



The International Society of Psychiatric-Mental Health Nurses Presents

ISPN 2026

March 18-21, 2026 • Grand Hyatt Seattle

Abstract Book

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ISPN 2026 CONCURRENT SESSIONS

Thursday, March 19, 2026

Concurrent Session 1.1

9:40 AM - 10:40 AM

Crisis Stabilization Nursing: Holistic Care to Administrative Excellence

Heidi Warrington, MSN, RN, Warrington Solutions Inc.

Crisis stabilization nursing is emerging as a vital subspecialty in behavioral health, uniquely positioned at the intersection of medical and psychiatric care. Nurses in crisis stabilization units (CSUs) are often the first point of clinical contact for individuals experiencing acute psychiatric distress, providing rapid bio-psycho-social-spiritual assessment, medical clearance, safety planning, and de-escalation. Their holistic approach ensures that care is trauma-informed, recovery-oriented, and person-centered, with an emphasis on rapid stabilization and timely connection to ongoing supports. Despite their frontline role, crisis stabilization nurses face complex challenges: high-acuity presentations, limited staffing, and the persistent risks of errors, restraints, and staff or patient injury. Research over the past five years has highlighted that strong administrative expertise, including standardized triage processes, structured timelines for assessment (15 minutes, 1 hour, 3 hours), medication safety audits, and competency frameworks, significantly reduces variation in care and improves outcomes. Nursing-led initiatives such as restraint-reduction bundles, restrictive-practice review meetings, and safety dashboards have been shown to lower seclusion rates, improve medication safety, and create safer environments for both patients and staff. This presentation demonstrates how executive nurse consulting accelerates the adoption of these best practices. External facilitation and evidence-based implementation strategies create rapid improvements through policy alignment, workflow redesign, and competency development. Consulting provides immediate value by identifying inefficiencies, supporting governance, and enabling real-time feedback loops that strengthen accountability. The results are measurable: fewer transfers and inpatient admissions, reduced adverse events, and cost savings linked to decreased injuries, shorter lengths of stay, and lower security expenses. Equally important, consulting and administrative support strengthen the workforce. By emphasizing top-of-license nursing practice, nurses spend less time on non-clinical tasks and more time delivering skilled assessments, therapeutic interventions, and education. This role clarity improves retention, fosters professional growth, and builds a sustainable workforce in a specialty where turnover is historically high. Ultimately, the combination of holistic nursing practice and administrative excellence ensures that CSUs deliver safer, more effective, and more person-centered care. As this subspecialty grows, crisis stabilization nurses, supported by thoughtful leadership and consulting, will play a pivotal role in advancing behavioral health systems of care.

Concurrent Session 1.2

9:40 AM - 10:10 AM

Structuring a Course on Addiction Management for Rural and Vulnerable Populations for Graduate Nurse Students

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

This session will discuss a course created that provides graduate nurse practice students knowledge related to the current opioid epidemic and its effects on the rural population. A key concept explored in this course is many people with opioid addictions also have severe and persistent mental health concerns. There is a lack of treatment and resources for both opioid and mental health issues and this course explores treatment options, ways to increase engagement with patients and their families, significant others, and communities, as well as focuses on prevention throughout the lifespan. The students become self aware of biases held related to substance use disorder. Feedback from those completing this course has indicated positive outcomes related to previous misinformation and biases, with a potential for graduates to reach many individuals in their community with the newly attained skills.

Concurrent Session 1.3

9:40 AM - 10:10 AM

Transforming Psychiatric Nursing Practice: The Role of Transcranial Magnetic Stimulation in Advancing Neurocircuit-Based Mental Health Care Illustrated with a Case Study

Deborah Rushing, DNP, FNP-C, RN, PMHNP student, University of Alabama

Kerri Outlaw, DNP, CNS, PMHNP, RN, University of Alabama

Nikki Chen, PhD-C, MSN, FNP, RN, Troy University

This presentation explores the evolving role of psychiatric nursing within the rapidly advancing field of neuromodulation, focusing on transcranial magnetic stimulation (TMS) as a transformative intervention for treatment-resistant depression and other psychiatric conditions. The first section highlights the paradigm shift from a predominantly biochemical model of mental illness toward a neurocircuit-based understanding of psychiatric disorders. By emphasizing neural connectivity and functional brain mapping, TMS represents not only an innovation in treatment but also a broader redefinition of mental health care frameworks, moving beyond medication-centered approaches to personalized, technology-driven care. The second section examines the critical and expanding role of nurse practitioners in this evolving landscape. Nurse practitioners are increasingly leading neuromodulation initiatives, requiring advanced expertise in assessment, care planning, safety monitoring,

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and advocacy. This evolution underscores the need for specialized competencies and interdisciplinary teamwork to expand access to innovative treatments and achieve optimal patient outcomes. The third section synthesizes the evidence base for TMS, highlighting recent studies demonstrating its efficacy, safety, and durability in alleviating depressive symptoms and improving functional outcomes. A detailed patient case analysis will be presented, illustrating measurable clinical response, quality-of-life improvements, and real-world applicability. These findings will be contextualized within current psychiatric literature, bridging research evidence with nursing practice. This presentation will highlight the psychiatric nurse practitioner's distinctive contributions to neuromodulation therapies, integrating new frameworks, research evidence, and innovative practices. Attendees will gain insights into innovative care models, opportunities for leadership, and strategies for global advocacy to advance equitable access to neuromodulation interventions. Psychiatric nurses are uniquely positioned to lead the integration of transcranial magnetic stimulation and other neuromodulation therapies, bridging neuroscience, evidence-based care, and advocacy to improve outcomes for patients with complex psychiatric needs.

Concurrent Session 1.4

9:40 AM - 10:40 AM

Empowering Underserved Communities: The Workforce Impact of a PMHNP Program

Victoria Soltis-Jarrett, PhD, PMHNP-BC, FAANP, FAAN, University of North Carolina - Chapel Hill

The demand for a behavioral health workforce has remained persistent and challenging for states and regions across the US for decades. The field of psychiatry has seen a decline in the number of physician providers over the past 25 years, prompting academic nurses to develop and implement PMHNP programs that prepare clinically competent and culturally sensitive healthcare providers to address this critical need. This presentation will share the evolution of a PMHNP program initiated to meet the mental health needs of a southeastern US state facing a severe shortage and a growing demand for mental health services, especially in rural areas. This program is grounded in emancipatory pedagogy, promoting equity and social justice to improve access to mental health and substance use services while preserving the historic role of the PMHCNS as a therapist and expanding the role of the PMHNP. The program has continued to grow through innovative curriculum development, funding, and adaptation to changing professional standards, becoming a key driver in the statewide expansion of mental health services. Between 2004 and 2027, nine HRSA (Health Resources and Services Administration) grants have supported the program's growth, including tuition assistance for nurses from underserved areas and funding to integrate behavioral health into primary care, totaling \$16 million. Over the past

eight years, this program has strengthened collaboration between primary care (NPs) and PMHNPs, resulting in a significant increase in services for rural residents. Tips and strategies for success, along with ways to overcome barriers, will equip participants with tools to create or improve a PMHNP program in an AI-driven world. Valuable links to enhance teaching and learning will be shared, along with examples of their application.

Concurrent Session 1.5

10:10 AM - 10:40 AM

Making Space for Contemplation in a Frenzied World: An application of Non-violent Communication in the Pedagogical Environment

Julie Bertram, RN, MSN, PMHCNS-BC, PhD, University of Missouri - St. Louis College of Nursing

Abstract: This scholarly project focuses on exploring the application of non-violent communication (NVC) principles (Rosenberg, 2015) in undergraduate nursing education through a hermeneutic phenomenological lens. The NVC principles are embedded within a required healthcare communication course as part of the normal curriculum. The project stems from ongoing work integrating phenomenological inquiry into nursing education to enhance empathy, self-awareness, and professional identity formation among students. The class structure encourages students to develop cultural humility, empathy, and reflective thinking—skills needed for navigating diverse healthcare environments. The NVC Model is a way to focus one's attention, and consists of a framework of concepts and practices designed to foster habits of thought and language that support a deep quality of connection—both with oneself and others—so that natural compassion can flourish. At its core, NVC focuses on recognizing universal human needs, which are the fundamental motivators behind human actions and the source of meaning. Feelings are viewed as internal cues about whether needs are being met: pleasant feelings indicate fulfilled needs, while unpleasant feelings point to unmet ones. Practicing NVC involves developing emotional awareness, regulation, and decision-making skills. The research question is: What is the lived experience of learning NVC in the pedagogical environment? The dataset is comprised of course curricula, faculty logs and interview data from former students in the course. Data analysis will follow the approach outlined by Diekmann, Allen, & Tanner, 1989 and re-produced by Dibley, 2025. Preliminary results and implications for practice will be discussed.

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Concurrent Session 2.1

11:10 AM - 12:10 PM

AI-Powered Simulation for Therapeutic Communication and Assessment in Psychiatric Nursing

Phillip Olla, PhD, University of Detroit Mercy
Gabrielle Abelard, DNP, APRN-BC, FAAN, FNAP,
University of Massachusetts - Amherst

The integration of artificial intelligence (AI) into psychiatric nursing education offers transformative opportunities to enhance therapeutic communication and clinical assessment training. Psychiatric-mental health nurse practitioners (PMHNPs) must develop nuanced skills in engaging patients, navigating crisis scenarios, and applying evidence-based diagnostic reasoning. Traditional simulation methods often rely on scripted standardized patients, which, while valuable, lack adaptability and dynamic realism. This presentation introduces an innovative framework for AI-powered, voice-enabled psychiatric simulations, designed to replicate the unpredictable, human-like responses encountered in real clinical settings. By leveraging large language models (LLMs) with voice synthesis, these simulations create virtual patients who adapt to learner input, enabling training in therapeutic interviewing, risk assessment, and decision-making under complex, evolving conditions. The session will begin with an overview of current gaps in psychiatric simulation pedagogy, followed by an introduction to the Adaptive-VP (Virtual Patient) framework, which uses LLM-driven agents to model diverse psychiatric presentations. Participants will examine case applications such as mood disorders, psychosis, and crisis intervention, with demonstrations highlighting how AI-powered patients differ from static, pre-scripted encounters. An interactive component will allow attendees to engage directly with an AI virtual patient voice simulation, followed by group reflection. Key implications for psychiatric nursing include enhanced scalability of training, the ability to incorporate trauma-informed and culturally responsive scenarios, and improved learner confidence in conducting sensitive psychiatric interviews. Discussion will address technical, ethical, and implementation considerations for integrating AI into curricula and practice. This session directly aligns with ISPN's 2026 theme of "Innovate, Integrate, INSPIRE" by showcasing how advanced technologies can be responsibly integrated into psychiatric nursing education, equipping PMHNPs with future-ready skills to improve patient outcomes.

Concurrent Session 2.2

11:10 AM - 12:10 PM

Psychiatric Nurses Need to Know About Behavioral Health Care Payment System Challenges

Sarah (Sally) Raphael, MS, APRN-PMH, FAAN, Retired,
John Hopkins School of Nursing

About 20% of all Americans live with a behavioral health condition, but only half of this population receives treatment. Barriers to obtaining behavioral health and substance use treatment are most evident in populations using Medicare, Medicaid, and Marketplace insurance plans. Recently with turbulent U.S. Administrative times, the 2025 Budget Reconciliation Act known as "One Big Beautiful Bill Act" was passed by Congress and signed into law by the President. It includes significant cuts for Medicaid enrollees including the elderly and children. Projections indicate that between 7.5 and 10 million low-income people could lose their coverage with an estimated 15 million people becoming uninsured. The cuts disproportionately affect older adults, people with disabilities, and children. It is critical that all nurses in practice, education & research have current knowledge on key funding and payment issues to increase opportunities for greater access for the underserved. Expanding behavioral health care workforce provider participation in these programs will help respond to the critical issue to respond to evolving needs and enhance equitable access to vital services across the lifespan. On August 8, 2024, the National Academies of Sciences, Engineering and Medicine (NAS) held a public webinar for the release of their latest 18 month premier report, Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans. Members of the consensus committee reported on the current data related to challenges in ensuring broad access to evidence-based behavioral health care services and proposed nine (9) strategies for government agencies, HHS, CMS, SAMHSA, & HRSA to address those challenges. The implementation of these recommendations is even more critical with the current uncertain healthcare marketplace. This presentation describes a clear path to evaluating cutting edge leadership and policy strategies that address health equity for vulnerable populations. This is the time for Psychiatric-Mental Health nurses to take leadership roles and contribute needed advocacy skills. This leadership development presentation could also be a stimulating plenary session for the ISPN audience. Led by the only nurse and child/adolescent specialist on the NAS Consensus panel, also representing ISPN, highlights the key issues and advocacy opportunities for nurses.

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Concurrent Session 2.3

11:10 AM - 12:10 PM

Hormone-Informed Mental Health Care: Innovating Psychiatric Nursing Practice for Women Across the Lifespan

Nicole Walters, DNP, PMHNP, WHNP, CNE, PMH-C, IBCLC, University of Tennessee Knoxville
Angela Jenkins-Jacobs, DNP, PMHNP, Baylor University
April Snell, DNP, FNP, PMHNP, University of Tennessee Knoxville

Women's psychiatric health is profoundly shaped by the neuroendocrine environment, with fluctuations in estrogen, progesterone, and androgens influencing mood, cognition, and psychotropic response. Despite this, mainstream psychiatric care often neglects the role of hormones in mental health assessment, prescribing, and treatment planning. This 60-minute oral session introduces a hormone-informed framework for psychiatric nursing, integrating neuroscience, psychopharmacology, and reproductive psychiatry to optimize care for women across the lifespan. Thirty minutes of the session will directly address pharmacology, including the influence of estrogen and progesterone on neurotransmitter systems, drug metabolism, and receptor binding. We will examine how reproductive transitions—menarche, premenstrual syndromes, perinatal changes, perimenopause, and surgical menopause—affect psychopharmacologic decision-making. Special focus will be given to tailoring antidepressants, stimulants, and anxiolytics for women, with some attention to medication safety in pregnancy and lactation, metabolic concerns in PCOS, and the intersection of hormone therapy with psychiatric prescribing. The remaining session will highlight clinical pearls for integrating hormone-informed assessment into practice, emphasizing trauma-informed, culturally responsive, and equitable care strategies. Interactive case scenarios will allow participants to practice hormone-informed prescribing, evaluate monitoring strategies, and explore patient education approaches that improve engagement and outcomes. In alignment with ISPN's 2026 theme "Innovate, Integrate, INSPIRE: Charting the Future of Psychiatric Nursing," this presentation demonstrates how integrating hormonal awareness into psychiatric nursing practice can advance innovation, close equity gaps in women's health, and inspire a more precise, holistic approach to mental health care.

Concurrent Session 3.1

1:30 PM - 2:00 PM

The Lived History of Advanced Psychiatric-Mental Health Nurses: A Global and U.S. Perspective

Julie Roebuck, MSN, DNP, PMHNP-BC, University of Virginia
Daniel Wesemann, DNP, MSW, PMHNP-BC, ARNP, FAANP, The University of Iowa, College of Nursing

Advanced Psychiatric-Mental Health Nursing (APMHN) has undergone significant transformation since its inception in the 1950s with Hildegard Peplau's pioneering graduate programs. Despite the profession's profound evolution—from the Psychiatric-Mental Health Clinical Nurse Specialist (PMHCNS) role to the Psychiatric-Mental Health Nurse Practitioner (PMHNP) designation in 2001—there remains a striking gap in the literature documenting this historical progression. Moreover, the development and scope of advanced practice psychiatric nursing vary considerably across countries, with a 2020 International Council of Nurses (ICN) survey identifying Advanced Practice Mental Health Nurses in 24 nations, often with less defined roles than other advanced practice specialties. This two-year historical research project captures the rich history of PMHNPs in the United States and the broader global evolution of advanced psychiatric nursing. Phase one focused on collecting and reviewing archival documents from multiple academic and professional sources, including ISPN archives, APNA records, and international nursing historical repositories. Phase two involved conducting and transcribing oral history interviews with seven leading advanced psychiatric-mental health nurses worldwide, including past presidents of ISPN, APNA, the Global Alliance for Behavioral Health and Social Justice, and ICN. The final phase will synthesize these materials into two scholarly manuscripts—one detailing the U.S. history of PMHNPs and another examining the international scope and role variations. All oral histories will be preserved in the International Society of Psychiatric Nurses Archives at the University of Virginia's Eleanor Crowder Bjoring Center for Nursing Historical Inquiry, ensuring public access for future scholarship. By providing the first comprehensive historical narrative of the PMHNP role within both U.S. and global contexts, this project will enhance the understanding of how educational, policy, and cultural forces have shaped advanced psychiatric nursing practice. Participants will be inspired by the cross-national dialogue and impart future leaders within psychiatric-mental health nursing to understand that knowledge of our past informs a better understanding of our future and our profession moving forward.

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Concurrent Session 3.2

1:30 PM - 2:30 PM

Advocacy Alongside Trauma Informed Care for Equity Deserving Groups

Patrice Wade-Olson, AGPCNP-BC, AAHIV, University of Detroit Mercy

Seventy percent of the global population has experienced some form of trauma throughout their lifetime. Research has begun to look at the traumatic experiences of Equity Deserving Groups (EDG) and has found that EDG experience more trauma and sequela that can include worsened health, increased rates of mental health diagnoses including PTSD, depression, and anxiety, and limited access to care to address these concerns. This increased rate of mental health diagnoses increases the chance of interaction with a psychiatric nurse. Equity deserving groups are described as groups that because of their identity face discrimination, disadvantage and institutional barriers. This group can include LGBTQ+ persons, indigenous persons, women, visible minorities, and persons with a disability. Trauma Informed Care has been recommended as a solution to support patients who have experienced trauma. There has been some beginning criticism of Trauma Informed Care related to the idea that it does not address some of the root causes of trauma and even more so within EDG. This presentation looks to provide a brief overview of Trauma Informed Care Models and will provide specific evidence-based examples of how to provide Trauma Informed Care that is culturally appropriate and responsive for Equity Deserving Groups. We will explore some of the systemic causes of trauma such as structural racism, historical and intergenerational trauma, and the impact of discriminatory policies that significantly impact patient's and the care they receive. We will end with a discussion of how we as nurses can advocate for policies and regulations that promote equitable access and care to all and even more so EDG.

Concurrent Session 3.3

1:30 PM - 2:00 PM

Why aren't you in class? Implementing Mental Health Screening for Students who Present Frequently in the School Health Office

Erika Yoney, DNP, PMHNP-BC, APRN, RN, PHN, University of Minnesota

The mental health needs of students in the United States are significant and escalating. An estimated 17% of children experience mental health challenges (NAMI, 2023), yet only 30% receive adequate care (Eklund & Dowdy, 2014). Despite decades of evidence supporting universal mental health screening in schools as a strategy to reduce morbidity and mortality, only 12% of American schools have implemented such programs. Overburdened and under-resourced, schools struggle to meet the growing demand for mental health services, leaving many students'

needs unmet. To address this gap, our team implemented a targeted intervention using frequent school health office visits as a proxy indicator for potential unmet mental health needs. Students with no known physical or mental health diagnoses who visited the health office 10 or more times in one academic year were identified for further screening. Families of these students were offered the Strengths and Difficulties Questionnaire (SDQ), and those scoring in the "high" or "very high" range were referred to their primary care provider for further assessment. A weekly report tracked eligible students, and a Quality Improvement team employed Plan-Do-Study-Act (PDSA) cycles to refine the process. Out of 405 students meeting the criteria, 326 families consented to screening. Of those screened, 98.44% of families received results within one week. 406 eligible students, 326 were screened, 52 families couldn't be reached for consent and 28 families declined participation. 247 (76%) of students screened "high" or "very high" risk and were referred to primary care and the school counselor. 38% of students who met criteria were from 1st or 2nd generation new to country families while making up only 5-10% of the overall student body. This innovative approach highlights the untapped potential of school nurses and health office data in identifying students with unmet mental health needs. By systematically monitoring frequent visits and integrating validated screening tools, schools can implement effective, resource-conscious mental health interventions. It also identified unique student populations for more targeted interventions. This model offers a scalable approach to improving access to care while optimizing existing school infrastructure and preventing escalating mental problems.

Concurrent Session 3.4

1:30 PM - 2:00 PM

Beyond Multiple Diagnoses: My Journey through Complex PTSD, Severe Depression, Dissociative Disorder, and Borderline Personality Disorder Toward Healing and Coaching

Zineb Saaid, Ing., Independent Speaker – Mental Health & Trauma Recovery

Background: Individuals living with multiple severe psychiatric diagnoses often face fragmented care, persistent stigma, and diminished hope for recovery. Lived experience with Complex Post-Traumatic Stress Disorder, Severe Depression, Dissociative Disorder, and Borderline Personality Disorder highlights the urgent need for integrated, person-centered approaches that extend beyond symptom management. Purpose: This presentation shares a personal recovery journey from multiple complex mental health diagnoses toward healing and empowerment. It demonstrates how trauma-informed strategies, combined with coaching principles, can strengthen resilience, self-efficacy, and quality of life for individuals facing severe mental illness. Methods/Approach: Drawing on both clinical interventions—such as trauma-focused psychotherapy,

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skills training for emotional regulation, and mindfulness—and self-developed strategies including journaling, 4-7-11 breathing, grounding exercises, and creative expression, this case-based narrative illustrates the synergy between professional treatment and self-guided growth. Reflective insights are integrated with practical tools adaptable to clinical practice, community programs, and peer-support models. Results/Outcomes: Recovery was marked by improved emotional stability, greater participation in meaningful activities, and the transformation from patient to advocate. This process culminated in launching a coaching practice and authoring a forthcoming book, designed to inspire others to view healing as a realistic and empowering possibility. Actionable recommendations will be provided for psychiatric-mental health professionals on how to incorporate lived experience perspectives into care approaches. Conclusions/Implications: Integrating lived experience into professional mental health forums can bridge the gap between clinical frameworks and the realities of patient life. Trauma-informed coaching has the potential to reduce stigma, foster empowerment, and promote sustainable recovery outcomes. Keywords: Complex PTSD, Trauma-Informed Care, Coaching, Recovery, Lived Experience

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2:00 PM -2:30 PM

A multi-centred pilot randomised controlled trial of learning through play plus culturally adapted cognitive behaviour therapy for treating postnatal depression in Nigerian women

Dung Jidong, PhD, CPsychol, The University of Manchester, United Kingdom

Background: About 13% of women globally experience postnatal depression with adverse implications for the mothers and their children. In Nigeria, there is limited access to evidence-based culturally appropriate care for mothers affected by postnatal depression. Methods: This study was a multi-centre, two-arm, parallel-group, single-blind, individually randomised controlled trial design adopted to test the feasibility, cultural appropriateness and acceptability of Learning Through Play plus Culturally adapted Cognitive Behaviour Therapy (LTP+CaCBT). The LTP+CaCBT is a 12-session (90 minutes each) intervention to treat postnatal depression, and this was compared with the Enhanced Treatment As Usual (ETAU). Sixty-six mother-child pairs across three centres who scored >5 on the Patient Health Questionnaire (PHQ-9) were recruited for the study and randomised to either the LTP+CaCBT experimental or ETAU control groups. Data were collected at various time points (baseline, end of intervention and 3 months post-enrolment) and analysed using appropriate descriptive and inferential statistics. N = 3 focus groups comprising 11 participants each and n = 18 individual interviews were conducted to explore participants' experiences engaging with the intervention.

