments into their practice, and 70% sought further information on the subject matter. Results: The findings of this project not only highlight the clinical implications of this endeavor but also delineate the subsequent steps, which encompass a comprehensive exploration of these assessments and additional provider education on racial trauma. This presentation discusses the issue of racial trauma in veterans of color, outlines the critical need for validated assessments, and underscores the positive reception of provider education on this topic. It also emphasizes the significance of further exploration and education as essential components of a holistic approach to addressing racial trauma within the veteran population.

Poster #19
ENHANCING THE CAPACITY FOR MENTAL HEALTH RESEARCH AND CARE IN CAMBODIA: A PHENOMENOLOGICAL STUDY
Julie Bertram, PhD, RN (St. Louis College of Nursing); Roxanne K. Vandermause, PhD, RN (University of Missouri and University of Nebraska Medical Center); Rachel E. Kryah, MSW, MPH (University of Missouri, St. Louis); Hannah L. Stewart, MPH (University of Texas Health Science Center); Nil Ean, PhD (The Center for Trauma Care and Research Organization, Phnom Penh, Cambodia)

Mental health conditions significantly contribute to global disease burden, impacting millions of lives annually. While recent research has advanced treatment, social and systemic barriers hinder widespread improvements in quality of life for those affected. Underfunded mental health systems, particularly in low- and middle-income countries, result in limited, inaccessible, or poor-quality care. Stigma and discrimination further prevent many from seeking help. By exploring provider approaches and barriers to care, this research sought to inform a RCT's design and contribute to a series of publications documenting insights gained from international collaboration. Previous studies have examined barriers and facilitators of mental healthcare in Cambodia, but this investigation examined these issues within a larger RCT. The research questions were: 1) What are the perceived barriers to and facilitators of mental health care across cultures; and 2)What are common and unique characteristics of mental health care provision across cultures? We used content analysis and hermeneutic phenomenology approaches to analyze focus group data, utilizing a case exemplar to delve into cultural-specific manifestations of mental distress. The analysis revealed three key themes: the necessity of structured clinical assessment, a shared commitment to understanding personal narratives and context, and reliance on interconnected social constructs in treatment formulation. Providers acknowledged urgent community needs, the influence of social factors, cultural values, persistent stigma, and limited access to care. We generated a new research question at our study's conclusion: How is mental health continuously negotiated between individuals experiencing distressing symptoms and those who care for them?