Interviews were transcribed verbatim and analysed using interpretative phenomenological analysis. Result: The LTP+CaCBT group (n=33) recorded a high participants' recruitment, participation and retention rate of 94% across 12 sessions. Satisfaction with intervention (LTP+CaCBT, 97%; ETAU, 34.4%). reduction in postnatal depression was higher in LTP+CaCBT on PHQ-9 Md = 3.00 with z= -4.935; compared to ETAU, Md=4.00 with z= -2.556. Improvement was also recorded for the anxiety and social support level; there was no improvement for the control group, as the scores remained the same. Themes identified from the qualitative dataset showed positive behaviour management, enhanced mother-child interaction and relationship, modification of negative thought processes, positive experience and relationship formation. Conclusion: The LTP+CaCBT intervention is shown to be acceptable and culturally appropriate whilst indicating potential clinical effectiveness in reducing postnatal depression and anxiety in Nigerian mothers. A fully powered RCT is recommended to evaluate the clinical and cost-effectiveness of LTP+CaCBT, including the child's outcomes compared with ETAU

Concurrent Session 3.6

2:00 PM -2:30 PM

Balancing Innovation and Human-Centered Care: A Caring Science Framework for Healthcare's Technological Future

Sara Horton-Deutsch, PhD, RN, ANEF, FAAN, University of San Francisco

As artificial intelligence and automation revolutionize healthcare delivery, the nursing profession faces a critical opportunity to lead the integration of technological innovation with human-centered care. While technology offers unprecedented efficiency and data processing capabilities, it cannot replicate the essential human elements that define therapeutic relationships. Artificial systems lack the capacity for genuine emotional connection, spiritual presence, and healing energy transmission through authentic human encounters. They cannot provide loving kindness, build trusting relationships, attend to human dignity, or honor individual values and beliefs—caring processes that require the emotional intelligence, moral presence, and spiritual capacity inherent in human healing relationships. The strategic response lies in strengthening nursing's disciplinary commitment to relational, organizational, and global caring dimensions across education, practice, and research. This requires cultivating transpersonal caring consciousness that recognizes shared humanity while ensuring technological advances amplify rather than replace the loving-healing relationships and caring moments constituting authentic healthcare practice. The challenge is not resisting technological progress but ensuring innovation serves to enhance human connection rather than diminish it. This presentation will explore how implementing Caring Science frameworks represents a

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transformative approach to healthcare's fragmentation crisis. Educational institutions must integrate Caring Science principles into curricula that prepare future professionals to navigate technological advancement while maintaining humanistic foundations. Clinical environments can adopt Caring Science policies that shape patient experiences while supporting healthcare worker wellbeing through meaningful technology integration. Research initiatives must validate relationships between caring practices and patient outcomes, building evidence for policy transformation that honors both scientific advancement and human dignity. As nursing's deep understanding of human caring processes becomes increasingly valuable in an automated world, the profession is uniquely positioned to provide philosophical and practical guidance for healthcare systems seeking to balance innovation with compassion. Through continued Caring Science development, nursing can ensure that artificial intelligence and emerging technologies serve humanity's deepest needs for connection, healing, and wholeness, creating healthcare environments where technological capabilities enhance rather than replace the fundamental human elements that promote healing and wellbeing.

Concurrent Session 4.1

4:10 PM - 4:40 PM

Innovative Nursing Interventions that Inspire Strategies to Assess Depression as a Potentiator of Cognitive Impairment in Atrial Fibrillation

Maria Del Pino Castillo Del Pino Castillo, PhD (c), RN, CCRP, CVRN-BC, Houston Methodist Hospital/ Universidad Nacional de Educacion a Distancia (UNED)

Mental health is a critical component of overall well-being, yet it remains one of the most stigmatized areas in society. Despite millions of individuals suffering from conditions such as depression, mental illness is often overlooked as a legitimate health issue within our communities. This underestimation extends into healthcare professionals, whose primary focus is often on physical risk factors. This deficit in clinical care underscores the essential role of psychiatric-mental health nursing in leading a more holistic model of care, especially at the intersection of mental health and cardiovascular disease, such as atrial fibrillation (AF)—the most prevalent cardiac arrhythmia. The interplay between depression and AF is particularly concerning due to its potential impact on cognitive function.³ To address this gap, we conducted a systematic review and meta-analysis to answer the research question: “How does the presence of depression influence the development of cognitive impairment in patients with atrial fibrillation, compared to those without depression?” Drawing from ten studies with over 1.6 million participants, our findings showed that depression increase the risk of cognitive impairment in AF patients (OR: 2.23, 95% CI: 1.54-3.21, $p < 0.01$), demonstrating a strong association between depression and a risk of cognitive impairment in

this population. Our research identifies an urgent need for innovative intervention models. Therefore, we propose a strategic approach to identify at-risk individuals, allowing for early intervention and slowing disease progression. The model also emphasizes educational interventions to reshape patient perceptions of AF from a life-threatening to a manageable condition, thereby alleviating psychological distress and improving well-being. This work aligns with the ISPN 2026 theme of “Innovate, Integrate, INSPIRE” by proposing a transformative model of care. It positions psychiatric-mental health nurses as leaders in championing this multidisciplinary approach—from early screening and patient education to collaborative care with cardiologists and other mental health providers. The findings provide an evidence-based foundation for new interventions, contributing to a patient-centered care model that recognizes the critical interplay between mental health, cardiovascular conditions, and cognitive function.

Concurrent Session 4.2

4:10 PM - 5:10 PM

Building a Competency-Based Trauma-Informed Curriculum Incorporating MI/CBT for Child Adolescent and Young Adult (CAY)

Kathleen T McCoy, DNSc PMHNP-BC PMHCNS- BC FNP-BC FAANP FNKE, University of South Alabama
Kimberly Williams, DNS PMHNP-BC ANP-BC PHNA-BC MINT FAANP, University of South Alabama

This workshop describes processes for the development of a competency-based trauma-informed collaborative school/college behavioral healthcare curriculum focused on children, adolescents, and young adults (CAY) while incorporating a new nursing model combining Cognitive Behavioral Therapy (CBT) with Motivational Interviewing (MI). The curriculum includes the incorporation of three areas of competency: integrated behavioral health, trauma competencies, and a collaborative care model for school systems. The curriculum educates both PMHNP Doctorate of Nurse Practitioner (DNP) students and School Counselor students, providing interprofessional team experiences before graduation. The model fits the DNP project framework by combining MI with CBT. The intention was to provide a framework for advanced practice nursing interventions to improve patient outcomes by increasing patient engagement and increasing therapy persistence, thereby reducing dropout. Therapy drop-out is more often the rule than the exception, particularly with low motivation and/or high-risk social determinants for health. Introduction of a competency-based curriculum to enhance integrated interprofessional collaborative care for CAY populations addresses this issue. Utilizing the model in combining MI-CBT in this workshop intends to disseminate a roadmap for curriculum development of similar programs while demonstrating application of the MI-CBT practice model, especially for those with high-risk therapy drop-out. Curricula focusing on collaborative

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behavioral healthcare in school and college settings are an effective methodology to meet many unmet BH needs while working within systems with community-based stakeholders. Providers, including PMHNP DNPs and School Counselors, can use evidence-informed strategies informed by an integrated care framework promoting behavior change across a broad range of populations. Incorporation of evidence-informed interventions, CBT and MI, helps address cognitive distortions using brief therapy augmented with MI, a conversation style intended to assist in increasing motivation, honoring self-direction, and linking therapeutic goals with individually set goals (Beck, J., 2020, Miller, W., Rollnick, S.). Combined MI/CBT, (Narr, Safren, 2017), the model enhances the facilitation of both therapy and therapeutic engagement processes in a synergistic manner, one evidence-informed process strengthening the other. Participants will experience competency-based education, curriculum development, theoretical concepts, role-play/modeling, case discussions, and the application of MI/CBT skill enhancement.

Concurrent Session 4.3

4:10 PM - 5:10 PM

Mental Health and Pharmacology Collide in this Complex Case Study

April Hutto, PhD, APRN, FNP-BC, PMHNP-BC, University of South Carolina College of Nursing

This case study explores a patient who developed acute psychosis when concurrently treated for COVID-19 infection and insomnia related to their depression and anxiety. During the presentation, participants will be challenged to critically think about how Cytochrome P450 (CYP) enzyme interactions caused a severe adverse drug reaction (ADR). Every day, patients are prescribed drugs from providers across various specialties, and they do not always have prescriptions filled at the same pharmacy, which can increase the risk of ADR related to CYP enzyme metabolism. The CYP3A4 enzyme is responsible for metabolizing 30%-50% of prescribed drugs. However, many prescribers may not actively consider how medications other providers prescribe interact through this pathway with the medications they prescribe. This engaging case study will increase awareness of ADR due to CYP450 enzyme interactions, update nurse practitioners on pharmacodynamics and pharmacokinetics that need to be considered when prescribing, and improve patient education to reduce these ADRs.

Concurrent Session 4.4

4:40 PM - 5:10 PM

The Lived Experience of Black Women and Perinatal Loss: Advancing Maternal Health Equity through Interdisciplinary Collaboration, Community Engagement and Storytelling

Lucinda Canty, PhD, RN, CNM, University of Massachusetts Amherst

Latoya Hinds, DSW, LCSW, University of Massachusetts Amherst

The racial disparities in perinatal loss are well documented, with Black women disproportionately represented, yet there is a gap in research on Black women's experiences of loss. The purpose of this study was to explore and understand the experience of perinatal loss among Black women. This study employs a qualitative, descriptive, and exploratory design, utilizing storytelling and a Black feminist perspective to guide data collection, analysis, and interpretation of the results. Sixteen Black women who experienced miscarriage, ectopic pregnancy, or stillbirth participated in one-to-one, semi-structured, in-depth interviews via Zoom. The themes that originated represent who they are as Black women navigating their loss, realizing they were not alone, their challenges in the healthcare system, the factors that influenced their mental health and wellbeing, and discovering what they needed to start their journey toward healing. This study will laid the foundation for the development of community initiatives to support Black women who experience pregnancy loss. Building on this foundation, interdisciplinary collaboration between nursing and social work offers an innovative approach to addressing racial disparities in maternal health care. This presentation highlights interdisciplinary strategies to provide care to Black women who have experienced pregnancy loss. Additionally, systemic barriers in care, stigma, resilience, and cultural identity in Black maternal health will be discussed. The speakers will share the initiatives used to support and engage with Black women to address maternal health disparities. The speakers will discuss interdisciplinary strategies, community engagement approaches, and the impact of collaborative care. Through community engagement, incorporating the arts and storytelling, participants will gain an understanding of how the voices of Black women who have experienced pregnancy loss are amplified.

ISPN 2026 CONCURRENT SESSIONS

Friday, March 20, 2026

Concurrent Session 5.1

9:40 AM - 10:40 AM

ISPN Policy Committee 2025-2026 Innovations:

Inspiring Policy Change by Preparing Members to Act

Pam Galehouse, PhD, RN, Seton Hall University

Beth Bonham, PhD, RN, PMHCNS-BC, FAAN, Bonham Associates, LLC

Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN, University of Illinois Chicago

Brayden Kameg, PhD, DNP, PMHNP-BC, CARN-AP, CNE, FIAAN, University of Pittsburgh School of Nursing

Mitchell Kordzikowski, DNP, MBA, APRN, PMHNP-BC, PMH-BC, NE-BC, University of Illinois Chicago

Andrea Kwasky DNP, PMHNP-BC, PMHCNS-BC,

McAuley School of Nursing University of Detroit Mercy

Cynthia Paidipati, PhD, APRN, PMH-NP/CNS-BC, DePaul

University School of Nursing

Sally Raphael, MSN, FAAN, Johns Hopkins University

School of Nursing (ret.)

Donald Taylor, DNP, RN, PMHNP-BC Oregon Health &

Science University School of Nursing

Without doubt, 2025 has been a year riddled with policy changes that have challenged psychiatric nursing on many levels. In response, the ISPN Policy Committee has pivoted to address two new initiatives, an internet-based policy program and a toolkit for psychiatric-mental health nurses on public policy. The focus of both solution-oriented initiatives has been to build skills and foster collaboration on a local level. The content of the latter will be shared in this presentation. Underpinning our efforts is the work of nursing leaders. Setting policy requires three processes of change: a) convincing policy makers that a problem exists; b) proposing feasible, politically attractive initiatives to solve the problem, and; c) negotiating the politics that influence proposal success within the political arena. While the drafting of ISPN policy as well as collaborative work as members of organizations like Nursing Community Coalition, Mental Health Liaison Group, and Coalition for Whole Health to influence national and international policy makers (detailed in the Board Report for 25-26) continues, this workshop will focus on our new and ongoing work to inspire members to identify problems and promote policy change at the local or state level. The ISPN Policy Committee led a 4-session program entitled “Policy, Not Politics: Advocacy for Change” for members in fall 2025. This was a direct response to the concern expressed by ISPN members about the impact of U.S. policies on their ability to adhere to the standards of practice for PMH nurses, in addition to the ethics and moral principles of our profession, during our 2025 conference session. To further its impact, the creation of a policy toolkit specific to psychiatric-mental health is under construction. Developed by the ISPN Policy Committee with the Global Alliance for Behavioral

Health and Social Justice, the toolkit will be updated as circumstances change. The toolkit will be introduced at this session. Through open dialogue, attendees will participate in developing plans for advocacy at the local level. Sections of the toolkit, specific to policy making, such as identifying problems, selecting personal stories, contacting local policy makers, and meeting with policy makers, will provide content for action.

Concurrent Session 5.2

9:40 AM - 10:10 AM

Impulsivity and Loneliness in Adolescents:

Differences by Suicide Attempt History and Sex

Rezvaneh Manzour, MSN, RN, University of Pittsburgh

Background: Adolescence is a critical developmental stage marked by rapid biological and social changes that heighten vulnerability to mental health difficulties, including suicide—the second leading cause of death among youth globally. Loneliness, common during this period, is strongly associated with suicidal thoughts and behaviors. Impulsivity, another established suicide risk factor, may also contribute to loneliness, but it is unclear whether this relationship varies by suicide attempt history or sex. Methods: This case-control study investigated the association between impulsivity and loneliness in adolescents with and without a history of suicide attempt, and whether group status or sex moderated this relationship. Participants were 160 adolescents aged 10–17 years (65 recent attempters; 95 controls without significant psychiatric history) recruited from a pediatric medical center and a psychiatric hospital in the USA. Loneliness and impulsivity were measured using the UCLA Loneliness Scale and Short UPPS-P. Independent t-tests compared groups, and multiple linear regression tested predictors and interactions. Results: Adolescents with a suicide attempt reported significantly higher loneliness ($M = 29.54$, $SD = 10.12$) than controls ($M = 18.72$, $SD = 9.50$; $d \approx 1.11$) and significantly higher impulsivity ($M = 29.40$, $SD = 7.10$ vs. $M = 24.80$, $SD = 6.50$; $d \approx 0.78$), both $p < .001$. The regression model was significant, $F(5,152) = 13.53$, $p < .001$, explaining 28.5% of the variance in loneliness ($Adj. R^2 = .285$). Group status was a significant predictor ($\beta = 0.46$, $p < .001$), with adolescents who had a history of suicide attempt reporting higher loneliness than controls. The Impulsivity \times Group interaction was also significant ($\beta = -0.22$, $p = .024$), indicating impulsivity predicted loneliness in controls but not in cases. Impulsivity and the Impulsivity \times Sex interaction were not significant. Conclusion: Among controls, higher impulsivity was linked to greater loneliness, but among suicide attempters, loneliness remained high regardless of impulsivity level. This pattern suggests that loneliness in high-risk youth may stem from other underlying factors. Interventions that strengthen emotion regulation and enhance peer support may help reduce loneliness and suicide risk, with impulsivity-focused strategies potentially more relevant for lower-risk groups.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 5.3

9:40 AM - 10:40 AM

Suicide Risk Prediction Algorithms for Youth based on Electronic Health Record Information: Ethical Issues and Perspectives of Stakeholders

Jamie Zelazny, PhD, MPH, RN, University of Pittsburgh School of Nursing

Suicide is the second leading cause of death among young people aged 10-14 and the third leading cause of death in 15-19-year-olds. In the United States, suicide rates in these age ranges increased 52.2% between 2000-2021. Between 2011-2015, suicide-related emergency department visits increased by 2.5-fold among adolescents aged 12-17. Although most suicide attempts among youth do not result in death, most suicide deaths among young people age 10-24 occur at the first attempt. Mental health providers rely heavily on patients' self-reported symptomatology when assessing suicidal risk. However, patients may not always be forthcoming in describing their level of suicidal ideation. They may choose not to disclose so that they can carry out their plan and/or to avoid a more restrictive, higher level of care. Suicide risk prediction algorithms using medical record data are now being developed. While these algorithms show great promise in predicting suicidal risk, their success is dependent on successful integration into clinical care by the relevant stakeholders. This presentation will describe suicide risk prediction algorithms, address bioethical issues inherent with the use of such algorithms and provide results of a qualitative research study conducted to inform the implementation of a suicide risk prediction algorithm in a large health care system by gaining insight from providers and families about usability, practicability, facilitators and barriers to uptake of the algorithm. We conducted qualitative interviews with mental health providers, pediatric primary care providers, teens and parents. Provider themes included: likelihood to use an algorithm capable of predicting suicide attempt in the next 30 days; emphasis on its utility to augment suicide assessment without replacing clinical judgment; concerns about liability; importance of algorithmic accuracy; and receiving real-time information about clinical factors driving risk. Themes identified in teen and parent interviews were heavily focused on accuracy of the algorithm and ensuring it is used only as "additional insight" with the provider having the "final say". Teens and parents described needing additional information "up front" about the purpose and use of the algorithm in clinical care. Information obtained from this study is currently being used to inform implementation.

Concurrent Session 5.4

9:40 AM - 10:40 AM

Untangling the Mind: ADHD with Anxiety and Depression across the Lifespan

Daniel Wesemann, DNP, MSW, PMHNP-BC, ARNP, FAANP, University of Iowa College of Nursing

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition that affects individuals well beyond childhood, yet clinical understanding and treatment strategies often remain limited to pediatric populations. Misdiagnosis, underrecognition in adolescents and adults, and insufficient integration of evidence-based treatments across the lifespan contribute to poor patient outcomes. This session equips healthcare professionals with the tools to identify, diagnose, and manage ADHD from early childhood through late adulthood, ensuring care is as dynamic and evolving as the patients they serve. Drawing on the latest DSM-5-TR criteria, participants will explore how ADHD symptoms manifest differently across developmental stages, from hyperactivity in children to executive function deficits in adults. Case studies will highlight nuanced presentations, diagnostic pitfalls, and the impact of co-occurring conditions such as anxiety, depression, and learning disabilities. Attendees will gain practical skills for selecting age-appropriate assessment tools, improving diagnostic accuracy, and navigating complex clinical scenarios. The session will also provide an in-depth review of current pharmacological options, including stimulants, non-stimulants, extended-release formulations, and emerging therapies. Comparative discussions will address efficacy, tolerability, and patient-centered prescribing, alongside non-pharmacological interventions such as cognitive-behavioral therapy, executive function coaching, and lifestyle modifications. Evidence-based strategies will be presented for integrating treatment approaches, optimizing adherence, and adapting interventions to meet the unique needs of each age group. Emphasis will be placed on building collaborative care models that engage families, educators, and interdisciplinary teams, ensuring a continuum of support from classroom accommodations to workplace strategies. Participants will leave with actionable frameworks for fostering academic, occupational, and social success, as well as advocacy tools to address systemic barriers in ADHD care. By bridging developmental science with clinical expertise, this presentation empowers nurses, advanced practice psychiatric-mental health nurses, and other healthcare providers to deliver comprehensive, lifespan-spanning ADHD care. Attendees will emerge prepared to transform their practice—identifying overlooked cases, implementing cutting-edge interventions, and improving quality of life for individuals with ADHD at every stage. The ultimate takeaway: when we adapt our approach to the patient's age, context, and co-occurring needs, we unlock the full potential for recovery, resilience, and thriving across the lifespan.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 5.5

10:10 AM - 10:40 AM

Beyond a One-Size-Fits-All Culture: Culturally Responsive, Trauma-Informed CBT for Diverse Populations

Kimberly Chiedu, MSN, RN, BA, Texas Woman's University

Purpose/Background: Cognitive Behavioral Therapy (CBT) is a recognized evidence-based therapeutic approach utilized in psychiatric nursing. However, conventional CBT frameworks primarily embody Western values and cultures, which may not adequately capture the lived experiences, cultural narratives, and trauma histories of various demographics. Without the capacity to adjust, these methods risk perpetuating inequities and failing to serve marginalized communities adequately. Psychiatric nurses are uniquely positioned to foster equity by integrating trauma-informed principles with culturally responsive adaptations of CBT. **Methods/Content Outline:** This presentation will: 1. Explore the intersection of trauma, culture, and systemic inequities that shape mental health outcomes. 2. Emphasize strategies grounded in evidence to integrate CBT interventions that respect and align with cultural values, languages, and worldviews. 3. Showcase case examples demonstrating how culturally responsive CBT enhances engagement and effectiveness across diverse populations. 4. Provide practical strategies for psychiatric nurses to enhance psychological safety, foster trust, and build resilience by implementing trauma-informed care. **Outcomes/Implications for Practice:** Attendees will gain practical skills to: • Distinguish cultural and systemic factors that affect the efficiency of CBT. • Apply trauma-informed principles to construct protected and equitable therapeutic spaces. • Adapt CBT techniques to reflect the cultural and lived experiences of underserved populations. • Advance the role of psychiatric nurses as leaders in equitable, compassionate, and evidence-based care. **Relevance to ISPN Theme:** This session aligns with the ISPN 2026 conference objective of fostering unbiased, trauma-informed, and culturally responsive care, emphasizing evidence-based therapeutic modalities. By moving past a "one-size-fits-all" approach, psychiatric nurses can help diminish healthcare disparities, enhance engagement, and foster resilience within diverse communities, thereby paving the way for innovation and inspiration in the future of psychiatric nursing. **Learning Objectives:** At the conclusion of this session, participants will be able to: 1. Identify at least three ways in which trauma and systemic inequities influence the effectiveness of CBT in various populations. 2. Recognize culturally attuned approaches for modifying CBT interventions to align with the values, languages, and lived experiences of individuals from underserved communities. 3. Implement trauma-informed principles to adapt CBT methods in clinical practice, fostering psychological safety, trust, and equity.

Concurrent Session 6.1

11:10 AM - 11:40 AM

Trauma-Informed and Culturally Responsive Ketamine and Psilocybin Therapies: A Discussion and Case Review of current PMHNP Best Practices

Zachary Ulrich, MDR, MA, JD, PMHNP-BC, University of Colorado College of Nursing

Despite recent advances in the psychopharmacological applications of ketamine and psilocybin, as well as simultaneously increasing PMHNP utilization of state-legalized medicinal psilocybin in Oregon and, most recently, in Colorado, there has remained uncertainty regarding how PMHNPs can best provide trauma-informed and culturally sensitive ketamine and psilocybin medicinal administration and adjunctive psychotherapeutic interventions. This session will begin with the inaugural public disclosure of results from the first-ever comparative case study of PMHNPs' ketamine and psilocybin administration and related psychotherapies, conducted through the fall of 2025 by a research team from the University of Colorado's College of Nursing. The study results include qualitative case examples of, and quantified aggregations of PMHNPs' encoded and categorized opinions and perspectives regarding, current ketamine and psilocybin best practices, all provided by PMHNPs currently practicing with ketamine and/or psilocybin. The study results, combined with other evidence-based data from several extant meta-analyses of ketamine- and psilocybin-specific therapeutic interventions in other contexts, will then serve as the basis for audience discussion and questions for the remainder of the session. This session will emphasize two themes. First, case review and discussion will focus on current PMHNPs' trauma-informed and safeguarding practices given the potential for re-traumatization when addressing repressed memories with psychedelic compounds, the common physiological adverse effects of these medicines, and the often trauma-related psychiatric needs of ketamine and psilocybin patients. Second, discussion will include coverage of culturally sensitive practices PMHNPs find most valuable when utilizing ketamine or psilocybin with individuals from historically marginalized communities or communities that have historically lacked access to adequate psychiatric care. Overall, while the foundation of this discussion will include patient safety and monitoring strategies given the known mechanisms of action and psychiatric effects of ketamine and psilocybin, the conversation will be extended to further consider means of utilizing trauma-informed and culturally sensitive interventions while yet ensuring patient safety.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 6.2

11:10 AM - 11:40 AM

Safety and Ethical Considerations of AI Related to Therapy in Psychiatric Mental Health Nursing Practice

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

While psychiatric advanced practice nurses are conducting therapy in practice, there is an increased trend for individuals to be stressed, suffering from an epidemic of loneliness (Murthy, 2023), and struggling with a lack of acceptance by government and society due to gender, race, and religious persecution. Many have turned to therapy advertised apps for mental health care. However, it is crucial that individuals with acute psychiatric needs, including but not limited to suicidal ideation, mood instability, and psychosis, require therapy from a trained human to strengthen connections and foster safety and positive mental health outcomes. This session will explore the benefits and risks of AI related to therapeutic approaches in psychiatric nursing therapy practice. Recent legislation about AI therapy will be highlighted, with an aim to find an approach that promotes safety for acute patients in our current AI focused environment.

Concurrent Session 6.4

11:10 AM - 12:10 PM

Stimulants in Recovery: Safe ADHD Treatment for Patients with a History of Stimulant Use Disorder

Kristen Vandenberg- Harrison, DNP, FNP, PMHNP-BC, University of Colorado Colorado Springs

Treating patients with both Attention Deficit Hyperactivity Disorder (ADHD) and stimulant use disorder (SUD) is challenging for psychiatric nurses and nurse practitioners. Psychostimulants are the most effective treatment for ADHD, but in patients recovering from methamphetamine or cocaine use there is a strong concern about relapse. Recent research shows that, when used with careful monitoring and harm reduction strategies, stimulant therapy can improve attention, reduce impulsivity, and enhance overall functioning without greatly increasing relapse risk. This session focuses on translating current evidence into practical steps for clinical care. We will review recent studies, clinical guidelines, and real patient examples to help providers decide when stimulant therapy is appropriate and how to manage it safely. Key topics will include assessing the risks and benefits of prescribing stimulants to patients in recovery, using evidence based screening tools, applying harm reduction strategies, and creating treatment plans that combine medication with behavioral interventions. Participants will learn how to monitor for early warning signs of relapse, how to adjust care when needed, and how to involve patients in shared decision making to support their recovery goals. We will also discuss alternative medications and non-medication

approaches for ADHD when stimulants are not the right choice. Case studies will show how these strategies work in real life, highlighting patients who have maintained recovery while benefiting from ADHD treatment. At the end of this session, attendees will have clear, evidence-based tools they can use to balance ADHD symptom control with relapse prevention. This presentation will help psychiatric nurses and nurse practitioners provide safe, effective, and patient centered care for individuals with co-occurring ADHD and stimulant use disorder, improving both mental health outcomes and long-term recovery.

Concurrent Session 6.5

11:40 AM - 12:10 PM

How is a Psychotherapeutic Process Like a Psychedelic Drug

Deborah Sandella, PhD, RN, University of Colorado, College of Nursing

New exploratory, descriptive, mechanistic study in *Frontiers in Psychology* demonstrates how a verbal psychotherapeutic process leads to rapid symptom improvement and neurocognitive shifts. Thirty volunteer nursing students in a university program experienced one session of this psychotherapeutic process. Study measurements included 5 pre and post surveys, and EEGs recorded during sessions. This study explored neurocognitive evidence for a novel mechanism of action. The method's developers proposed a mechanism of action based on nonconscious processes like emotional processing and body awareness. Two Minds Theory (TMT) is a health behavior model that suggests coping arises primarily from the speedy and non-conscious Intuitive Mind. This study was designed to test a potential mechanism of action for RIM based on TMT, where the Intuitive Mind suggests solutions that are later integrated into the Narrative Mind. Student subjects reported pre-post improvements (decrease in anxiety and depression plus an increase in motivation) (Cohen's $d = 1.93-2.75$) on 4 of 5 questionnaires. Further, participants reported levels of altered consciousness similar to those in psychedelic drug studies, particularly on an "ineffability" subscale linked to symptom improvement. EEG readings showed a significant shift away from the frontal lobes (associated with the Narrative Mind) and into the temporal lobes (associated with the Intuitive Mind), $\chi^2 = 11.0 \times 10^4$, $p < 0.001$, during the middle stage of the process. This was followed by frontal and temporal lobe co-activation during the final stage of RIM, a finding that also mirrors psychedelic studies' finding of increased synchronization across brain areas during treatment. The results of this study finds that this verbal process originated by a psychiatric nurse specialist is a promising, non-drug alternative for trauma and stress relief. Currently, the same researchers are submitting an NIH grant proposal, which will explore application of this process with 200 first-responders with PTSD. The results of subjects receiving this psychotherapeutic process will be compared with those subjects receiving currently offered treatments.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 7.1

4:00 PM - 5:40 PM

Reclaiming the Meaning of DEI: Advancing Equitable, Trauma-Informed, and Culturally Responsive Care

Gaea Daniel, PhD, RN, PMHNP-BC, Emory University
Shaquita Starks, PhD, APRN, PMHNP-BC, Johns Hopkins School of Nursing

Dawn Bounds, PhD, PMHNP-BC, FAAN, University of California Irvine

Freida Outlaw, PhD, RN, APRN, FAAN, Meharry Medical College

Vicki Hines Martin, PhD, RN, FAAN, University of Louisville School of Nursing

Janet Passley-Clarke, PhD, DNP, RN, PMHNP-BC, Pennsylvania Psychiatric Institute

Diversity, Equity, and Inclusion (DEI) is terminology that is often used that can have different meanings depending on what lens one is looking through. The lens one uses is developed by the individual's life experiences that informs their biases, values, and beliefs about the world and the people in it. Currently, DEI is commonly used in all sectors of society, however we suggest it has never been operationally defined so there is a common universal understanding of the term allowing ambiguity about its meaning to remain and to continue to grow. Never fully accepted as an organizational framework, DEI has become contested and recently has been weaponized in the landscape of America including the health care systems. Psychiatric mental health (PMH) nurses stand at a critical juncture in health care delivery, research, policy, and education and must actively address health disparities and look for avenues that promote access and sustainability. Without a clear understanding of DEI, PMHN care delivery risks becoming detached from both trauma-informed principles and cultural responsiveness, leaving marginalized communities vulnerable to retraumatization and exclusion. The DEI Committee will facilitate a panel discussion critically defining the terms, including examining the meaning of DEI for our organization. The session will contextualize the historical role of DEI within ISPN, highlighting how efforts once celebrated have become less celebrated. Using our focus on operationalizing the definition we will explore how current discourse has distorted the original intent of DEI and emphasize the importance of reclaiming its significance for PMH nursing. Our interactive panel will invite participants to consider our position as a professional speciality organization, our collective values, and strategic responses while facing the possibility of dismantling the historical progress made in social justice and equity. We will declare a unified call to action for ISPN and the entire PMH nursing community to stand up or sit down in advancing DEI as our core values. Anything less is a disservice to our mission and a betrayal of our core values.

Concurrent Session 7.2

4:00 PM - 4:30 PM

Mindfulness Meditation as an Adjunct to Esketamine for the Treatment of Major Depressive Disorder

Jennifer Tustison, DNP, PMHNP-BC, FNP-C, University of California, Los Angeles

Background: Major Depressive Disorder (MDD) affects approximately 300 million people worldwide. Despite available treatments, many patients do not achieve full recovery with traditional antidepressants, and others lack access to evidence-based care. Esketamine, a glutamatergic agent approved for treatment-resistant depression, and mindfulness meditation represent promising approaches for depression care that may improve neuroplasticity. The neuroplasticity theory of depression posits that reduced neural plasticity contributes to MDD development, with both esketamine and mindfulness potentially addressing this deficit. Objectives: This quality improvement project aimed to implement and evaluate the feasibility and efficacy of adding mindfulness meditation to esketamine treatments for patients with MDD, with the goal of improving depression outcomes. Methods: A quasi-experimental pilot was conducted at an outpatient psychiatric clinic with 19 participants (10 in mindfulness plus esketamine group, 9 in usual care esketamine-only group). Outcome measures included changes in depressive symptoms using the Patient Health Questionnaire-8 (PHQ-8), mindfulness domains of self-compassion and acting mindfully using Five Facet Mindfulness Questionnaire-Short Form (FFMQ-SF) subscales, and Hope, Agency, and Opportunity (HAO) scores. The intervention consisted of structured mindfulness meditations during esketamine treatments. Data were analyzed using t-tests, regression modeling, and Pearson's r correlations. Results: Patients receiving the mindfulness adjunct had significantly greater PHQ-8 score reductions (4.70 points) compared to the usual care group (1.00 point; $p = .014$), with a large effect size (Cohen's $d = 1.27$). Within the mindfulness group, self-compassion scores significantly increased ($p < .01$) and were strongly correlated with PHQ-8 score improvements ($r = -0.71$, $p = .032$). Both groups showed excellent treatment adherence. All mindfulness group participants reported satisfaction with the intervention. Conclusion: Adding mindfulness meditations to esketamine treatments provided clinically meaningful improvements in depressive symptoms compared to esketamine alone. The strong correlation between increased self-compassion and depression symptom reduction highlights a potential mechanism for this effect. This feasible, well-received intervention offers a promising approach to enhance outcomes for patients with MDD undergoing esketamine treatment. Future research should examine optimal timing, duration, and long-term benefits of this integrative approach.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 7.3

4:00 PM - 5:00 PM

Mental Health Nursing Innovation at the United Nations System: International, Intergenerational, Intercontinental Mentorship and Collaboration

Holly Shaw, PhD, RN, FAAN, The International Council of Nurses (ICN), Representative to the United Nations DGC & ECOSOC

The UN System is a multilateral, international, intergovernmental organization designated in Post war 1945 to prevent war, promote peace, ensure the dignity and worth of every human, and support the development of a healthy, secure world for all. Though decisions are made by the diplomats, civil society plays a pivotal role by promoting global health and providing knowledge and advocacy in areas of expertise that diplomats lack. According to the World Health Organization (WHO), mental health conditions are among the leading causes of disability worldwide and anxiety disorders contributing substantially to the overall burden. Mental health disorders often co-occur with other chronic diseases, complicating treatment and management. Nursing professionals are expertly positioned to offer unique skills to the world leaders charged with the responsibility of developing effective strategies for these universal contemporary, complex problems. By providing consultation and guidance, nurses can facilitate the development of sound and scientific, evidence-based policies. This presentation will highlight the ways experienced and new career nurses have collaborated to contribute to the UN System locally and globally to promote mental health, reduce stigma, facilitate effective programs, and support vulnerable populations. We will report on the innovative, international, intergenerational, replicable work the authors have accomplished in disseminating information, inspiring innovations, and developing programs as advocates for the underserved. Nurse leaders can serve as content experts, citizen/science diplomats, thought leaders, and trusted authorities on a range of topics that intersect with contextual aspects of health outcomes. As the most trusted professionals, nurses can achieve significant impact on decisions made by government leaders and their citizens. Our legacy of advocacy and the ICN Code of Ethics mandate that we contribute to the global initiatives of advancing human and planetary health. Teaching innovations can begin this pre-licensure process with comprehensive contemporary curricula that provide students with experiences in global awareness, science diplomacy, and mental health advocacy in the context of the multilateral UN System. By integrating these creative and intriguing innovations to standard psychiatric-mental health nursing, we have stimulated interest and contributed to generating a robust, effective, sustainable global mental health nursing workforce.

Concurrent Session 7.4

4:30 PM - 5:00 PM

Postpartum Depression: A Multidisciplinary Approach to Screening, Management and the Role of Breastfeeding Support

Elaine Webber, DNP, RN, PPCNP-BC, IBCLC, University of Detroit Mercy
Nadine Wodwaski, DNP, MSN-ed, ACNS, RN, University of Detroit Mercy

Postpartum depression is a condition which can have significant consequences for the mother and a long-term impact on infant mental health. This presentation will focus on the relationship between stress, breastfeeding, and post-partum depression (PPD). Mothers experience a multitude of stressors in the early postpartum period, putting them at risk for PPD. Mental healthcare providers are in a unique position to identify women who are at risk for developing, or showing symptoms of PPD during both the antenatal and postpartum period. Women with PPD are more likely to have difficulty breastfeeding, while successful breastfeeding is associated with decreased rates of PPD. It is essential that mental healthcare practitioners recognize that mothers who are experiencing breastfeeding difficulties should be assessed for PPD. Recognition of early breastfeeding struggles is a clue for early intervention that can lead to potentially lower rates of PPD. Mental healthcare providers can also counsel prenatal women with a history of depression on the potential benefits of successful breastfeeding on maternal mental health. During this presentation, motivational interviewing coupled with standardized PPD screening will be reviewed. Time permitting, following a case study, motivational interview techniques will be practiced through role playing. A basic assessment of breastfeeding and identification of lactation difficulties with appropriate support interventions and referrals will also be discussed. Resources for breastfeeding assistance and information regarding anxiety/depression medications compatibility with breastfeeding will be provided. Early identification of PPD risk factors coupled with targeted interventions can help decrease the incidence of PPD and improve outcomes for mothers and infants. A successful plan of care is best achieved when healthcare providers (mental health, pediatric, obstetric, and lactation specialists) collaborate.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 7.5

4:30 PM - 5:00 PM

Mental Health Training for First Responders in Tanzania: Building Resilience, Integrating Psychiatric Education, and Informing National Expansion

Nathan Koranda, DNP, APRN, PMHNP-BC, KOPI Medical

Background and Significance Frequent exposure to traumatic incidents is linked to psychological symptoms such as depression, insomnia, post-traumatic stress disorder (PTSD), anger, and anxiety. Among traffic police and firefighters in Tanzania, the heavy burden of road traffic injuries and fatalities contributes to high levels of psychological distress. The World Health Organization (2019) reports over more than 5 million injury-related deaths annually, with 90% occurring in low- and middle-income countries (LMICs). However, data on the mental health impact of trauma exposure among Tanzanian first responders remain scarce. First responders in Tanzania face unique stressors that necessitate targeted mental health and trauma interventions. Since 2018, volunteers have trained over 450 police and firefighters and more than 100 hospital staff in mental health, psychological first aid, coping skills, and trauma interventions. Despite growing recognition of mental health and prehospital care challenges, tailored education and research remain limited.

Purpose/Innovation This presentation describes the outcomes of a 20-hour integrated emergency medical services (EMS) and mental health training program for first responders in Tanzania. We highlight the leadership roles of psychiatric nurses in delivering innovative, interprofessional, and culturally responsive trauma-informed education. The program demonstrates how psychiatric nurses can adapt WHO mhGAP, peer support frameworks, and simulation-based learning to create a context-specific mental health curriculum.

Methods/Approach The curriculum emphasized peer support, crisis intervention, and substance use, and was delivered through lectures, case-based scenarios, and simulation. A mixed-methods design included pre/post knowledge assessments, validated tools (PHQ-9, GAD-7, PCL-5), and qualitative feedback through focus groups.

Conclusion/Impact Psychiatric nurses play a critical role in advancing global responder resilience. The Tanzania program provides a scalable model for integrating mental health education into first responder training. With strong national partnerships, this initiative is positioned for expansion in 2026 through a train-the-trainer model, enabling nationwide reach to over 10,000 responders and offering replicable strategies for psychiatric-mental health nursing worldwide.

Concurrent Session 8.1

5:10 PM - 5:40 PM

The Role of the Psychiatric Consultation Liaison Nurse in Creating Innovative and Integrated Care Pathways to address Patients' Substance Use Withdrawal Risks within Medical Hospital Settings

Elizabeth Steinmiller, MSN, PMHCNS-BC, Children's Hospital of Philadelphia

David Karcher, MSN, PMH CNS-BC, NEA-BC, PMHRN-BC, Cedars-Sinai Health System

Substance use affects all age groups across the life span. Substance use withdrawal is a crucial problem for patients receiving medical care in acute care settings. Psychiatric Consultation Liaison Nurses (PCLN) are advanced practice psychiatric providers (i.e., clinical nurse specialists) with a skill set focused on providing services to the patient/family, nurse/nursing practice and the system of care. PCLNs are uniquely prepared to address patient's substance use withdrawal and concomitant behavioral health needs within acute care settings. The goal of this presentation will be to share the changing landscape of substance use withdrawal treatment in acute medical settings and how PCLNs can address stigma to ensure excellent patient/family centered care in diverse pediatric and adult populations. The first presenter will demonstrate how a PCLN impacts the care of at-risk patients in an adult setting. For example, the PCLN monitors patients who are being ordered for the Clinical Institute Withdrawal Assessment Alcohol scale (CIWA) to ensure protocol is being followed appropriately. In addition, the PCLN provides just-in-time training for nurses and shoulder-to-shoulder support to ensure they administer the CIWA in an objective and consistent manner. Coaching is provided for nurses to self-monitor their rational detachment with patients in active withdrawal and support effective behavioral interventions as these patients may have disruptive behaviors during their symptom discomfort. The second presenter was part of a multidisciplinary team that created and published a substance use withdrawal pathway for both alcohol/benzodiazepines and opioid use in pediatric patients. This PCLN also facilitated the creation of withdrawal pathway order sets and education for the multidisciplinary team to optimize patient safety and equity while addressing stigma to ensure compassionate care. At each admission of a patient who requires the pathway, the PCLN participates in a proactive safety huddle with the medical care team to ensure a consistent care approach to the care of these patients. In conclusion, acute care settings provide critical opportunities to intervene with patients at risk for substance use withdrawal and build connections to outpatient supports. The presenters will engage participants in sharing integrated treatment models and teaching modalities in meeting at-risk patients' needs.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 8.2

5:10 PM - 5:40 PM

Harnessing Artificial Intelligence for Diagnostic Precision and Risk Stratification in Psychiatric-Mental Health Nursing

Tamar Rodney, PhD, RN, PMHNP-BC, CNE, FAAN, Johns Hopkins School of Nursing

Artificial intelligence (AI) is rapidly advancing as a transformative tool in psychiatric-mental health nursing, offering novel approaches to enhance diagnostic accuracy and improve patient outcomes. This presentation focuses on the clinical applications of AI in advancing diagnostic precision and risk stratification, with emphasis on identifying early markers of mental illness and predicting trajectories of co-occurring conditions. AI-driven techniques, including natural language processing, predictive analytics, and machine learning models, have demonstrated promise in detecting subtle symptom patterns, supporting differential diagnosis, and forecasting suicide risk or relapse potential (Olawade et al., 2024; Campbell, 2025). By integrating these technologies into practice, advanced psychiatric-mental health nurses can better tailor interventions to individual patient needs while reducing disparities in care. However, alongside opportunities, significant ethical and clinical challenges arise. Issues of algorithmic bias, data privacy, and equitable implementation must be addressed to ensure trauma-informed, culturally responsive, and patient-centered use of AI (Abramoff et al., 2023; Williams et al., 2024). This session will engage participants in analyzing clinical case applications of AI, critically evaluating ethical implications, and drafting strategies for integrating diagnostic precision and risk stratification tools into practice and education. By charting pathways for responsible innovation, psychiatric-mental health nurses can lead the transformation of mental health care delivery in the digital age.

Concurrent Session 8.3

5:10 PM - 5:40 PM

Preparing BSN Students to Provide High-Quality Care to LGBTQIA+ Individuals

Brayden Kameg, PhD, DNP, PMHNP-BC, CARN-AP, CNE, FIAAN, University of Pittsburgh School of Nursing

Background: The LGBTQIA+ community faces significant health disparities due to stigmatization and discrimination. LGBTQIA+ youth are 34% more likely to experience bullying or physical violence and 29% more likely to attempt suicide, compared to 6% of heterosexual youth. According to the CDC, these disparities could be reduced by providing culturally sensitive care. The IOM and major nursing organizations emphasize reducing barriers to care and enhancing provider training related to LGBTQIA+ health. Purpose: The University of Pittsburgh and Louisiana State University Health, New Orleans, collaborated to implement an innovative educational strategy using a scaffolded approach across 4-year BSN curricula. The goal of this study is to provide focused education on LGBTQIA+ health that supports the delivery of culturally competent, inclusive care for all individuals. Design: The project evaluated changes in nursing students' knowledge, attitudes, and clinical preparedness following an introductory module, advocacy training, and virtual simulation centered around best practices in LGBTQIA+ care for individuals across the lifespan. A pre-post longitudinal design used the validated LGBT-DOCSS tool to assess outcomes. Students were recruited through convenience sampling prior to clinical coursework. Before participation, they reviewed an information sheet and provided implicit consent by accessing the baseline survey. Results: Of 277 nursing students, 116 completed all surveys without missing data. Most were white, heterosexual females. Significant improvements were found across clinical preparedness ($p < .001$), attitudes ($p = .0038$), knowledge ($p < .001$), and overall scores on the LGBT-DOCSS. Conclusion: Findings support that inclusive, evidence-based LGBTQIA+ education has the potential to improve health outcomes for this population. Psychiatric-mental health nursing educators should be cognizant of incorporating specific content on LGBTQIA+ health to improve mental health outcomes for this population.

ISPN 2026 CONCURRENT SESSIONS

Saturday, March 21, 2026

Concurrent Session 9.1

8:30 AM - 9:30 AM

Implementing Evidence-Based Culturally Responsive Trauma-Informed Care in Psychiatric-Mental Health Settings for Indigenous and Marginalized Populations

Cody Bruce, PhD, RN, CNE, ACUE, University of North Texas Health

Indigenous populations experience severe mental health disparities, with American Indian and Alaska Native communities having the highest suicide rates of any racial/ethnic group in the United States at 21.5 per 100,000 - more than 3.5 times higher than groups with the lowest rates. Historical trauma from colonization, forced assimilation through boarding schools, and ongoing discrimination contribute to complex psychiatric presentations requiring specialized approaches. Many Indigenous patients feel stereotyped by non-Indigenous providers, with programs often lacking cultural relevance or trauma sensitivity. This evidence-based presentation synthesizes current research from systematic reviews of trauma interventions in Native communities, culturally responsive psychiatric care models, and validated assessment tools. Research demonstrates that Indigenous community mental health workers hold local understandings of history, culture, and traditional wellness views, reducing barriers to care while promoting tribal sovereignty. Three evidence-based culturally responsive strategies are presented: Indigenous Community Mental Health Worker Integration Model: Evidence shows combining Native community mental health workers with Indigenous mental health professionals creates systems where tribal communities restore balance and overall wellness, aligning with Native worldviews and healing traditions. Culturally-Adapted Trauma-Informed Care Framework: Systematic reviews demonstrate interventions targeting historical trauma, interpersonal violence, and substance abuse show effectiveness when adapted to include traditional healing elements. The Indigenous Healing and Seeking Safety intervention incorporates medicine wheel elements and traditional activities to foster healing. Evidence-Based Practice Integration with Traditional Healing: Research supports four pathways including empirically supported treatments, culturally adapted interventions, evidence-based practice principles integrating research with clinician expertise and patient culture, and traditional Indigenous healing as complement to psychology. Interactive case presentations demonstrate application through scenarios involving Indigenous patients with PTSD, substance use disorders, and interpersonal trauma, utilizing validated trauma-informed screening tools including the Historical Loss Scale and Cultural Competence Assessment Scale. The presentation includes completion of validated self-assessment tools: Cultural Competence Self-Assessment Checklist, trauma screening

tool demonstration, and development of individualized cultural responsiveness action plans. Participants will gain competency in evidence-based cultural responsiveness strategies applicable across diverse psychiatric settings while implementing trauma-informed care incorporating six core strategies: leadership for organizational change, data-informed practice, workforce development, reduction tools, peer roles, and debriefing techniques.

Concurrent Session 9.2

8:30 AM - 9:00 AM

Primary Care Rapid Mental Health Assessment & Triage (PCR-MHAT): Implementing an Evidence-Based Mental Health Triage Protocol in a Vermont Primary Care Clinic

Emily Meyer, PhD, RN, University of Vermont

The prevalence of mental health conditions and suicidality in the United States continues to rise, yet mental health care facilities are closing at an alarming rate. In Vermont, access to care is particularly limited, leaving individuals in psychiatric crisis with few options. Many patients contact their primary care provider (PCP) for initial guidance and support, but outdated triage protocols and community resource lists often lead to inappropriate referrals to the emergency department (ED). EDs are ill-equipped for most psychiatric emergencies: they are loud, chaotic, and not conducive to therapeutic, trauma-informed care. To address this gap, we developed the Primary Care Rapid Mental Health Assessment and Triage (PCR-MHAT) protocol, an evidence-based phone triage tool for use in primary care clinics. PCR-MHAT incorporates validated screeners and standardized decision-making algorithms from emergency medicine and psychiatry to rapidly assess acuity and direct patients to appropriate community resources, including outpatient facilities capable of managing high-acuity crises, such as Mental Health Urgent Care (MHUC). The protocol will be piloted between September-December 2025 at a University of Vermont Health Network (UVMHN) primary care clinic. Pre- and post-implementation surveys will assess triage nurses perceived self-efficacy in managing mental health calls and satisfaction with the protocol. Telephone encounters will also be analyzed to determine overall protocol utilization, patient acuity scores, level of care decisions, resources provided, and follow-up plans. Iterative cycles of staff feedback will be used to refine the protocol and inform broader implementation. During this concurrent session, initial implementation results will be presented, alongside future QI efforts focused on developing continuing education and training materials, optimizing the protocol, and evaluating patient outcomes—particularly PCR-MHAT's impact on suicidal ideation, psychiatric symptoms, and ED utilization.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 9.3

8:30 AM - 9:30 AM

Prescribing Strategies for Psychiatric Mental Health Nurse Practitioners (PMHNPs) Collaborating with Family Nurse Practitioners (FNPs) in Medical Clinics

Kim K. Johnson, DNP, PMHNP-BC, FNP-C, Augusta University

Integrating psychiatric care into primary care settings presents both opportunities and challenges for Psychiatric-Mental Health Nurse Practitioners (PMHNPs) and Family Nurse Practitioners (FNPs). This interactive workshop demonstrates how PMHNPs can employ practical strategies for evidence-based prescribing and collaborative care, while consulting with and guiding FNPs in the management of patients with psychiatric and comorbid medical conditions. PMHNPs can model trauma-informed, culturally sensitive, and equitable care, as well as effective, respectful language, to support nurse practitioners who often encounter mental health patients first before referring to the PMHNP. Through real-world case scenarios, participants will explore safe and effective medication management strategies and ways to provide guidance and mentorship to colleagues in primary care settings. Attendees will review commonly prescribed psychotropic medications encountered in primary care, including their primary and off-label indications, contraindications, and potential adverse effects. Special attention will be given to factors such as activating versus calming properties of selective serotonin reuptake inhibitors (SSRIs), serious adverse events such as seizure risk with bupropion, and strategies for tailoring medication treatment based on individual patient comorbidities. Participants will also discuss communication techniques to advocate for vulnerable populations and model professional, trauma-informed interactions with colleagues and patients. This presentation includes engaging, hands-on exercises that promote interprofessional collaboration, patient education, and strategies to improve adherence. The presenter will address both facilitators and barriers to integrating psychiatric care, highlighting benefits such as continuity of care, early detection through screening, stigma reduction, and team-based collaboration, alongside challenges including limited appointment time, variable provider expertise, cost restrictions, and fragmented systems of care. Through analysis of several detailed patient case scenarios, participants will apply evidence-based guidelines to make informed pharmacologic decisions, optimize dosing and titration, and incorporate pharmacogenomic data into individualized treatment plans. The presenter will also discuss genotype testing and the role of L-methylfolate and Vitamin D absorption in supporting optimal mental health. By the conclusion of the session, attendees will be prepared to implement collaborative, patient-centered psychiatric prescribing strategies, while mentoring and supporting FNPs, to enhance safety, improve outcomes, and foster integrated care in primary care and family medicine settings.

Concurrent Session 9.4

9:00 AM - 9:30 AM

Building and Sustaining a Wrap Around Wellness Program in Foster Care

Julie Bertram, RN, MSN, PMHCNS-BC, PhD, University of Missouri - St. Louis College of Nursing

The U.S. foster care system serves approximately 400,000 children per year. Young persons in foster care face significant mental healthcare disparities and higher polypharmacy rates than their peers. High workforce turnover due to moral injury and distress exacerbates health disparities as frequent changes in placement and medical providers lead to fragmented screenings, interventions, and treatments. A failure to integrate mental health support in a meaningful way contributes to the perpetuation of fragmented care, poor medication management, and inadequate crisis intervention. To address foster children's overall health, we designed and implemented the Wrap Around Wellness™ (WAW) program in collaboration with the Children's Permanency Partnership (CPP). This evidence-based care coordination initiative enhances collaboration among systems and promotes continuity of care for foster care children. Developed over seven years, WAW aims to improve wellness outcomes by ensuring quality physical, emotional, social, intellectual, and environmental well-being for foster children. Our research question was: What is the acceptability of the Wrap Around Wellness Program among stakeholders? Surveys were sent to 40 stakeholders within a private child welfare consortium in the Midwest, with 22 participants responding. Data analysis included descriptive statistics and content analysis. Findings indicate broad stakeholder acceptance of the program, with five key themes: improved care coordination, increased work efficiency, enhanced communication, stronger team collaboration, and supportive leadership. Two overarching themes emerged: (1) Teamwork enhances efficiency, and (2) Wellness coordinators' unique attributes strengthen service delivery. Sub-themes defining these attributes include (a) coordinators' autonomy, (b) their knowledge base, and (c) effective communication. While these results provide valuable information, further research is needed to build upon the program's impacts. By maintaining a focus on foster care children's needs, we can bridge gaps in mental healthcare access and promote more equitable outcomes.

ISPN 2026 CONCURRENT SESSIONS

Concurrent Session 10.1

9:40 AM - 10:10 AM

Developing Leadership Skills and Emotional Resilience in Advanced Nurse Practitioners

Elaine Webber, DNP, RN, PPCNP-BC, IBCLC, University of Detroit Mercy

Nadine Wodwaski, DNP, MSN-ed, ACNS, RN, University of Detroit Mercy

Effective leadership is essential for APRNs to navigate the complexities of modern healthcare, foster a collaborative team environment, and enhance patient outcomes. Despite their clinical expertise, many APRNs encounter challenges in leadership roles, such as managing interdisciplinary teams, addressing conflicts, and spearheading initiatives. Literature and anecdotal evidence suggest a significant need for tailored leadership development that aligns with the unique demands PMH care. This presentation will explore advanced strategies for cultivating leadership competencies among APRN students and practitioners. Key areas include emotional intelligence, conflict resolution, and advocacy for pediatric patients. Attendees will gain insights into integrating leadership principles into clinical practice, enhancing their ability to influence healthcare delivery, mentor peers, and advocate effectively for children and families. By equipping APRNs with these leadership skills, the session aims to promote a culture of excellence, enhance interpersonal skills, and improve the quality of care.

Concurrent Session 10.2

9:40 AM - 10:10 AM

Loneliness, cannabis use and mental health in university students: Using AI to assess, educate and intervene

Fatima Ramos-Marcuse, PhD, PMHNP-BC

The World Health Organization (WHO) identifies cannabis as the most widely used (180-232 million people) psychoactive substance (WHO, 2015) needing attention as a public health issue (Montemayor et al., 2024, ODPHP, 2021). Cannabis use (CU) in young adults attending college across the United States (US) represents the largest group of users globally and the rates are higher in states where cannabis is legalized (Mullin & Cservenka, 2024). Loneliness is also a public health issue of global magnitude exacerbated by the COVID-19 pandemic (Zeas-Sigüenza et al., 2025). Specifically, loneliness in college students is a major concern affecting students' academic performance and behavioral health (Flesaker et al., 2024). On one hand, CU impairs cognitive and motoric functioning leading to increased accidents and fatalities. A small number of first-time users experience extreme anxiety, panic episodes, cardiac, respiratory and gastrointestinal distress. Studies in the US showed that young people with a suicide attempt or self-harm behaviors are more likely to test positive for cannabis (Oh et al., 2024, Oladunjoye et al., 2023). CU may trigger or exacerbate psychotic disorders in individuals with genetic vulnerabilities and affect academic abilities.

In addition, there are drug-drug interactions between CU and psychotropics and between CU and oral contraceptives worth noting. On the other hand, Loneliness in college students was reported at 58% and higher (79%) among transgender/nonbinary students (Flesaker et al., 2024). If left untreated, loneliness can dire consequences, including substance use disorders, mental health conditions, chronic fatigue, procrastination, academic failure, problematic social media use and so forth (Xie et al., 2025). Given the interconnections between loneliness and CU and its cognitive-emotional functioning for young adults, professionals like advanced practice psychiatric mental health nurses and college health providers ought to be prepared to assess and deliver effective care to large numbers of students in campuses across the US and beyond. Artificial intelligence (AI) presents an exciting and effective method to accomplish this endeavor by engaging students in appealing ways. For example, using digital tools to collect information, interactive or gaming tools to educate and therapeutic chatbots to deliver interventions (Reyes-Portillo et al., 2025).

Concurrent Session 10.3

9:40 AM - 10:40 AM

Psychiatric Nursing Influence for Elevating Engagement and Social Capital in Older Adults

JoEllen Schimmels, PhD, DNP, PMHNP-BC, ANP-BC, CNE, FAAN, Emory University

Marian Newton, PhD, RN, PMHNP-BC, ANEF, FAAN, Shenandoah University

Susan Brammer, PhD, RN, CNE, FAAN, University of Cincinnati

Social capital, defined as social connections, relationships, and community resources, is often considered an individual matter, but a national strategy with various initiatives presents an opportunity for psychiatric nurse involvement for improving social capital to address the health of the nation. This presentation will review the epidemic of loneliness in older adults and the ramifications of social capital on physical and mental health, along with best practices; and research-based, nurse-led strategies to improve social connection in older adults. Having nursing's voice included in this process will offer our critically important perspective towards successful change in this space at the individual, relationship, community and societal levels. Recognizing that social isolation and loneliness significantly contribute to increased health and mental health risks and premature death, legislators need information to inform decision making regarding standards and best practices. Loneliness as a social determinant of health is an urgent public health concern where more connected communities and better health outcomes.

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Concurrent Session 10.5

10:10 AM - 10:40 AM

The Nuance of Stimulant Prescription for ADHD

Lexxie Gramke, PhD, PMHNP-BC, AGPCNP-BC,
University of Illinois - Chicago

Background: Stimulant medications for ADHD carry many risks including abuse and addiction potential, cardiac effects, and unintentional weight loss. Based on current, well-established recommendations in the literature, practitioners most often use daily dosing. Is it time to consider establishing recommendations for more flexible dosing and specifically to advocate for PRN dosing? The reasoning behind this is: (a) recently there has been a shortage of stimulant medications available for patients, (b) there is already some guidance from the FDA recommending that “the least amount of amphetamine feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdose,” and (c) many providers, with great success, prescribe stimulants PRN and encourage patients to take “drug holidays” periodically when using this class of medications. Careful consideration regarding frequency of dosing may lead to improved patient outcomes.
Purpose: To explore the experiences of providers who prescribe stimulants for ADHD and challenges in determining the best plan of care.
Methods: A qualitative study is in progress utilizing a hermeneutic phenomenological approach. Interviews were deidentified, transcribed verbatim, and coded by four qualitative researchers. Analysts read each transcript and wrote independent narratives summarizing findings. After summarizing and discussing the transcripts, working themes were identified from the data and a coding dictionary established. Finally, following numerous discussions, hermeneutic perspectives were generated by engaging comprehensive philosophical ideas relative to the common human experience expressed in the accounts.
Results: Formative results reveal complexity in the prescribing practices of nurse practitioners. Beliefs about educational practices and childhood needs inform decisions about whether and how stimulants should be used. Specific guiding protocols are missing and are needed for the multiple ways that symptoms manifest.
Conclusion: Prescribing practices vary between providers who use daily dosing versus those who are more supportive of PRN dosing. These findings offer clinicians and researchers new ways to think about the complexity of prescribing patterns of stimulant medications for ADHD. Given that “drug holidays” are a well-known strategy in prescribing stimulants to children and adolescents, further research is needed to clarify the appropriateness of PRN dosing in adults.

Concurrent Session 11.1

10:50 AM - 11:20 AM

Artificial Minds, Real Consequences: Charting Psychiatric Nursing’s Role in AI-Induced Psychosis

Anyinke Atabong, DNP, PMHNP-BC, FNP-C, The Society of PMHNPs of Color / Coppin State University

The rapid evolution of artificial intelligence (AI) has transformed how individuals access, process, and engage with information. While AI-driven tools such as chatbots, generative models, and immersive platforms offer unprecedented opportunities in education, health care, and daily living, emerging reports highlight concerning mental health risks—including AI-induced psychosis. Defined as psychotic symptoms precipitated or exacerbated by excessive reliance on or interaction with AI technologies, this phenomenon presents uncharted challenges for psychiatric nursing. This session will examine the intersection of AI and psychosis, exploring potential pathways by which AI exposure may contribute to perceptual disturbances, delusional content, or exacerbation of underlying psychiatric vulnerabilities. The discussion will also highlight the dual role of AI as both a risk factor and a potential therapeutic ally in psychosis care, particularly in psychoeducation, early detection, and treatment adherence. Drawing on principles of innovation and integration, this presentation will inspire psychiatric-mental health nurses to anticipate risks, engage in ethical decision-making, and lead the development of clinical frameworks for addressing AI-related mental health presentations. By critically evaluating emerging evidence and case examples, attendees will be equipped to advance innovation responsibly while safeguarding patient well-being in an AI-driven era.

Concurrent Session 11.2

10:50 AM - 11:50 AM

Tales from the Jail: Addressing Mental Health Treatment in the Era of Transinstitutionalization

Daniel Wesemann, DNP, MSW, PMHNP-BC, ARNP, FAANP, University of Iowa College of Nursing

The field of forensic psychiatric nursing addresses critical intersections of mental health, legal standards, and ethics, yet a significant professional practice gap (PPG) persists due to evolving legal requirements, increasing forensic populations, and the need for more comprehensive therapeutic interventions. This gap underscores an opportunity to enhance the training and competencies of nurses working in forensic settings to improve patient outcomes and safety. The evidence supporting this need includes data showing increased psychiatric patients being transferred to jails and prisons due to reductions in inpatient psychiatric beds, highlighting a systemic challenge in mental health care delivery. Literature suggests that implementing structured risk assessments and trauma-informed care strategies contribute positively to patient management and reduce recidivism. This practice change

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was prompted by the recognition that current practices often lack standardized training focused on both clinical and legal aspects of forensic nursing. Consequently, a structured training program was developed to address this educational gap. The intervention involves a comprehensive curriculum delivered to forensic nurses, with outcomes measured via pre- and post-training surveys assessing knowledge, confidence, and clinical outcomes. The effectiveness of this initiative is validated through measurable improvements in participant competencies and patient care quality. Relevance to psychiatric mental health (PMH) nursing is profound, as nurses are pivotal advocates and providers of mental health services within forensic populations—often marginalized and complex in their needs. The intervention aims to foster ongoing improvements in clinical practices, encouraging further research and policy advocacy to integrate forensic principles into PMH curricula. Participants will critique treatment strategies to reduce recidivism and promote mental health stability in forensic populations. The presentation will include case studies, theoretical frameworks, and visual data representations. Engaging methods such as polling, embedded questions, Q&A, and discussions will promote active learning. Ultimately, this presentation aims to illuminate the critical role of forensic mental health nursing and empower nurses to better serve this vulnerable population through advanced knowledge and skills.

Concurrent Session 11.3

10:50 AM - 11:50 AM

Dextromethorphan (DM) and Bromide (Br-) Post-1980 Rebirth in Psychopharmacology

David Newton, BS Pharmacy, PhD, FAPhA, Shenandoah University, Professor Emeritus

The neuropsychopharmacology, pharmacokinetic elimination and chemistry of dextromethorphan, DM, and bromide, Br-, are thoroughly reviewed. Dextromethorphan hydrobromide, DM-HBr, was introduced as a nonprescription antitussive in 1958 and reintroduced as prescription Nuedexta® for pseudobulbar affect in 2010 and Auvelity® for MDD in 2022. The novel use of DM-HBr in psychiatric drug therapy derived from the (1) 1805 discovery of morphine and 1925 determination of its structure that led to DM synthesis and DM-HBr salt preparation in 1949; and (2) elucidation of the cytochrome P450, CYP, gene and enzyme superfamily; biomolecular pharmacology of excitatory L-glutamnergic N-methyl-D-aspartate, NDMA, receptors; and neurotransmitter reuptake transporters since the 1980s. Animal and human studies in 1953 showed DM-HBr was antitussive and lacked opiate effects and dependency. In the 1960s, abuse of pioneer brand Romilar tablets revealed DM-HBr psychoactivity, which forecast its psychotropic potential. Potassium and sodium bromides entered U.S. commerce as “patent medicines” in the late 1800s. Bromo-Seltzer and Miles Nervine were most popular for their rapid calming

and sedation, but the toxidrome of bromism, including psychosis, led to U.S. market removal of all bromide remedies in 1975. One source reported “Bromism was once common (ca 1900-1970); 10% of patients admitted to psychiatric hospitals had measurable bromide levels.” A 2023 noncontrolled study comparing Aplenzin® brand of bupropion hydrobromide, Bu-HBr, and generic bupropion hydrochloride, Bu-HCl, in equivalent bupropion dosages in 30 adult treatment resistant MDD patients showed superiority of Bu-HBr. If corroborated in controlled trials, the authors’ suggestion that Br- potentiated GABA-A receptors to augment the antidepressant effect of bupropion would confer a new therapeutic life on Br-. This presentation concludes with 12 clinical “Take Home” points for psychiatric mental health nurses, the following being foremost: (1). Psychoactivity from Nuedexta or Auvelity taken with nonprescription DM-HBr products. (2). Serotonin syndrome from nonprescription DM-HBr products taken with SSRIs. (3). Bupropion seizures from Aplenzin 522 mg taken with CYP2B6 inhibitors. (4). Bromism from Aplenzin 522 mg taken with potassium or sodium bromide. (5). Need Auvelity and Nuedexta patients’ complete reporting of DM-HBr and CYP2D6 inhibitors they are consuming; likewise for Br- and CYP2B6 inhibitors with Aplenzin® patients.

Concurrent Session 11.4

11:20 AM - 11:50 AM

Equity and Inclusion in Black Mental Health Care: The Time Is Now for Culturally Responsive Care in Psychiatric Settings

Shaneekqua Simms, MSN, FNP-C, Duke University

The time is now to act! This training will unpack our nation’s healthcare delivery system’s history of explicit & implicit bias associated with Black mental health care and establish linkages between this bias and the Black community’s reaction of mistrust, fear, and stigma. This training will raise awareness around the historical challenges of under & misdiagnosis as well as delayed & substandard plans of care endemic in Black mental health care. This training will create a space for an uncomfortable, necessary, and overdue conversation around Provider bias and patient outcomes. We will use a case-based model for learning to foster awareness, action, and humility. This training will serve as a therapeutic call to arms that operationalizes Angelou’s message that compels healthcare to, “Do the best you can until you know better. Then, when you know better, do better.”

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Concurrent Session 12.1

12:20 PM - 12:50 PM

A Wellness Clinic: An Innovation to Impacting Health Inequities

Sherri Chatman, DNP, RN, FNP-BC, Samford University
Kristen Johnston, DNP, FNP-BC, COI, AE-C, Samford University

Our clinic was designed to assist in filling the gap for individuals living in our surrounding communities who are experiencing unmet mental health needs because of healthcare inequities. Nursing and other healthcare disciplines agree that a lack of access to healthcare exists among certain populations. Individuals caring for others may have the desire to be directly involved in lessening those disparities but find navigating the process challenging. As nurse practitioners carrying full-time faculty responsibilities, we envisioned this clinic to provide opportunities to care for those in need. A classroom in a non-traditional setting was converted into an inviting mental health clinic. Interprofessional interactions are offered in this non-traditional setting. Clinic operation is dependent on volunteer medical and non-medical individuals who desire to serve vulnerable populations. “Volunteers are an invaluable asset to their communities as they provide their knowledge, skills, resources, and time as an enormous, growing informal workforce...” (Strkljevic et al., 2024). This clinic serves as our faculty practice site, allowing us to meet mental healthcare needs in our communities. Patients in our clinic are experiencing mental health stressors and do not have insurance to see a provider. Patients report that receiving treatment in the clinic has assisted with a reduction of symptoms and improved quality of life. The census of patients is growing as trust is established. Collaboration with other community agencies is strengthening our clinic. This innovative presentation invokes creativity and provides steps for the development of a clinic in a non-traditional setting, highlighting how nurse practitioner faculty can provide care to vulnerable populations with mental health needs.

Concurrent Session 12.2

12:20 PM - 1:20 PM

PRIME-NP Psychiatric Mental Health adaptation: Charting the course for competency based education

Michaela Hogan, DNP, APRN, PMHNP-BC, University of Florida

The transition to competency-based education (CBE) nursing standards necessitates the development of concordant and defensible assessment measures. The PRIME-NP model, adapted from the RIME medical education model, provides a framework for identifying CBE behavioral indicators among nurse practitioner students (Slyer et al., 2025). PRIME-NP behavioral indicators and performance leveling that are aligned with AACN Essentials and NONPF Core Competencies have been

validated for medical specialty nurse practitioner education tracks (D'Aoust et al., 2022). However, PRIME-NP has not been adapted or validated for Psychiatric-Mental Health Nurse Practitioner (PMHNP) education. For this study, an expert workgroup (n = 4) adapted PRIME-NP to the unique scope and standards of the PMHNP role. Using a modified nominal group technique, the workgroup aligned PMHNP behavioral performance indicators and leveling across clinical curriculum. Prior to final dissemination, a large group of national content experts and clinical stakeholders (n > 20) will be invited to participate in a Delphi survey to validate the workgroup's results (D'Aoust et al., 2022). The anticipated outcomes include developing an enhanced PMHNP educational framework and attaining national consensus among PMH nursing experts that leads to codifying standards for competent care. The Delphi validation is expected to strengthen acceptance and facilitate implementation across PMHNP programs nationwide. Ultimately, findings from this study will integrate theoretical precepts with standardized outcomes for PMHNP educational programs, provide a consensual foundation for leadership, innovation, and workforce development in advanced psychiatric nursing education.

Concurrent Session 12.4

12:50 PM - 1:20 PM

Psychosis and a Missed Diagnosis: Lessons from a Case of Anti-NMDAR Encephalitis

Madeline Bleier, MSN, PMHNP-BC, State University of New York Upstate Medical University

Background: Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a rare autoimmune disorder that frequently presents with psychiatric symptoms such as agitation, hallucinations, and mood instability—often in young women. These symptoms are easily misattributed to primary psychiatric conditions, leading to delayed medical diagnosis and treatment. This case report underscores the critical role of psychiatric-mental health nurses in recognizing atypical clinical features and advocating for timely interdisciplinary care. Case Description: A 21-year-old woman with a history of anxiety presented to the emergency department with agitation, disorganized behavior, and somatic complaints. She was admitted to a psychiatric unit where she received psychotropic medications, including hydroxyzine, fluoxetine, olanzapine, and risperidone, without clinical improvement. Her condition rapidly worsened, prompting medical reevaluation. Serum and cerebrospinal fluid (CSF) testing confirmed anti-NMDAR antibodies, and imaging revealed a right ovarian teratoma. The patient was treated with intravenous immunoglobulin (IVIG), corticosteroids, and surgical resection, resulting in significant neurologic recovery. Clinical Relevance: This case highlights key diagnostic red flags—such as abrupt symptom onset, lack of response to psychotropics, and fluctuating mental status—that should prompt medical evaluation for possible

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autoimmune encephalitis. Psychiatric nurses and nurse practitioners are often the first to observe these patterns and are essential in initiating further workup. Pharmacologic considerations, interdisciplinary collaboration, and advocacy were central to this patient's recovery. Conclusion: The extent to which Anti-NMDAR encephalitis remains under-recognized is unknown in psychiatric settings despite being treatable. This presentation explores how advanced practice nurses can navigate interdisciplinary treatment and advocate for patients whose symptoms defy traditional psychiatric explanations. Psychiatric-mental health nurses are instrumental in identifying atypical presentations and promoting timely, integrative treatment pathways.

Wednesday, March 18, 2026

Poster 2

The Role of Mindfulness Interventions in Strengthening Nursing Education and Clinical Practice

Ashlee Barnes, DNP, APRN, FNP-C, University of Detroit Mercy

Learning Objectives: 1. Participants will be able to identify the impact of mindfulness interventions on graduate nursing students' mental and physical well-being. 2. Participants will be able to apply at least two mindfulness strategies to support stress management and performance in educational and clinical practice settings. Summary of Major Content: This session explores the integration of mindfulness interventions as an evidence-based strategy to enhance the well-being and performance of graduate nursing students. Drawing on findings from a study involving graduate nursing students in programs of study, participants will examine the use of selected mindfulness strategies within educational and clinical contexts. Through demonstration, attendees will gain hands-on experience and learn practical approaches to reduce stress, improve focus, and foster confidence in learners and practitioners alike. Background: Mindfulness interventions have been shown to assist nursing students and clinicians in reducing stress, regulating emotions, and strengthening self-efficacy; factors that contribute to academic achievement and clinical effectiveness. This study examined the perceptions of students regarding the use of selected mindfulness strategies in graduate nursing programs and their potential application in practice. Specifically, the research explored how mindfulness techniques support overall success in both classroom and clinical settings. Aim: 1. To explore the impact of mindfulness interventions regarding ease and confidence in selected graduate nursing programs. 2. To assess and compare the perceptions of mindfulness interventions between students in selected programs. Methods: Graduate nursing students participated in selected mindfulness interventions prior to course activities. Data were analyzed using descriptive statistics from pre and post-intervention surveys. Results: Students from selected nursing graduate programs responded favorably to the mindfulness interventions, as evidenced by the confidential pre- and post-survey results. Most participants reported feeling at ease and valued the intervention, a perspective that was far less common prior to the experience. Overall, the intervention demonstrated a meaningful influence on students' perceptions and mental well-being. Conclusions: Strategies integrating mental and physical health in assisting students' further enhancements and achievement of learning outcomes are important steps in overcoming barriers to successful completion of course and clinical activities.

Poster 4

Psychometric Properties of Japanese Version of Stress-Related Growth Scale-Revised among Family Caregivers of Persons with Mental Illnesses

Rie Chiba, PhD, RN, PHN, Kyoto University

Background: Positive changes and benefits resulting from stressful or traumatic events are conceptualized as stress-related growth (SRG) (Park et al., 1996). Family caregivers of persons with mental illnesses can experience not only care burden, but also SRG. This study aimed to develop a Japanese version of the Stress-Related Growth Scale-Revised (SRGS-R) (Boals & Schuler, 2018) and to examine its psychometric properties. Methods: The SRGS-R was translated into Japanese by researchers of mental health nursing and family caregivers with lived experiences. The questionnaire included the Stress-Related Growth Scale-Revised, Benefit Finding Questionnaire, Resilience Scale, WHO-5, and Conscientiousness domain of Ten-Item Personality Inventory. Inclusion criteria for participation were family caregivers aged 18 years or older who had lived with a patient for the past three months or more. After a pilot study, an anonymous online survey was conducted in March 2025, and 1,760 valid responses from 2,000 participants were analyzed. Factorial validity, criterion-related validity, convergent and divergent construct validity, and internal consistency were examined. This study was approved by the Ethics Committee to which the first author belongs. Results: Among family caregivers, 59.8% were male, with a mean age of 52.0 ± 12.1 years. The most common relationship with the patients was spouses/partners, followed by children, parents, siblings, and others. The most common diagnosis among patients was depression (44.5%), followed by schizophrenia (25.5%) and bipolar disorder (15.2%). The SRGS-R showed a one-factor structure with a good model fit ($YB\chi^2(90) = 278.330, p < .001, CFI = 0.959, TLI = 0.952, RMSEA = 0.049, 90\%CI = [0.042, 0.055], SRMR = 0.031$). Positive correlation with Benefit Finding Questionnaire ($r = .77, p < .001$) showed good criterion validity. Positive correlations with the Resilience Scale ($r = .71, p < .001$) and WHO-5 ($r = .49, p < .001$) demonstrated good convergent validity. A weak correlation with Conscientiousness ($r = .18, p < .001$) indicated good discriminant validity. Reliability was sufficiently high (Cronbach's $\alpha = .96$). Conclusion: The Japanese SRGS-R is a reliable tool for assessing stress-related growth. Mental health nurses can use it to assess and enhance stress-related growth of family caregivers of persons with mental illnesses.

Poster 5

Olanzapine and Samidorphan in Adults with Schizophrenia or Bipolar I Disorder: Updated Review of Clinical Data

Leslie Citrome, MD, MPH, New York Medical College

Introduction: Combined olanzapine and samidorphan (OLZ/SAM) received US FDA approval in 2021 for the treatment of adults with schizophrenia or bipolar I disorder (BD-I) and was accompanied by a clinical data review summarizing OLZ/SAM's efficacy and safety. The key highlight was that OLZ/SAM provides the established antipsychotic efficacy of olanzapine while mitigating olanzapine-associated weight gain. **Methods:** This updated review synthesizes the following clinical studies/analyses conducted over the past 5 years, providing a comprehensive overview of the OLZ/SAM clinical program. Effectiveness, safety, and tolerability of OLZ/SAM were assessed in a 12-week randomized double-blind study conducted in early-in-illness patients, a population at risk of antipsychotic-associated weight gain. A 4-year open-label extension study and subgroup analysis evaluated long-term safety and durability of treatment effect of OLZ/SAM in patients who completed prior studies. An individual patient data meta-analysis compared effects of OLZ/SAM versus olanzapine on weight gain using data from 3 clinical trials. A post hoc analysis explored effects of OLZ/SAM treatment on negative symptoms in patients with an acute exacerbation of schizophrenia. Patient retention rates were also summarized across the OLZ/SAM phase 3 clinical program. **Results:** OLZ/SAM treatment was associated with a durable antipsychotic treatment effect, clinically meaningful and durable improvement from baseline in the negative symptoms of schizophrenia, and minimal weight gain and metabolic changes for up to 5 years. Treatment with OLZ/SAM was well tolerated, and substantial retention rates were observed. **Conclusions:** These data reinforce OLZ/SAM as a valuable long-term treatment option for patients with schizophrenia or BD-I.

Poster 6

Improving Effective Care for Patients with Eating Disorders in an Outpatient Psychiatric Clinic

Joy Cloutier, DNP, PMHNP, APRN, PMH-C, Frontier Nursing University

Background: Eating disorders affect about 28.8 million people and are the cause of death for 10,200 people annually. **Local Problem:** Chart audits (n = 50) of all participating providers in the pilot revealed no patients were screened with an evidence-based tool for eating disorders. The aim of this project was to improve effective care of patients with eating disorders in an outpatient psychiatric facility within 8 weeks by 30%. **Methods:** The Plan-Do-Study-Act (PDSA) model was used to test changes every 2 weeks for a total of four cycles. Quantitative data were collected via chart audits and qualitative data were

gathered in field notes. These were then collated into run charts and tables to analyze and determine tests of change for each PDSA cycle. **Interventions:** The first core intervention was implementing an evidenced-based screening tool for eating disorders. A score of 2 or higher indicated a positive screen; the second core intervention was implementing a revised standards of care checklist. **Results:** The goal of improving effective care was surpassed with a total project mean of 60%. Completing both interventions took an average of 4 minutes by the last cycle, indicating a low impact on the balancing measure. Positive screening rates were within the expected range, which led to 59 referrals being made to a higher level of care. **Conclusions:** "Screening for Disordered Eating" should be used for all intake visits. Clinicians should then follow a standardized pathway to provide effective care for patients identified with an eating disorder.

Poster 9

Real-World Impact of Olanzapine and Samidorphan on Rates of Relapse Among Young Adults with Schizophrenia or Bipolar I Disorder

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Introduction: Combined olanzapine/samidorphan (OLZ/SAM) is approved for the treatment of schizophrenia and bipolar I disorder (BD-I). In real-world studies, OLZ/SAM treatment significantly reduced acute care events (proxies for relapse) in the 12 months after initiating OLZ/SAM. This analysis examined relapse rates (disease-related acute care events) in a subgroup of young adults, a population vulnerable to relapse. **Methods:** This claims analysis used data from Komodo Healthcare Map (10/18/2020-12/31/2023). Adults aged 18-34 years with schizophrenia or BD-I, ≥ 1 OLZ/SAM claim, and ≥ 12 months' enrollment in medical/pharmacy benefits before and after the index date were eligible. Disease-related inpatient (IP) admissions and emergency department (ED) visits in 12-month baseline and follow-up periods were compared; results are presented as absolute percent changes. All-cause and mental health-related events were evaluated separately. **Results:** Overall, 564 patients with schizophrenia and 418 with BD-I were included. For patients with schizophrenia initiating OLZ/SAM, proportions of patients with ≥ 1 schizophrenia-related IP admission or ED visit decreased significantly by 12.1% and 6.2% between baseline and follow-up, respectively (both $P < 0.05$). For patients with BD-I initiating OLZ/SAM, proportions of patients with ≥ 1 BD-I-related IP admission or ED visit decreased significantly by 18.7% and 6.7% between baseline and follow-up, respectively (both $P < 0.05$). In both cohorts, reductions in disease-related acute care events were numerically larger than those reported previously for the main study. **Conclusions:** For young adults with schizophrenia or BD-I who are in an earlier stage of their illness, initiating OLZ/SAM may be an effective

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strategy for reducing relapse. This study was sponsored by Alkermes, Inc. Medical writing and editorial support were provided by Peloton Advantage, LLC, an OPEN Health company, and funded by Alkermes, Inc.

Poster 10

Mental Health in the Digital Age: Using Podcasts to Combat Depression in Communities

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Purpose: Podcasts provide an accessible and engaging platform for educating the public about mental health, including depression, by reaching a broad audience and facilitating in-depth discussions in a non-threatening environment. Because a push exists for awareness-raising efforts and advocacy strategies to dismantle stigma and promote a healthier, informed society, a podcast was used to provide information about depression. **Summary of Evidence:** Research indicates that podcasts can reduce stigma around mental health issues by sharing personal stories and expert insights, making information more relatable and actionable (Caoilte et al., 2023). Additionally, studies show that auditory learning, as provided by podcasts, can increase retention of important mental health information and promote greater understanding and empathy (Robins et al., 2024). **Description of Practice:** As a part of a service-learning activity, faculty provided a series of 45-minute podcasts. The topics of the podcast focused on mental health issues related to depression, such as normalizing psychotherapy, creating healthy friendships, accessing services, and psychopharmacology. Individuals were invited to call in for questions and provided information to contact any of the panelists after the call. **Validation of Evidence:** Feedback from listeners validated the positive impact of the depression podcast, with many sharing that it provided comfort and reduced feelings of isolation. Several noted that the coping strategies discussed were practical and useful, while others emphasized that the personal stories fostered a sense of connection and understanding. Overall, these responses affirm that the podcast is meeting its intended purpose of offering both emotional support and educational value. Feedback was analyzed to determine impact, effectiveness, and areas for improvement. **Implications:** Podcasts enable psychiatric mental health nurses to expand access to education, reduce stigma, and position themselves as trusted leaders in promoting mental health awareness. By sharing reliable information, coping strategies, and culturally responsive discussions, PMH nurses can foster community engagement while positioning themselves as trusted leaders in mental health advocacy.

Poster 11

Once-Daily Valbenazine Improves Patient-Reported Quality of Life as well as Movement Severity in Patients with Tardive Dyskinesia Regardless of Psychiatric Diagnosis: Results from the Phase 4 KINECT-PRO Study

Anne Marie Desmond, DNP, NP-BC, MS, CNS, Neurocrine Biosciences, Inc.

Introduction: Once-daily valbenazine is a uniquely selective vesicular monoamine transporter 2 (VMAT2) inhibitor approved for tardive dyskinesia (TD) and Huntington's chorea. KINECT-PRO is the first clinical trial of an approved TD medication to assess and report TD impacts, functional impairment, and health status/health-related quality of life (HRQoL) using multiple validated patient-reported outcomes (PROs). The primary goal of KINECT-PRO was to evaluate the effects of valbenazine on these PROs in participants with TD who received up to 24 weeks of treatment. **Methods:** KINECT-PRO included: screening (4 weeks); treatment with valbenazine 40 mg (4 weeks); continuation with 40 mg or increase to 60 or 80 mg (12 weeks); stable dosing with 40, 60, or 80 mg (8 weeks); and safety follow-up (2 weeks). Participants had mild-to-severe TD severity (per Abnormal Involuntary Movement Scale [AIMS] item 8 and Schooler-Kane criteria for AIMS items 1-7) and awareness with mild-to-severe associated distress (per AIMS item 10). Changes from baseline (CFB) at Week 24 for 3 PROs were designated as primary endpoints: Tardive Dyskinesia Impact Scale (TDIS, psychometrically validated to measure TD impacts); Sheehan Disability Scale (SDS, measuring function); and EuroQoL Group's EQ Visual Analog Scale (EQ-VAS, measuring health status/HRQoL). The mean CFB at Week 24 in AIMS total score (secondary endpoint) was also analyzed. Outcomes were analyzed in the overall study population (overall), by psychiatric diagnosis (schizophrenia/schizoaffective disorder [SCHZ] or major depressive disorder/bipolar disorder [MOOD]), and by TD severity (mild or moderate/severe). **Results:** Of 59 enrolled participants (SCHZ [n=27], MOOD [n=32], TD-moderate/severe [n=35], TD-mild [n=24]), 45 (76.3%) had Week 24 data. Mean CFB at Week 24 for the PRO primary endpoints and AIMS secondary endpoint were: TDIS (-8.0, -5.8, -9.7 [overall, SCHZ, MOOD]); SDS social life/leisure activities (-2.3, -1.6, -2.9) and family life/home responsibilities (-1.6, -0.7, -2.3); EQ-VAS (+13.1, +8.3, +17.0); AIMS (-6.8, -5.8, -7.6). Results in the TD Severity subgroups also indicated substantial and clinically meaningful changes in quality of life (PRO assessments) and movement severity (AIMS). **Conclusions:** Robust improvements in TD impacts, functional impairment, health status/HRQoL, and TD symptoms were observed with once-daily valbenazine, regardless of psychiatric diagnosis or TD severity.

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Poster 12

Integration of the Advanced Psychiatric Nursing Professional in Diverse Populations for Emergency Behavioral Events

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Introduction: Oncology patients present with complex comorbidities that pose risks for medical and psychiatric complications. In the inpatient setting these cancer-related complications include oncologic delirium. Oncologic delirium is a unique symptom with a sudden onset of altered mental status characterized by hypoactive or hyperactive behaviors that may escalate into behavioral events or disturbances. Patients, staff, and family are at risk of harm during hyperactive events and often physical restraints are applied preventing patient movement. The cancer population is a diverse medically fragile population that require expert psychiatric care. **Significance:** The use of physical restraints for nurses who apply restraints becomes an ethical dilemma where patients lose autonomy, risk skin damage, nosocomial infection, and higher rates of agitation and delirium. this becomes/is a behavioral emergency. To address this situation, an innovative approach was taken by psychiatric mental health nurse practitioners (PMHNPs). **Methodology:** A retrospective, comparative design evaluated the use of a Behavioral Rapid Response Team (BRRT) on the use of physical restraints in hospitalized oncology patients. Inclusion criteria were adult hospitalized oncology patients with managed behavioral emergencies. Data collected from electronic health records (EHRs) over two distinct time periods: one year prior to BRRT implementation (pre-intervention) and following implementation (post-intervention). Descriptive statistics compared restraint utilization before and after BRRT implementation. Negative binomial regression was employed to assess statistically significant differences in restraint use between time periods. **Analysis:** There was a 59.6% reduction in daily restraints. This reduction is statistically significant with $p\text{-value} < 0.001$. Confidence Interval values indicate that we are 95% confident the true reduction is between 51% and 67%. **Discussion & Conclusion:** Advanced Practice Providers (APPs) with dual expertise in psychiatry and oncology are uniquely positioned to manage behavioral health crises in medically complex populations. The BRRT led by psycho-oncology APPs demonstrates a significant reduction in restraint use by delivering timely, evidence-based interventions. This innovative model underscores the value of psychiatric APP leadership in oncology settings, promoting patient-centered, trauma-informed care while enhancing safety for both patients and staff. Our experience supports the integration of psychiatry APPs into interdisciplinary teams to address the complex behavioral health needs of oncology patients.

Poster 13

Suicide Burden and Related Outcomes in African Immigrant Populations in Western Nations: A Systematic Review

Thelma Ejimofor, RN, MSN, Johns Hopkins University School of Nursing

Background: Suicide is a leading cause of preventable death worldwide, with more than 700,000 deaths annually. Rising suicide risk among Black populations in the United States, especially youth and young adults, underscores the urgency of examining vulnerable subgroups. African immigrants make up the largest share of Black immigrants in North America and Europe, yet their experiences remain underrepresented in suicide research. Classification complicates evidence: while often conceptualized as Sub-Saharan, North Africans (e.g., Egyptians, Moroccans, Algerians) are frequently categorized as Middle Eastern and North African (MENA), obscuring their inclusion in African-focused analyses. As a result, suicide risk among African immigrants is poorly understood. Although some studies cite risks such as acculturation, discrimination, and intergenerational conflict, with protective influences like faith and community support, empirical examination of African immigrants in Western countries remains rare. **Primary Research Question:** "What is the burden of suicide among African immigrants in Western nations?" **Secondary Research Question:** "What does the literature reporting on this burden reveal about potential risk and protective factors?" **Methods:** Searches were conducted in PsycINFO, PubMed, and Google Scholar. Inclusion criteria: 1) African immigrants (first-, 1.5-, or second-generation) in Western countries; 2) published 2010–2025; 3) suicide-related outcomes (ideation, attempt, or death). Two reviewers screened articles, with data extraction completed collaboratively. Quality appraisal used standardized checklists. **Results:** The search yielded 5,817 records. After duplicate removal ($n=524$) and screening ($n=5,293$), 175 full-text articles were assessed, with 12 included. Designs were cohort, cross-sectional, and qualitative, with samples ranging from 31 to over 5 million. Suicide burden was measured differently across studies (incidence, prevalence), but patterns emerged: elevated risk among second-generation immigrants and vulnerability among youth facing intergenerational conflict. Reported risks included acculturative stress, discrimination, socioeconomic disadvantage, psychiatric illness, trauma, and limited care engagement. Protective factors, less often noted, centered on faith, family, community dialogue, and ethnic density. Small subgroup sizes, birthplace as a proxy for ethnicity, and limited suicide-specific measures constrained interpretation. **Conclusions:** Suicide risk is elevated among African immigrants, especially second-generation individuals and those facing intergenerational stressors. Few protective factors were identified. More disaggregated, culturally sensitive research is needed to guide prevention, screening, and policy.

Poster 14

Biofeedback Practice and Anxiety Outcomes in Trauma-Impacted Adolescents: A Secondary Analysis of the GRIT Intervention

Janae Frank, BSN Student, North Carolina A&T State University

Purpose: This study explores the relationship between biofeedback practice in the Garnering Resilience in Traumatized youth and families (GRIT) intervention and anxiety risk in adolescents. Specifically, the association between total minutes of HeartMath's Inner Balance biofeedback usage and changes in anxiety risk over a three month period among adversity-impacted youth ages 12 to 17 was examined. **Background:** GRIT, led by the CYFER Lab, is a trauma-informed program that focuses on building emotional resilience through psychoeducation, self-regulation practice, and biofeedback. With growing concerns around youth mental health, particularly in populations exposed to chronic stress, there's a need to identify which components of behavioral interventions are most impactful. Understanding how program engagement influences outcomes can guide more effective implementation and support systems for youth. **Methods:** A secondary analysis was conducted using existing GRIT pilot data at baseline and 3 months (n=16). A correlation analysis examining the relationship between biofeedback practice minutes and anxiety screening change scores using the GAD-7 was conducted. **Results:** Mean GAD-7 scores decreased from 8.56 (SD=7.49) at baseline to 6.50 (SD=6.72) at 3-months, with an average improvement of -2.06 points (SD=7.02). Minutes of biofeedback practice demonstrated a negative correlation with GAD-7 change scores ($r=-0.185$, $p=0.494$), indicating that more practice was associated with greater anxiety reduction. The proportion of participants with high anxiety risk ($GAD-7 \geq 10$) decreased from 43.8% at baseline to 25.0% at 3-months. **Conclusion:** While correlations were not statistically significant in this pilot study, the direction of associations suggests that biofeedback practice may contribute to anxiety reduction in adversity-impacted youth. These results suggest that psychiatric nurses can leverage technology-supported tools like HRV biofeedback to promote resilience and reinforce psychoeducational interventions. However, investigation with larger samples is warranted.

Poster 15

Empowering Staff with ACT to Improve Group Therapy Results: A QI Project

Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN, University of Illinois Chicago

Problem & Objective: A local psychiatric hospital identified that its group-facilitation training and curriculum were not adequately meeting staff needs, contributing to decreased patient satisfaction with group therapy. This quality improvement project aimed to: Increase the number of staff trained in Acceptance and Commitment Therapy (ACT)-based group facilitation by 50%, improve staff self-assessed group leadership skills by 10%, and enhance patient satisfaction with group therapy by 0.25 points on relevant measures. **Literature Review:** Evidence suggests that staff training in psychiatric settings can improve clinical competence, knowledge, and patient outcomes (Shenkel et al., 2020). Moreover, non-specialist psychiatric ward staff can be effectively trained to deliver ACT-based group therapy, resulting in positive impacts on patient care (Guadiano et al., 2020; Samaan et al., 2021). **Methods:** Staff were offered training in ACT-based group facilitation. The intervention was piloted on an adult acute inpatient unit using the Plan-Do-Study-Act (PDSA) cycle framework from the Institute for Healthcare Improvement. **Outcomes:** The quantity of staff training in ACT-based group facilitation increased by over 50%, though participation varied. Some improvement was observed in self-assessed staff leadership skills; however, patient satisfaction scores related to group therapy did not show a significant change post-intervention. **Clinical Implications:** ACT-based group therapy shows potential benefits, but successful implementation depends on sustained organizational support. Targeted training of designated group leaders, supplemented by performance feedback and ongoing coaching, may be more effective than generalized staff training. This poster presentation will share lessons learned and practical strategies for enhancing group therapy programs in inpatient psychiatric settings.

Poster 16

Singing Bowl and Gong Therapy to Reduce Distress: A Narrative Review of Current Evidence

Madeleine Hamer, MSN, RN, Columbia University School of Nursing

Anxiety disorders affect 40 million adults (nearly 20% of the population) in the United States. There are 340 people for every one mental health provider in the country, indicating the need for novel and more accessible interventions to relieve anxiety and distress. Singing bowl and gong therapy (SBGT) is a safe and non-invasive intervention that has been used for centuries in some East Asian cultures to calm and induce the innate healing capacity of the body. As the healthcare priorities shift toward more scalable and lower cost options, SBGT is emerging as a promising intervention. This narrative review analyzed the current literature on the

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potential for SGBT to reduce distress and anxiety symptoms in adult populations. Findings from five reviewed articles suggest that SGBT protocols are low cost, non-invasive, safe, and effective in inducing relaxation byway of enhancing parasympathetic nervous system activity. Limitations of the current research include small sample sizes, lack of protocol standardization, and the need for more robust randomization and control group inclusion. Based on these findings, providers might consider training in and implementing more non-invasive, low-cost interventions to relieve acute distress into their practice and medical environments more broadly.

Poster 17

Implementing a Whole Health Initiative Approach in Clinical Care to Increase Veteran Mental Health Satisfaction

Cynthia Handrup, DNP, APRN, PMHCNS-BC, FAAN, University of Illinois at Chicago
Jesse Herron, DNP, PMHNP-BC, University of Illinois at Chicago/Jesse Brown VA

This presentation highlights a quality improvement project evaluating whether Veterans actively engaged in Whole Health (WH) initiatives experienced improved quality of life and functioning after three months. WH emphasizes personalized, Veteran-driven care based on individual values, goals, and needs rather than symptoms or diagnoses. Rooted in a Diversity, Equity, and Inclusion (DEI) framework, WH honors veterans' diverse backgrounds, preferences, and health priorities, ensuring culturally responsive and patient-centered care. Developed by the Department of Veterans Affairs in 2011, WH was launched to address the need for holistic care integrating psychosocial, environmental, and community support. Using the WH Circle of Health model, this study aimed to understand Veterans' lived experiences with WH in real-world settings. At the first meeting, Veterans completed the Whole Health Well-Being Survey (WBS-V2) and engaged in Mission/Aspiration/Purpose (MAP) discussions to align care planning with personal goals. A three-month follow-up used Behavioral Health Laboratory tools and the Satisfaction scale to reassess outcomes. Phone interviews were conducted for non-responders to maximize inclusion. Findings showed 83% of Veterans rated their mental health services as "Good" or "Excellent," and 90% felt they were receiving the care they wanted, despite a minimal change (0.01%) in WBS-V2 scores. Key barriers included limited follow-up time and challenges in maintaining contact. Recommendations include routine integration of WH tools in treatment planning, flexible follow-up schedules, and sustained collaboration across clinical teams. Future evaluations should allow more time for data collection and ensure measurable outcomes that reflect Veteran engagement, satisfaction, and holistic well-being across diverse populations.

Poster 18

Simulation Theater: A Faculty Production Encouraging Dialogue about Equity and Inclusion

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Sherri Chatman, DNP, RN, FNP-BC, Samford University

Whether working in corporate America, in academia, or simply being an observer in a public setting, one cannot escape the ongoing conversations surrounding personal differences leading to exclusion. The U.S. population and our academic community continue to become increasingly diverse. As a result, we must be cognizant of the possibility of complicit biases and an increase in the polarization of individuals due to differences in ideologies and topics of interest. As a rule, topics that are discussed among the general population fluctuate from year to year based on what is perceived as important. While the interest in discussing certain topics eventually fades, the belief and importance in proactively addressing equity and inclusion should not wane over time. These tenets continue to affect individuals among various ethnicities and cultural backgrounds, facilitating the initiation of conversation of belonging. Attention to interactions in the academic environment is particularly important given the critical and consequential nature of an institution's work. While initial conversations and self-assessments remain vital in recognizing biases, fostering authentic opportunities for in-depth reflection may be a part of the next steps in ensuring an inclusive and culturally sensitive academic community. Trigger films are short videotaped portrayals of real-life situations. Each vignette ends abruptly without resolution and is designed to spark discussion and reflection. The short film depicts a teaching strategy that addresses the effect bias can have in the domain of learning. The purpose of this presentation is to trigger awareness of the impact of unconscious bias on an individual's conversations, actions, and behaviors. Debriefing after presentation of the film provides the opportunity for discussion and reflection among attendees.

Poster 19

Perioperative Esketamine as a Preventative Approach to Postpartum Depression in Women Undergoing Cesarean Surgery: A Narrative Review

Ellie Hong, RN, BSN, Columbia University

This narrative review examines the current evidence on perioperative esketamine use during cesarean sections (C-sections) and its potential to reduce the incidence of postpartum depression (PPD). PPD is a common and debilitating mental health disorder, with global prevalence rates ranging from 10-15% in the general population and up to 42% (Chen et al., 2024). It significantly impacts mothers, neonates, and families, leading to issues like social isolation, poor mother-infant bonding, and adverse developmental outcomes. Esketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, is recognized for its rapid antidepressant effects in individuals with major depressive disorder, including treatment-resistant cases (Ren et al. 2025). Its potential role as a preventative intervention for PPD is currently under investigation. A comprehensive search of PubMed, Cochrane, and Embase was conducted. The literature indicates promising but inconsistent findings, especially in the early postpartum period. Many studies reported significant reductions Edinburgh Postnatal Depression Scale (EPDS) scores and PPD incidence following the perioperative administration of esketamine. However, significant limitations across studies include homogeneous samples (predominantly Chinese women) impacting generalizability, small single-center trials, inconsistent dosing/administration, and reliance on a screening tool (EPDS) rather than formal psychiatric diagnoses of PPD. Future research requires robust trials with larger, more diverse samples, standardized protocols, and long-term follow-up to establish definitive conclusions and ensure health equity. Clinical implications of this research highlight the importance for nurse practitioners to stay current on this emerging research and advocate for standardized, accessible, and holistic postpartum care for their patients.

Poster 20

Beyond Burden through Growth: Big Five Personality Profiles and Well-Being among Family Caregivers of Individuals with Mental Illness

Mutian Hou, Master's Degree in Psychology, Kyoto University

Background: Family caregivers of individuals with mental illness often experience substantial caregiving burden and stress in their daily lives (Udoh et al., 2021). While previous research has largely examined the factors influencing caregivers' mental health and well-being, less attention has been paid to positive psychological pathways and individual differences in well-being. This study explored the mediating role of stress-related growth in the relationship between

personality trait profiles and well-being in family caregivers. Methods: We conducted a cross-sectional online survey of family caregivers of individuals with mental illnesses in March 2025. Among the 2,000 participants, 1,760 responses were included in the analysis after excluding invalid responses. The questionnaire included the Ten-Item Personality Inventory, World Health Organization-Five Well-being Index, Stress-Related Growth Scale, and demographic variables. Latent profile analysis was used to identify personality trait profiles based on the Big Five, and mediation analysis was conducted to examine indirect effects on well-being. This study was approved by the Ethics Committee to which the first author belongs. The survey was conducted anonymously only on those who agreed to participate in the study by signing a consent form. Results: Among the participants, 693 (39.38%) were female, aged between 19 and 80 years, with a mean age of 51.98±12.07 years. A total of 782 participants (44.43%) had a full-time job. A total of 885 (50.28%) participants had a Bachelor's degree or higher. Five distinct personality profiles emerged: Vulnerable (4.60%), Average (56.01%), Compliant (12.62%), Conventional (16.12%), and Resilient (10.68%). Compared with the Average profile, caregivers in the Vulnerable and Conventional profiles showed lower stress-related growth and, consequently, lower well-being. By contrast, caregivers in the Resilient profiles exhibited higher stress-related growth, which was associated with greater well-being. Conclusion: The five-profile pattern highlights the heterogeneity in personality traits among family caregivers and underscores their distinct pathways of growth and well-being in the caregiving context. Understanding these differences can suggest tailored psychosocial interventions for higher well-being among family caregivers of individuals with mental illnesses.

Poster 21

Self-Management Process Factors Associated with Medication Adherence Among Thai Adolescents with Major Depressive Disorder

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Background: Major depressive disorder (MDD) is a prevalent mental health problem among adolescents and poses a significant public health concern. Although sustained medication adherence is essential for long-term remission, adherence rates among adolescents remain low. Self-management, particularly with family involvement, plays a critical role in supporting treatment adherence during the transition to adulthood. However, no study has examined self-management process factors associated with medication adherence among Thai adolescents with MDD. This study applied the Individual and Family Self-Management Theory (IFSMT) to investigate these relationships. Method: A cross-sectional study was

conducted using purposive sampling to recruit adolescents diagnosed with MDD and their legal guardians from two psychiatric outpatient clinics in Thailand. A total of 146 adolescent-guardian dyads were enrolled in the study. Self-management process factors were assessed using standardized questionnaires based on the IFSMT, and medication adherence behaviors were measured with the widely used Morisky Medication Adherence Scale-8. Stepwise multiple linear regression analyses were performed to identify self-management process factors most strongly associated with medication adherence. Results: Adolescents had a mean age of 16.16 years (SD = 1.58), with most participants female (71.92%). Guardians' mean age was 48.62 years (SD = 6.73), the majority were female (77.40%), and most were parents of the adolescents (90.41%). Significant predictors of adolescents' medication adherence included beliefs about medication necessity ($B = .129, p = .001$), concerns about medication ($B = -.141, p < .001$), guardians' beliefs about medication necessity ($B = .094, p = .017$), and adolescents' perceived low social support ($B = -1.198, p = .013$). Guardians' concerns about medication and adolescents' self-efficacy for adherence were not significant predictors. Conclusion: Beliefs about medication and perceived social support play pivotal roles in adolescents' medication adherence. Both adolescents' and guardians' perspectives are important in shaping adherence outcomes. Clinical practice should emphasize assessing and addressing beliefs about medication as part of self-management support. Further research using more rigorous designs is recommended to confirm these findings and explore additional self-management factors. Keywords: self-management, adolescents, family, medication adherence, major depressive disorder

Poster 23

Reducing Workplace Violence in Psychiatry: A Quality Improvement Initiative utilizing DASA and Safety Huddles

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Background: Workplace violence (WPV) in healthcare is a pervasive issue, particularly in inpatient psychiatric settings. Despite numerous interventions aimed at mitigating instances of WPV, staff injuries and assaults remain a significant concern. Problem: An adult inpatient psychiatric unit within a university hospital was experiencing persistently elevated rates of staff assaults and injuries. Intervention: A quality improvement project implemented the Dynamic Appraisal of Situational Aggression (DASA) tool and interdisciplinary safety huddles to proactively assess and manage aggression risk. Methods: A six-month pre-post analysis study design was used. Staff received training on use of DASA and safety huddles. Data on staff assaults and injuries was collected throughout the intervention. Data was analyzed using paired t-test and descriptive statistics. Results: Staff assaults decreased

by 60% and staff injuries by 86.36%. Both reductions were statistically and clinically significant. Conclusions: Implementation of DASA and safety huddles resulted in a meaningful reduction in WPV incidents. The intervention is both sustainable and scalable.

Poster 24

Implementation of a Fitness and Nutrition Program for Adults with Serious Mental Illness

Kerrigan Kruse, RN, BSN, PMH-BC, The University of Iowa

Individuals experiencing serious mental illness (SMI) have approximately twice the risk of developing metabolic syndrome and premature mortality compared to the general population. This disparity is linked to sedentary lifestyles, poor nutrition, and the metabolic effects of psychotropic medications. Assertive Community Treatment (ACT) programs provide intensive psychiatric services but have historically lacked interventions to address physical wellness. The purpose of this project was to implement a fitness and nutrition program within an ACT team at an academic medical center in the Midwest of the US to promote healthy lifestyles for adults with SMI. Utilizing the Iowa Model, and Iowa Implementation for Sustainability Framework, a 26-week project was conducted with 12 participants. Individualized strategies included weekly sessions with a health mentor focused on physical activity and nutritional goal setting, guided exercise, nutritional education, meal preparation support, and assistance with overcoming social determinants of health barriers such as transportation and access to healthy foods. Outcomes measured included body mass index (BMI), functional fitness capacity assessed by the six-minute walk test (6MWT), and program participation. Overall participation in the intervention was limited (18%, n=12). Among participants, median BMI decreased by 4.5% and median functional fitness capacity improved with a 25.2% (81-meter) increase in 6MWT distance from baseline, exceeding the threshold for clinical significance. Despite limited participation, this project demonstrated that the integration of a fitness and nutrition program for adults with SMI within an ACT team is a feasible intervention that can lead to significant improvements in functional fitness capacity and BMI. By embedding health promotion programs into psychiatric care, this initiative supports a holistic approach that addresses both physical and mental health needs in a population experiencing disproportionate health disparities.

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Poster 25

Perceptions of and Access to Evidence-Based Harm Reduction for Persons who are at Risk of an Opioid Overdose: A Narrative Review

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The majority of the overdose-related deaths in the United States are attributed to illicit drug use (National Center for Health Statistics, 2025). Approximately 35% of people with a mental health disorder also have a co-occurring substance use disorder (National Institute on Drug Abuse, 2024). Roughly 80% of adults with an opioid use disorder do not receive medications to treat the disorder (National Institute on Drug Abuse, 2023). Harm reduction is a group of interventions that emphasize the safe use of illicit substances through education and overdose prevention. Examples include naloxone and fentanyl test strips. Naloxone temporarily reverses potentially fatal side effects of opioids granting time to seek medical attention, while fentanyl tests strips detect the presence of fentanyl that might be in illicit drugs prior to consumption. The objective of this student-led narrative review poster presentation is to critically examine recent literature on the perceptions of and access to evidence-based harm reduction interventions. PubMed, Embase, and CINAHL were searched for publications within the last 5 years studying harm reduction strategies for adult populations in the United States. The results show stigmatizing beliefs that substance use is a moral choice rather than a medical disorder are pervasive among healthcare workers, first responders, and the general public. These beliefs were found to be inversely related to support for harm reduction interventions. The literature also suggests people who use opioids generally lack awareness of harm reduction strategies, but found that both knowledge and harm reduction behaviors increase among the population that has experienced a prior overdose. The findings of this review can provide insight into the development of interventions aimed at increasing support for evidence-based harm reduction strategies and can inform future strategies for implementation of harm reduction initiatives at various societal levels.

Poster 27

Implementing Music Therapy for De-Escalation of Agitation: A Safety Outcomes Project

Nicholas McCune, MSN, APRN, FNP-C, University of Cincinnati

Patient agitation creates a significant challenge in inpatient psychiatric care, often escalating into safety events such as seclusion, restraint, patient assaults, and campus police

intervention. These incidents contribute to staff burden, disrupt the therapeutic milieu, and can retraumatize patients leading to additional agitation. Evidence suggests that music listening is an effective, non-pharmacologic strategy to reduce agitation across many patient populations. Despite this, music is often underutilized as a structured intervention in acute psychiatric settings. This evidenced-based practice project was implemented on a behavioral health unit within a regional medical center to address safety concerns and reduce reliance on pharmacologic interventions. Guided by the Iowa Model of Evidence-Based Practice to Promote Quality Care, the initiative introduced individualized music listening as a first-line option for patients demonstrating agitation. Over a three-month period, nursing staff offered patients access to music upon request or at the first signs of perceived agitation. Outcome measures included rates safety events, including seclusion, restraint, and campus police involvement. While the complete dataset is still pending, preliminary analysis indicates a decrease in agitation scores following music listening, with many patients demonstrating visibly calmer behavior. A downward trend in the use of seclusion and restraint was observed. While overall safety event numbers remained low, the project highlighted the feasibility of integrating music listening into routine care. Nursing staff reported that the intervention was easy to implement, enhanced patient engagement, and aligned with trauma-informed care principles. The findings suggest that music listening can be an effective, scalable, and sustainable intervention to improve safety and patient outcomes in inpatient psychiatry. Beyond immediate benefits for patients, the project supports nursing leadership in advancing non-pharmacologic approaches to care, reducing staff burden, and promoting a calmer therapeutic environment. Dissemination of this work contributes to the growing body of evidence supporting music as a clinical tool in psychiatric nursing practice and provides a replicable model for other behavioral health units seeking to improve safety outcomes through innovative, evidence-based strategies.

Poster 28

A Win-Win: An Innovative Faculty Preceptor Cohort Model of Clinical Practicums for PMHNPs

Dana Monday, DNP, APRN, PMHNP, Chaminade University of Honolulu

This poster details a pilot program in which mental health outreach was provided to guests at a large homeless shelter and a skilled nursing facility by students and faculty preceptors. Faculty preceptors were interdisciplinary mental health professionals who were licensed to provide psychotherapy and experienced with the geriatric and/or homeless population. They were paid by the University to provide the clinical experience to students. The students gained experience

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using psychotherapy skills and conducting psychiatric evaluations in high need populations. The University gained clinical sites in a community flooded with PMHNP students. The shelter and SNF residents gained access to basic mental health evaluation and therapy services as well as referrals for further care. The poster will discuss implementation methods, results and feedback, reception from all stakeholders, and recommendations for future improvements.

Poster 31

The Moderated Mediation Role of Self-Compassion in the Relationship between Childhood Adversity, Non-Suicidal Self-Injury, and Depression

Hyunjoo Na, PhD, RN, The Catholic University of Korea

Background: Childhood adversity is a well-established risk factor for depression. Self-compassion may buffer this risk, but its role could differ depending on non-suicidal self-injury (NSSI) status. This study examined whether self-compassion mediates the association between childhood adversity and depression, and whether this pathway is moderated by NSSI status (cessation vs. maintenance) among Korean young adults. **Methods:** The study involved 107 participants aged 20 to 29, recruited through mental health welfare centers in Seoul, Gyeonggi-do, and Jeju-si. Self-report measures were used to assess NSSI status, self-compassion, childhood adversity, depression. Moderated mediation was tested using PROCESS macro (Model 7). Childhood adversity was specified as the predictor, self-compassion as the mediator, depression as the outcome, and NSSI status (cessation or maintenance) as the moderator. **Results:** A significant moderated mediation was observed. Childhood adversity predicted lower self-compassion, which was associated with lower depression. NSSI status moderated this pathway: adversity reduced self-compassion only among those who had ceased NSSI, but not among those maintaining NSSI. The indirect effect on depression via self-compassion was significant in the cessation group but not in the maintenance group. **Conclusion:** The indirect effect of childhood adversity on depression via self-compassion was stronger among adolescents who ceased NSSI. This finding highlights self-compassion as a key protective factor to target in nursing interventions that support recovery and reduce depression.

Poster 32

The Art and Skill of “Talking With Patient” is Synergistic with History-Taking and Medication Management, and Accelerates Therapeutic Outcomes

Marian Newton, PhD, PMHNP-BC, PMHCNS-BC, ANEF, FAAN, Shenandoah University

Paula Allocca, PhD, PMHNP-BC, Shenandoah University

The focus of this presentation is to “shine a light” on supportive interpersonal communication and relationship building between Psychiatric-Mental Health Nurse

Practitioners (PMHNPs) and their patients. PMHNPs provide essential care to people with mental health conditions, and medication prescribing and management is a significant component of PMHNPs’ practice. Although effective therapeutic communication is equally important, it is often minimized in today’s very busy practice schedules. PMHNPs often report having little time to spend talking with patients, because of the time required completing patient assessment and history forms, asking a simple “How are you doing?” ordering meds and labs appropriate to the patient’s diagnostic status and scheduling the next appointment. The experience patients gain from non-verbal and verbal empathic communication, “Active listening and exploration of patient’s current problems and insights by PMHNPs is healing and describes therapeutic communication (Grove M., 2024).” Dr. Grove’s “Sitting With” patients may sound simplistic, but she captures the value of learning about patients’ experiences and the positive outcomes that can yield. Sitting with patients, slowing down questions, creating a listening space and seeking to understand unique patient experiences facilitates therapeutic relationship building. Several pertinent articles underscore the importance of therapeutic communication in PMHNP practice. PMHNPs’ patience, active listening, maintaining mutually approving eye contact, allowing for reasonable periods of silence and empathic support foster rapport that can greatly enhance the ability of patients to express emotions and cope with and resolve their unique mental health crises and long-term problems

Poster 34

Impact of Motivational Interviewing on Alcohol Consumption among Adults Living with Alcohol Use Disorder: A Systematic Review

Folarin Olanrewaju, MSN, PMHNP, University of Illinois Chicago

Introduction: Alcohol use disorder (AUD) is a major public health concern in the United States, contributing to over 178,000 deaths annually and increasing the risk for multiple chronic conditions (e.g., liver disease and cancer). Despite the availability of several treatment modalities, there is no clear evidence-based consensus on the most effective intervention. **Purpose:** This exploratory systematic review examined whether motivational interviewing (MI), a client-centered, directive counseling method designed to enhance intrinsic motivation and resolve ambivalence about behavior change, compared with standard alcohol treatment, reduces daily alcohol use among adults with AUD. **Methods:** Following the PRISMA 2020 guidelines, peer-reviewed articles published between 2019 and 2024 were systematically searched across PsycINFO, EMBASE, and PubMed. Eighteen studies met the inclusion criteria and were appraised using the Johns Hopkins Research Evidence Appraisal Tool; all but one were rated as high quality. **Results:** Findings from the included studies suggest that motivational interviewing may be effective

in reducing alcohol consumption among adults with AUD. However, evidence of long-term effectiveness is largely based on one high-quality study, with most other studies examining short-term or brief MI interventions. Brief MI demonstrated reductions in alcohol use for up to three months, while the single multi-session MI study reported more sustained reductions lasting 12–24 months. Conclusion: Although preliminary evidence suggests that MI may reduce alcohol consumption among adults with AUD, its long-term effectiveness remains uncertain. The durability of impact, particularly when MI is delivered across multiple sessions, requires further investigation to better understand how intervention intensity and duration influence outcomes. Additional high-quality, multi-session trials are essential to strengthen the evidence base and clarify the sustainability of effects. Keywords: Alcohol use disorder, AUD, Motivational Interviewing, MI.

Poster 35

Psychedelic Assisted Therapy Combined with Meaning Centered Psychotherapy for Existential Distress in Cancer Patients: A Potential Synergistic Approach

Molly Oswald, RN, MSN, PMHNP-BC, AGNP-C, LGTC and University of California, Los Angeles

Psychedelic Assisted Therapy combined with Meaning Centered Psychotherapy for existential distress in cancer patients: A potential synergistic approach Background: Many patients with terminal cancer suffer from existential distress — a profound psychological, emotional and spiritual suffering — which can lead to anxiety, depression, and loss of hope. This is a challenging condition to treat and few therapeutic options exist. Research has shown that psychedelic assisted therapy (PAT), the administration of psilocybin integrated with therapy, can improve quality of life and lead to spiritual well-being and transcendence. Meaning centered psychotherapy (MCP), which emphasizes meaning making, has also been shown to be an effective modality in alleviating existential distress. The combination of the two therapies could lead to synergistic effects. Research: Several clinical trials have been conducted on PAT and MCP separately. An academic cancer anxiety study integrating PAT showed a significant reduction in anxiety at 1 and 3 mos. and depression at 6 mos. (Grob et al., 2011). A similar PAT study found that 70% of participants rated the experience among the top 5 most meaningful of their lives; 60-80% had significant reductions in depression, anxiety, and existential distress at 6.5 mos. (Ross et al., 2016). Another study showed 80% of subjects had significant improvements in anxiety and depression for 6 mos. (Griffiths, et al., 2016). A fourth PAT study in cancer patients with depression showed a sustained response in 80% and full remission in 50% of patients (Agrawal, et al., 2023). MCP with cancer patients in a group setting demonstrated efficacy over supportive group therapy in 2 randomized control trials (RCT) showing improved spiritual wellbeing, QOL, and sense of meaning (Breitbart,

Rosenfeld, & Gibson et al., 2010; Breitbart, Pessin, Rosenfeld, et al., 2018). When compared to Supportive Psychotherapy and Enhanced Usual Care (EUC), MCP with individual cancer patients had superior efficacy in improving QOL, sense of meaning and greater reductions in anxiety and desire for hastened death (Breitbart, Pessin, and Rosenfeld, et al., 2018). While each modality on its own can often lead to greater meaning and deepened spirituality, the combination of PAT and MCP could be a powerful approach that is likely to have synergistic effects, leading to lasting patient transformations. Integration and Translation to Practice: MCP could be used during all phases of the psychedelic therapy to cultivate a mindset for a meaningful and transformative experience. During the preparatory phase authentic intentions could be discovered and clarified with MCP, which could then serve as guide for the psychedelic experience. Integration and follow-up would allow for the blending of insights into a broader life narrative, leading to resilience and renewed purpose. Nurses and nurse practitioners can play a vital role in the domains of patient assessment, psychoeducation and support, prescribing and administering treatment, providing therapy, collaborating with other therapists and follow-up care. Conclusion: PAT and MCP are both evidenced-based modalities that have been shown to increase meaning and spirituality, thereby alleviating anxiety, depression and loss of hope, which all lead to existential distress. Nurses and nurse practitioners could play a crucial role in this space by pioneering treatments that thoughtfully combine PAT and MCP to improve patient outcomes.

Poster 36

Once-Daily Valbenazine for the Treatment of Tardive Dyskinesia in Elderly Adults and Other Special Populations

Kaylee Petersen, DNP, ARNP, PMHNP, Neurocrine Biosciences, Inc.

Introduction: Valbenazine is a uniquely selective vesicular monoamine transporter 2 (VMAT2) inhibitor approved for the treatment of tardive dyskinesia (TD) and chorea associated with Huntington's disease. Elderly patients (aged ≥ 65 years) have a higher risk of TD and may suffer more severe impairment from TD on cognition, gait/balance, eating/swallowing, and breathing. The presence of comorbid conditions (e.g., hepatic or renal impairment), declining CYP2D6 metabolism, and complicated treatment regimens must also be considered when treating elderly patients. These factors can make treating TD in elderly patients more challenging. This presentation summarizes the efficacy, safety, and pharmacokinetics of valbenazine to inform clinicians of its appropriate use in elderly patients and other vulnerable populations. Methods: Data were collected from the following sources: 1) post-hoc analyses of data from elderly adults (≥ 65 years) in two long-term phase 3 clinical trials, KINECT 3 (NCT02274558) and KINECT 4 (NCT02405091); 2) phase 1 pharmacokinetic

studies of valbenazine in special patient populations; and 3) the valbenazine product label, including information about the approved valbenazine sprinkle formulation (for patients with dysphagia and/or fear of swallowing whole pills). Results: In both long-term clinical trials, elderly participants receiving valbenazine experienced robust improvements on the Abnormal Involuntary Movement Scale, Clinical Global Impression of Change-Tardive Dyskinesia, and Patient Global Impression of Change. Valbenazine was generally well-tolerated in these study populations. The long-term study results, along with data from double-blind placebo-controlled trials, supported the FDA-approved recommendation of no required dose reduction in elderly adults with TD. Results from pharmacokinetic studies support the following FDA-approved recommendations for valbenazine: no required dose adjustment in patients with mild-to-severe renal impairment or mild hepatic impairment; recommended dosage reduction in patients with moderate-to-severe hepatic impairment; recommended dosage reduction in patients with poor CYP2D6 metabolism or taking a strong concomitant CYP2D6 or CYP3A4 inhibitor. Conclusions: Long-term clinical trials have demonstrated valbenazine to be effective and generally well-tolerated in elderly patients with TD. Additionally, the effects of hepatic impairment, renal impairment, poor CYP2D6 metabolism, and concomitant medications on valbenazine exposure have been studied in clinical trials, allowing for data-driven dosing recommendations in these special populations.

Poster 38

Unheard and Unseen: Addressing the Mental Health Needs of Black Women After Perinatal Loss

Arriel Powell, DNP(c), MSN, RN, MSFS, Columbia University

Mariam Cisse, DNP(c), MS, RN, MSW, ASW, Columbia University

Background: Perinatal loss affects one in four pregnancies and is strongly associated with depression, anxiety, and trauma-related symptoms for the mother (Herbert et al., 2021). According to Grandi et al. (2022), research shows that pregnancy loss has a long-term health effect, contributing to higher rates of death from any cause and specifically cardiovascular disease; multiple losses are associated with greater mortality risks. Black women experience perinatal loss at disproportionately higher rates, with fetal and infant mortality nearly double that of White women. Structural barriers such as systemic racism, housing instability, and provider bias exacerbate psychological distress and heightens vulnerability to serious health risks, while cultural stigma and inadequate services often leave grief unrecognized and unsupported (Quince et al., 2025). Despite Black women being disproportionately impacted by perinatal loss, little is known about their specific mental health needs or the most beneficial strategies to support them. Recognizing these gaps

highlights critical areas for future research and intervention development. Objective: To synthesize current literature on the mental health needs of Black women after perinatal loss and identify culturally responsive strategies that may improve outcomes. Methods: A narrative review was conducted using CINAHL, CLIO, and PubMed. Inclusion criteria targeted English-language studies from the last decade involving Black women aged 18 or older who experienced perinatal loss. Four primary studies, including qualitative and cross-sectional designs, met criteria and were analyzed for psychosocial themes. Results: The results of our investigation indicated that spirituality, faith practices, peer support, and guidance from women with similar lived experience were protective factors. Barriers to wellbeing included the “Strong Black Woman” schema, stigma surrounding mental health, dismissive provider interactions, and limited follow-up care, which heightened distress and complicated subsequent pregnancies.

Conclusion/Implications: Our findings underscore the need for trauma-informed, culturally grounded interventions that not only integrate spiritual care and community-based supports but also address systemic inequities. Advanced practice psychiatric nurses as well as other advanced practice nurses caring for Black women after perinatal loss can lead efforts by prioritizing mental health screening, delivering culturally sensitive care, and advocating for reforms that ensure equitable and comprehensive support for Black mothers.

Poster 39

Crowded Thoughts vs Racing Thoughts: A Neglected Marker of Mixed Depression

Josh Raufman, PMHNP, University of Colorado School of Medicine

Background/Purpose: Racing thoughts are widely recognized as a hallmark of mania and hypomania. By contrast, the closely related phenomenon of crowded thoughts has received far less attention in modern psychiatry. Patients often describe these as an overwhelming rush of simultaneous, intrusive ideas that feel chaotic, distressing, and difficult to control. Kraepelin and Koukopoulos both emphasized such symptoms in early descriptions of agitated or mixed depression, yet they remain largely absent from current diagnostic frameworks. This poster reconsiders crowded thoughts as an overlooked marker of mixed depression, distinguishes them from both racing thoughts and ruminations, and discusses their implications for psychiatric nursing practice. Methods: A narrative review was carried out, drawing on phenomenological accounts, historical literature, and recent empirical studies. Particular attention was given to Koukopoulos' proposed criteria for depressive mixed states, findings from the BRIDGE-II-MIX study, and contemporary research on distractibility, anxiety, irritability, and agitation in mixed depression. To highlight real-world challenges, clinical vignettes were also examined,

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illustrating how crowded thoughts are often mistaken for panic, anxiety, or ADHD. Results: Across multiple sources, crowded thoughts consistently clustered with psychic agitation, irritability, distractibility, and feelings of anxiety. These features correlated with more severe illness courses, treatment resistance, and elevated suicide risk. Unlike racing thoughts seen in pure hypomania—which are more commonly rapid, linear, and sometimes even subjectively energizing or creative—crowded thoughts were described as simultaneous, fragmented, and distressing. Their recognition may help distinguish mixed depression from unipolar depression marked by ruminations, and from hypomanic states characterized by racing thoughts. Clinically, crowded thoughts often signal vulnerability to antidepressant non-response or worsening, and may indicate the need for mood stabilizers or antipsychotics. Implications for Practice: Psychiatric nurses are frequently the first to hear patients describe their thought patterns in everyday terms. Phrases such as “too many thoughts at once” should raise suspicion for mixed depressive states rather than being attributed to hypomania, anxiety, ADHD or unipolar depression. Building awareness of crowded thoughts in routine assessment can support earlier identification of mixed depression, guide safer treatment decisions, and ultimately reduce patient distress and suicide risk.

Poster 40

Assessing the Knowledge, Skills, and Attitudes of Nursing Students toward Perinatal Substance Use

Kalyn Renbarger, PhD, RN, Purdue University

Background: Nurses play a significant role in promoting healthy maternal-infant health outcomes for women with perinatal substance use disorder (SUD) and their infants. However, nurses have often reported deficient knowledge, skills, and attitudes (KSAs) toward perinatal SUD which can impede their ability to care for this population. A few studies exist to suggest that nursing students also have gaps in KSAs related to perinatal SUD. Understanding nursing students' KSAs about perinatal SUD can inform development of educational interventions to increase KSAs and improve care and consequently health outcomes for women with perinatal SUD and their infants. **Purpose** The purpose of this study was to describe the KSAs nursing students have toward perinatal SUD. **Sample/Setting** A sample of 46 nursing students from two Midwestern universities were recruited to participate in an online survey. Of these, 16 also completed semi-structured interviews. **Method** This study used a mixed-methods approach. Survey data was collected using the Modified Attitudes About Drug Abuse in Pregnancy scale (MAADUP) and the Person Centered- Drug and Drug Problems Perception Questionnaire (PC-DDPPQ).

Interviews were completed with a semi-structured study guide with questions mapped using a KSAs framework. Results Survey and interview data highlighted four themes which were related to KSAs of nursing students. The four themes included: 1) limited knowledge of perinatal substance use; 2) varied confidence in clinical competency, 3) biased attitudes towards perinatal substance use, and 4) recommendations for nursing education. **Discussion** The findings of this study contribute to advances in research, clinical practice, and education related to nursing care of women with perinatal SUD and their infants. Nursing curricula should include broader coverage of perinatal SUD using various educational strategies which include the lived experiences of women with perinatal SUD, more simulated experiences, and more contact-based education. **Conclusion** This study used a mixed-methods approach to evaluate the KSAs of nursing students in two academic institutions in the Midwest. The findings indicated that nursing students have limited knowledge, varied clinical skills, and moderate levels of stigma when caring for women with perinatal SUD and their infants.

Poster 41

Engaging Undergraduate Nursing Students through Trivia: An Innovative Strategy to Boost Exam Performance and Preparedness

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Lexxie Gramke, PhD, MSN, PMHNP-BC, AGPCNP-BC, University of Illinois at Chicago
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Innovative, student-centered teaching strategies are needed tools to prepare the next generation of psychiatric nurses. This project explored the impact of a game-based learning intervention—on undergraduate nursing students perceived exam preparedness in a psychiatric-mental health nursing course. A convenience sample of pre-licensure nursing students participated in a structured, interactive trivia game designed to reinforce key psychiatric nursing concepts prior to their exam. The game was team-based, non-competitive, and aligned with course objectives. Students answered NCLEX-style questions that incorporated psychopharmacology, therapeutic communication, ethical scenarios, and psychiatric diagnoses, psychiatric emergencies, and psychiatric nursing interventions. Participants completed an anonymous post-intervention survey assessing their perceptions of the game's usefulness in exam preparation, engagement, and knowledge retention. When asked if students felt that the trivia game helped to prepare for the midterm exam, all participants found the activity to be at least somewhat helpful, the vast majority (85%) of the students perceived the activity positively as an engaging method for reinforcing course concepts, and

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the overwhelming majority of the students would prefer to have another trivia game day (80%), prior to the final exam. Open-ended responses provided instructors with feedback to enhance the activity. This project supports the use of interactive, evidence-based strategies like a trivia game day as a supplemental tool in psychiatric nursing education. By integrating innovation with core content review, educators can enhance student learning outcomes and engagement.

Poster 42

Intervention Engagement and Mental Health Outcomes: Examining Biofeedback Practice Time in GRIT Pilot Study (Trauma-Informed Youth Program)

Afsaneh Saghabi, BSN, MSN, RN, PhD.c student at Sue & Bill Gross School of Nursing, University of California, Irvine

Background: Understanding which aspects of intervention engagement most strongly predict positive outcomes is crucial for optimizing trauma-informed interventions for youth. While many programs measure attendance, fewer examine the relationship between active intervention engagement and symptom improvement. This analysis addresses this gap by examining independent intervention engagement as predictors of mental health outcomes in adolescents with high exposure to adverse childhood experiences (ACEs). **Purpose:** This study examined the relationship between intervention engagement (biofeedback practice minutes) and mental health outcomes in the Garnering Resilience in Traumatized Youth & Families (GRIT) program, exploring whether higher engagement predicts greater improvements in depression, PTSD symptoms, and perceived stress among adversity-impacted adolescents. **Methods:** A secondary analysis of pilot data from 16 youth participants (ages 12-17) who completed at least 1 of 8 health coaching sessions of the GRIT intervention and completed a follow-up assessment was conducted. Participants were recruited from the community and screened using the ACEs and Toxic Stress Risk Assessment Algorithm. Mental health outcomes were measured using PHQ-9 (depression), PC-PTSD-5 (PTSD symptoms), and PSS-10 (stress) at baseline and 3-month post-intervention follow-up. Engagement variables included minutes of biofeedback practice. Pearson correlation analyses examined relationships between biofeedback practice minutes and symptom change scores. **Results:** Participants practiced an average of 16.9 ± 18.4 minutes of biofeedback. Significant improvements occurred across all measures: PHQ-9 scores decreased from 8.19 ± 8.23 to 5.94 ± 4.64 (change score: -2.25 ± 6.50), PC-PTSD-5 scores from 0.81 ± 1.68 to 0.50 ± 1.41 (change score: -0.31 ± 1.54), and PSS-10 scores from 19.38 ± 9.27 to 14.75 ± 8.84 (change score: -4.62 ± 7.45). Correlation analyses revealed consistent trends suggesting that greater biofeedback practice was associated with larger symptom reductions across all mental health domains. The strongest relationship was observed for stress symptoms (PSS-10: $r = -0.261$, $p = 0.329$),

followed by depression (PHQ-9: $r = -0.238$, $p = 0.375$) and PTSD symptoms (PC-PTSD-5: $r = -0.191$, $p = 0.478$). None of these correlations achieved statistical significance.

Conclusions: Small sample size limited statistical power to detect significant relationships. Preliminary findings suggest biofeedback practice outside formal sessions may contribute to improved mental health outcomes in adolescents, with consistent trends toward greater practice being associated with symptom reduction across depression, PTSD, and stress domains. The uniform direction suggests a potential dose-response relationship between practice engagement and benefit. **Keywords:** adolescent, adverse childhood experiences, intervention engagement, depression, PTSD, stress, practice adherence

Poster 43

Paternal Postpartum Depression: Lived Experiences and Implications for Nursing Practice

Rachael Schmitz, PhD, CRNP, FNP-C, Coastal Carolina University

Background: Paternal postpartum depression (PPD) affects approximately 8–10% of fathers. Despite these rates, paternal PPD is rarely screened or treated, leaving families vulnerable. Psychiatric-mental health nurses can play a key role in recognition and intervention. **Purpose:** This study explored the fathers experience of PPD to provide new insight into the emotional, relational, and social challenges while fostering additional opportunities for support, and education. **Methods:** A qualitative interpretive phenomenological approach guided by family stress theory was used. 10 U.S.-based fathers with self-reported or clinically diagnosed PPD were recruited via social media. Data were gathered through semi-structured interviews and thematically analyzed. **Results:** Three major themes emerged: **Trauma:** Fathers described overwhelming role demands, birth-related distress, loss of identity, and isolation. **Depression:** Symptoms included irritability, withdrawal, anxiety, loneliness, and diminished enjoyment of fatherhood. Many reported isolating instead of seeking help. **Societal Role Conflict:** Fathers identified stigma, guilt, strained relationships, lack of recognition in healthcare, and difficulty accessing resources. Maladaptive coping strategies included substance use, overworking, and avoidance. **Conclusions/Implications:** Paternal PPD is underrecognized in clinical practice. Fathers' symptoms often differ from maternal presentations, necessitating tailored screening and support. Psychiatric-mental health nurses can normalize paternal PPD as valid and treatable. Incorporate father-specific screening tools. Address negative coping behaviors and promote healthy strategies. Advocate for systemic inclusion of fathers in perinatal care. **Clinical Impact:** Recognition and early intervention in paternal PPD can reduce stigma, strengthen family resilience, and improve child development outcomes.

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Poster 44

Quality Evaluation of the Psychiatric Home Visit Nursing in Japan: From the Perspectives of Service Users and Providers

Nozomi Setoya, RN, PHN, PSW, PhD, St. Luke's International University

Background: Since 2000, Japanese mental health care services have been gradually shifted from hospital-based to the community-based. Psychiatric home visit nursing is an outreach medical service that supports individuals and their families living in the community. The number of users and service providers (mostly private agencies) has been rapidly increasing in recent years. The diversification of service users and providers has heightened the need for quality evaluation of home visit nursing. As part of development of quality evaluation indicators, the aim of this study is to describe the good practice perceived by service users and service providers. **Methods:** We conducted the 60-min interviews with service users, their families, and home-visit nurses asking about the care that they considered to be good practice. The transcripts were qualitatively analyzed and categorized, referencing the results of the literature review. The study was conducted with funding from the MEXT Grant-in-Aid for Scientific Research, under the approval of the research ethics review committee of the first author's institution. **Results:** Service users and families expected home visit nurses to provide physical care, psychological support, listen to them, help with family relationships, connect them to various services and offer and share the objective assessments. Service providers recognized that sharing the purpose and role of home visit nursing with users, listening to their hopes and goals, developing care plans together with users, and providing support from the perspectives of social participation and family support, as good practices. **Discussion:** Partnership with users, share of information and collaborative care practices were considered to be important factors in evaluating the quality of home visit nursing care. It is a needed to develop quality assessment indicators for psychiatric home visit nursing that incorporate the perspectives of both users and providers to improve the daily practice. Development of daily-use assessment tools, a system for peer-evaluation and visualization of results seem to be the next challenge.

Poster 45

The Benzodiazepine Conundrum

Charlotte Stephens, DNP, FNP, PMHNP, CNE, Gardner-Webb University

In clinical practice, providers are regularly approached by patients and their family members who present compelling emotional arguments for why their benzodiazepine prescriptions should be increased rather than tapered off. Primary care providers exercise due diligence by referring long-term benzodiazepine users to psychiatry to achieve safe prescribing goals. This situation can be accurately

termed the "Benzodiazepine Conundrum." Many patients arrive at a consultation with a limited understanding of the purpose behind the referral to psychiatry, creating a challenge for the establishment of a therapeutic relationship. This session will review the appropriate historical trends, the use of benzothiazines, common prescribing patterns, and strategies for tapering benzodiazepines, as well as deprescribing guidelines, emphasizing the importance of patient and family education. Case studies and evidence-based practice recommendations will be explored, along with boundary setting, contracts for controlled substances, and visit expectations.

Poster 47

Psychiatric Nurses' Experiences of the 2024 Noto Peninsula Earthquake in Japan

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Background: On New Year's Day 2024, a powerful earthquake (magnitude 7.6) struck Noto Peninsula in Ishikawa Prefecture, Japan, destroying over 70,000 houses and leading to the deaths of more than 600 people. Although Japan has experienced many earthquakes, no studies have been conducted on the experiences of nurses and people with mental illness during earthquakes. In this study, staff and patients were interviewed about their experiences during and after the earthquake to assess support and prepare for future disasters. **Methods:** Support staff were interviewed in person or online from July to September 2024. The research was conducted after receiving ethical review approval. Interviews were conducted with care considering the possibility of trauma. **Results:** Interviews were conducted with community-dwelling individuals with mental illness, as well as support staff, including nurses, psychiatric social workers, and care workers. This presentation analyzes data from nursing staff, including one public health nurse (PHN) and four psychiatric home-visit nurses (PHVNs). The PHN helped with a sheltering operation even though she was a refugee from the earthquake and staying in a shelter with her family. Initially, she ensured the safety of the shelter and provided care to people with illnesses. Immediately after the disaster, the PHVN manager confirmed the safety for the staff and users. Due to water outages and road damage, the PHVN delivered relief supplies for 1 month instead of making psychiatric home visits. He said, "we did everything just for survival". Nurses noticed the potential self-care abilities of psychiatric patients in extreme conditions; however, some patients deteriorated after over-adaptation. The PHVN manager limited staff workloads because all staff were experiencing difficulties from the earthquake and many had damaged homes. **Discussion:** The nurses continued working even though they were victims of the disaster and had to rebuild their lives. At more than 6 months after the earthquake, nurses appeared exhausted, but the

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patients with mental illness gradually recovered. After an earthquake, it is important to focus on supporting care workers because they tend to prioritize their patients' conditions and avoid asking for help.

Poster 48

Bridging the Gap: Addressing Depression in Phoenix Adolescents

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Adolescent depression is a growing public health concern, especially in underserved areas like Phoenix, Arizona. This project addresses the gap in mental health services by designing a semester-long, school-based mental health intervention for 7th grade students in a Title I middle school. The proposed program integrates primary, secondary, and tertiary prevention through mental health literacy, early screening, and referral pathways. The evidence supports effectiveness of school-based interventions that clinician-led, multi-week, and culturally tailored, with family engagement shown to enhance outcomes. The project will incorporate the use of PHQ-9 screening to screen for depression and increase access to counseling services. This project proposal offers a feasible, evidence-based model for improving adolescent mental health outcomes in diverse, resource-limited school settings.

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Improving Parent Understanding and Satisfaction through Standardized Patient Education Materials in Pediatric Outpatient Psychiatry

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Parents often leave outpatient psychiatric visits with unanswered questions about new diagnoses, medications, or treatment plans. This lack of clarity can increase anxiety, compromise safety, and reduce adherence to treatment recommendations. Psychiatric-mental health nursing emphasizes family-centered care, yet education practices often vary, leading to inconsistency in the information parents receive. Evidence-based handouts integrated into routine care represent an innovative and sustainable way to standardize education, improve communication, and empower families. This quality improvement project is designed to evaluate whether implementing standardized patient education handouts and electronic documentation strategies improves parent satisfaction and strengthens consistency of care. Guided by the Plan-Do-Study-Act (PDSA) framework, providers will be trained to deliver handouts during qualifying visits, defined as new diagnoses or initiation of new medications. A documentation template (.phrase) embedded within the electronic medical record will support workflow integration and ensure consistent charting. Data collection includes manual chart audits, EMR reviews, and post-visit parent satisfaction surveys

using the Client Satisfaction Questionnaire (CSQ-8, parent-adapted). Baseline data have already been collected and include retrospective chart audits of 82 qualifying visits and 35 parent satisfaction surveys. During the implementation phase, projected data collection will include 75–100 patient visits for chart audits and 75–100 post-visit parent surveys. The project aims to achieve three outcomes: (1) increased documentation of patient education in the chart, measured through manual audit for education notes, handout mentions, and .phrase use; (2) $\geq 85\%$ distribution of standardized handouts at eligible visits, verified through chart audits and EMR review; and (3) $\geq 85\%$ of parents reporting high satisfaction with education, defined as a mean CSQ-8 score ≥ 4 on a 5-point scale. By integrating standardized educational tools into clinical workflow, this project highlights the role of psychiatric-mental health nurses in advancing family-centered care, reducing variability in education, and promoting treatment safety. The findings will inform future quality improvement initiatives and demonstrate how nursing leadership can innovate at the outpatient level to improve both patient experience and provider consistency.

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Multifactorial Strategies to Mitigate Workplace Violence through Enhanced Reporting to Optimize Healthcare Safety

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Background: Workplace violence (WPV) is a pervasive hazard to the safety and well-being of healthcare workers (HCW). According to the U.S. Bureau of Labor Statistics (2022), WPV incidents against HCW increased 56% between 2010 and 2022; increasing from six to 14 injuries per 1,000 full-time equivalents (FTEs). This healthcare injury rate is >3 times the rate for all other industries. The challenge for healthcare systems has been to develop and sustain effective WPV interventions (O'Brien 2024). Tracking WPV incident reports for accuracy and volume is crucial for WPV mitigation. Purpose: SMART Aims were to increase WPV reporting using multifactorial innovations: 1) increase WPV reports 25% over baseline and 2) increase WPV reports submitted to Cal-OSHA 25%. Methods: This project was implemented within a metropolitan health system where WPV was previously under-reported. A literature review found multifactorial interventions more effective at increasing the accuracy and quantity of WPV reporting. Prior passive WPV reporting education (e.g., job aid/tipsheet) were compared with evidenced-based tests of change to optimize reporting. Project priorities included 1) report simplification, 2) improving the electronic reporting tool and 3) establishing a WPV zero-tolerance policy where every report is investigated to optimize safety. Reporting rates for both overall WPV events and WPV incidents reported to Cal-OSHA were the units of measurement. Changes in WPV incident reporting rates were analyzed

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using independent t-tests in SPSS. Results: When compared to pre-intervention WPV reporting, baseline reports (196; FY22) increased >100% in year 2 (398; FY23); >54% in year 3 (614; FY24); and >37% in year 4 (844; FY25). Reporting rates demonstrated a statistically significant positive association between month and report count ($\beta=1.48$, $p<0.001$). Although reporting of significant WPV incidents to Cal-OSHA only began in January of 2023, increases in Cal-OSHA report rates were also statistically significant ($\beta=0.31$, $p<0.001$). Each additional month was associated with an increase of 1.48 (overall WPV) and 0.31 (Cal-OSHA) respectively. Conclusions: A multifactorial strategy including report process simplification, reporting tool improvements and educational enhancements correlate with increased quality and quantity of WPV reporting. Data monitoring using continuous quality improvement methods (e.g., PDSA) increases reporting and trust in data accuracy.

Poster 52

Evaluating Student Perceptions while taking a Social Justice Course

Esther Gravis, RN, DNP, CPN, George Fox University

The purpose of this research project was to evaluate student perceptions and teaching strategies meant to foster an inclusive teaching environment, through the experience of senior undergraduate nursing students. The students in this project have successfully completed a Social Justice & Population Health course. We believe the findings from this project will help develop recommendations to teaching approaches with the aim of deepening student learning and supporting the classroom. This will help nurture a sense of community as we explore somewhat difficult and controversial concepts: Social Justice; Nursing Ethics; and Violence and Trauma.

Poster 53

The Power of Partnership: An Innovative Model for Preceptor Engagement in PMHNP Education

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Securing high-quality clinical preceptors is a critical challenge in nurse practitioner (NP) education. The preceptor shortage, compounded by a shift to competency-based education and increasing clinical hour requirements places an additional burden on program faculty and staff. While programs depend on preceptors for clinical training, significant opportunities are missed by failing to leverage their broader expertise in shaping NP education and curriculum. A survey of 125 preceptors found that their motivation to precept students is driven by professional development opportunities and a deeper collaborative

relationship with university faculty. By focusing solely on using preceptors for clinical placements, programs miss a key opportunity to build robust, mutually beneficial partnerships which help sustain a preceptor network. Our PMHNP DNP program recognized the opportunity to leverage the expertise by developing a more collaborative preceptor engagement model. Using our innovative model, we sought to mobilize PMHNP experts in our community to become more deeply involved across the educational process, thus moving beyond the traditional clinical preceptor role. This approach enhances the student experience and builds the collaborative relationships with faculty that preceptors value. Our model for preceptor engagement has evolved to include assistance with simulation, guest lectures, and expert panels. Additionally, less conventional avenues for preceptor involvement have included overseeing students in a student-run health clinic, developing case studies, updating assignments and evaluations, and an annual curriculum retreat focused on planning and developing major curriculum revisions. The results of our model demonstrate that deeper preceptor engagement enriches the educational curriculum and fosters a more invested preceptor network. Our program curriculum and course content are more reflective of the changing landscape of mental health care due to the direct involvement of our preceptors, ensuring students receive high-quality, up-to-date information. Furthermore, feedback from preceptors who participated in these activities indicates a sense of contribution by giving back to the profession, and appreciation for the recognition of their knowledge and expertise beyond clinical preceptorship. This innovative collaborative approach offers a replicable model for PMHNP programs to build more robust, mutually beneficial relationships with community partners and clinical preceptors.

Poster 54

Implementing a Sexual Trauma Screening Workflow in an Oncologic Sexual Health Clinic

Alyssa Anthea Adriano, DNP, FNP-C, BSN-RN, University of Portland School of Nursing and Health Innovations

Sexual violence and subsequent trauma are prevalent national issues that cause acute and chronic health issues in survivors. Research findings demonstrate prevailing positive relationships among female sex, cancer diagnoses, sexual dysfunction, and sexual trauma history. Sexual trauma screening enables healthcare providers to reduce harm and provide holistic patient care. Multiple professional healthcare organizations recommend clinicians engage in trauma-informed care training and routine sexual trauma screening. The project objective was to observe the effect of sexual trauma screening on clinician confidence in providing trauma-informed care in an oncologic sexual health services clinic. The singular participant was the sole clinician – a nurse practitioner (n=1). The intervention was a sexual trauma screening workflow based on a clinic

microsystems assessment, current trauma-informed care recommendations, and the Sexual Experiences Survey - Short Form Victimization (SES-SFV) developed by Mary Koss and Cheryl Oros in 1982 and updated in 2024 by Koss and colleagues. The eight-week implementation process involved an initial education session and pre-, mid-, and post-implementation 5-point Likert scale confidence questionnaires. The post-implementation questionnaire included an option for the participant to share their experiences throughout the project. Quantitative data discussion was limited to descriptive analysis due to limited sample size, observing only level, trend, and latency. Pre-, mid-, and post-implementation confidence score averages were 2.4, 4.2, and 5 respectively. Score levels and averages increased throughout the implementation period. The eight-week project duration limited data latency observation. The participant shared that the workflow made them “more cognizant of the need to assess and possibly intervene/refer the patients [they] see in the sexual health services [clinic].” Clinician confidence in providing trauma-informed care increased after implementation of the sexual trauma screening workflow. The participant also endorsed increased collaboration with the clinic’s social work team in connecting patients who screened positive with essential services such as psychiatric/mental health referrals and community support resources. Sexual trauma screening is an evidence-based intervention that enables clinicians to more effectively evaluate and manage acute and chronic health sequelae and coordinate care with interdisciplinary team members. In accordance with existing research, recommendations, and professional consensus, clinicians should routinely screen patients for sexual trauma history.

Poster 55

Looking into the Sunset: Training Future Nurses to Care for the Mental Health Needs of our Aging Population—Lessons Learned from Faculty

Michelle Summers, RN, EdD, Bryan College of Health Sciences

Nurses care for clients with mental illnesses in all areas of nursing. While the expectation to provide competent care exists, the task can be difficult if the nurse lacks clinical education and experience in working with clients with chronic mental illness. This challenge can be amplified when working with a client in an aging population with a chronic mental health disorder. Nursing faculty must create meaningful clinical experiences that allow undergraduate students to care for aging clients outside of the stereotypical geriatric diagnosis of dementia. Creating meaningful clinical experiences requires faculty to think creatively. Opportunities to add a chronic mental illness to a geriatric simulation exist in abundance. Additionally, many communities offer community resources that provide more than memory care for the aging population. Substance abuse, intellectual disabilities, homelessness,

and depression with suicidal ideations occur at all ages, but persist into old age. These issues may be exacerbated by a lifetime of trauma, or with grief associated with loss that many experience later in life. Lastly, case studies and interprofessional collaboration may create a more robust exposure and education to prepare our future nurses to care for the aging population with chronic mental health disorders.

Poster 56

Estimation of the Minimal Clinically Important Difference (MCID) and Longitudinal Change in the Tardive Dyskinesia Impact Scale (TDIS), a Validated, Tardive Dyskinesia-Specific, Patient-Reported Outcome Measure

Marc Webb, DNP, ARNP, PMHNP-BC, Neurocrine Biosciences

Tardive dyskinesia (TD) is a potentially disabling involuntary movement disorder that can impair physical and socioemotional well-being. The 11-item Tardive Dyskinesia Impact Scale (TDIS) is a validated, TD-specific, patient-reported outcome measure evaluating TD symptom impact over the previous 7 days evaluated in KINECT[®]3, KINECT[®]4, and KINECT-PRO. We aimed to estimate the TDIS minimal clinically important difference (MCID) and evaluate change in TDIS total and individual item scores longitudinally with valbenazine. Anchor-based and distribution-based approaches used the Patient Global Impression of Change (PGIC) (range 1-7, higher score=worsening) to estimate TDIS MCID using KINECT3 and KINECT4 trial data. The anchor was a PGIC score=3 (“minimally improved”) at Week 6. TDIS score changes from baseline (CFB) to Week 6 in KINECT3 and Week 8 in KINECT4 were computed from patients who received valbenazine (40-80 mg) or placebo and had PGIC of 3. To assess valbenazine’s effect on TDIS, mean CFB to Week 48 in TDIS total (range=0-44) and individual item scores (range=0-4) were evaluated; higher scores indicate worse functioning. Patients reporting minimal improvement (PGIC=3) had TDIS improvements of 3.8-3.9 points by Week 6 and Week 8, establishing a TDIS MCID of 4 points. By Week 48, CFB in TDIS total score and individual items confirmed long-term efficacy of valbenazine with improvement in TDIS scores for both physical and socioemotional domains. When applying short-term MCID to longer-term studies, CFB to Week 48 in TDIS total score in both KINECT3 (-8.4) and KINECT4 (-11.0) far exceeded the MCID. The most impacted items at baseline were self-consciousness (mean score=1.99), embarrassment (1.89), and mouth noises (1.80), which were

also the most improved at Week 48 (-1.23, -1.20, -1.05, respectively). A 4-point MCID was considered clinically meaningful for interpreting the change in TDIS total scores; TDIS total score improved through Week 48 in both trials and the improvement was substantially greater than the MCID. All TDIS items improved over 48 weeks, particularly socioemotional impacts, which supports use of TDIS to measure longitudinal change in TD burden. TDIS can help quantify impact of TD symptoms and provide a benchmark for assessment of treatment effects.

Poster 57

Physical, Mental, and Socioemotional Functional Improvement following Valbenazine Treatment for Tardive Dyskinesia: A Case Series

Marc Webb, DNP, ARNP, PMHNP-BC, Neurocrine Biosciences

This case series describes clinical characteristics and changes in mental, socioemotional, and physical domains of individuals with tardive dyskinesia (TD) after valbenazine treatment. Prior research suggests TD can impair patient functioning. Valbenazine, a vesicular monoamine transporter 2 inhibitor, is approved and guideline-recommended for TD treatment. Clinicians reported data for patients who started valbenazine between 1/1/2024-6/30/2024, completed ≥ 2 months of treatment, and had ≥ 1 follow-up visit. Questions on burden and improvement were based on patient chart data and clinician recall. Out of 315 individuals receiving valbenazine, 20 individuals receiving maintenance valbenazine (40-80mg) were randomly selected. 6 cases were chosen to highlight a variety of patient characteristics. At baseline, all 6 individuals (ages 31-78 years, 4 males, 2 females) were diagnosed with a psychiatric disorder (n=4 schizophrenia, n=2 mood disorder), had previous antipsychotic exposure, and were moderately/significantly impacted in ≥ 1 functional area. All had moderate/significant impact in social domain. Length of symptoms was 3-5 years for 5 individuals and < 1 year for 1 individual; 2 individuals each were reported with mild, moderate, or severe movement symptoms. All moderately/significantly improved in ≥ 1 functional area; most (5/6) had improvement in movement symptoms within 4 weeks of starting valbenazine. Social domain improved for all and was moderate/significant for 4 individuals. Among the 3 individuals employed, all improved in ability/willingness to work. Psychiatric condition improved for all. Antipsychotic adherence improved in 4 (1 unknown). This case series adds granularity to the growing body of evidence that improvement extends beyond movement symptoms following appropriate TD treatment.



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