

Recommended Geropsychiatric Competency Enhancements for Psychiatric Nurse Practitioners

These recommended competency enhancement statements draw attention to the special needs of older adults with mental health concerns. They are not intended to 'stand-alone,' but rather to enhance existing or to-be-developed competencies for psychiatric nurse practitioners.¹ The statements are organized within the existing *Psychiatric-Mental Health Nurse Practitioner Competencies*² developed by NONPF in 2003. The geropsychiatric competency enhancements were drafted in Fall 2008 by the Geropsychiatric Nursing Collaborative (GPNC), a project supported by the John A. Hartford Foundation and housed at the American Academy of Nursing. They were reviewed by representatives of key professional organizations, revised, and then endorsed by the GPNC Core Competency Workgroup and National Advisory Panel and disseminated in Winter 2010 to all relevant professional organizations and schools of nursing for endorsement and utilization.

New competency enhancement statements and modifications to existing competencies are highlighted in yellow for ease in identification.

As revisions are made to existing competency documents, we recommend that the intent of these recommended enhancements be included and that the terms 'health,' 'illness,' 'frailty,' 'care' or 'disease' be broadly defined as both 'physical and mental.' Although physical and mental may be assumed, we believe that it is helpful to have both of these dimensions explicitly stated. Likewise, the term 'psychiatric disorder' should be used in combination with 'substance misuse disorder' to be more inclusive. It is further recommended that an expectation for the use of valid and reliable clinical assessment tools and evidence-based practices and processes be clearly stated and that gender, sexual orientation, and spirituality be made explicit when referring to cultural issues. Finally, the focus of these enhancements is on older adults; we recognize that the work of advanced practice psychiatric nurses may have a lifespan perspective and, thus, some of these enhancements may also apply to other population groups.

¹ This competency enhancement document is one of seven developed and recommended by the Geropsychiatric Nursing Collaborative. The seven enhancement documents are aimed at the entry level nurse and the following groups of advanced practice nurses: gerontological NP and CNS, psychiatric NP and CNS, and other APRNs (NP and CNS) who care for older adults but are not prepared as gerontological experts, e.g., women's health, adult, family and acute care. A link to the entire set of enhancement documents can be found at www.aannet.org/GPNCresources. For more information, see www.aannet.org/GPNCgeropsych.

² NONPF (2003). *Psychiatric-Mental Health Nurse Practitioner Competencies*, available at www.aacn.nche.edu/Accreditation/psychiatricmentalhealthnursepractitionercompetencies/FINAL03.pdf

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Domain I : Health Promotion, Protection, Disease Prevention, & Treatment

I.A Assessment of Health Status

1. Obtains and accurately documents a relevant health history, with an emphasis on mental health history, for patients relevant to specialty and age.
 - a. Performs a comprehensive physical and mental health assessment.

NEW: Adapts assessment processes for persons with cognitive impairment and psychiatric /substance misuse disorders.

 - b. Performs a comprehensive psychiatric evaluation, that includes evaluation of mental status, current and past history of violence, suicidal or self-harm behavior, substance use, level of functioning, health behaviors, trauma, sexual behaviors, and social and developmental history.

NEW: Conducts a comprehensive assessment that includes the differentiation of normal age changes from acute and chronic medical and psychiatric/substance misuse disease processes, with attention to commonly occurring atypical presentations and co-occurring health problems including cognitive impairment.
2. Analyzes the relationship between normal physiology and specific system alterations associated with mental health problems, psychiatric disorders, and treatment.
3. Identifies and analyzes factors that affect mental health such as:
 - a. genetics
 - b. family
 - c. environment
 - d. psychodynamics
 - e. culture & ethnicity
 - f. spiritual beliefs and practices
 - g. physiological processes
 - h. coping skills
 - i. cognition
 - j. developmental stage
 - k. socioeconomic status
 - l. gender
 - NEW:** m. substance misuse
 - NEW:** n. stigma
 - NEW:** o. sexual orientation
 - NEW:** p. trauma, including elder mistreatment
 - NEW:** q. caregiver stress

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NEW: r. multiple chronic illnesses

NEW: s. pain

NEW: t. relocation

NEW: u. cohort-specific stressors, e.g., holocaust survivors

4. Collects data from multiple sources using assessment techniques that are appropriate to the patient's language, culture, and developmental stage, including, but not limited to, screening evaluations, psychiatric rating scales, genograms, and other standardized instruments.
5. Conducts a comprehensive multigenerational family assessment.
6. Assesses the impact of acute and/or chronic physical illness, psychiatric disorders, and stressors on the family system.
7. Performs a comprehensive assessment of mental health needs of a community.
8. Performs and accurately documents appropriate systems and symptom-focused physical examinations, with emphasis on the mental status exam and neurological exam.
9. Involves patients, significant others, and interdisciplinary team members in data collection and analysis.
10. Synthesizes, prioritizes, and documents relevant data in a retrievable form.
11. Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic relationship.
12. Assesses the interface among the individual, family, community, and social systems and their relationship to mental health functioning.

I.B Diagnosis of Health Status

1. Orders and interprets findings of relevant diagnostic and laboratory tests.
2. Identifies both typical and atypical presentations of psychiatric disorders and related health problems.
3. Differentiates psychiatric presentations of medical conditions from psychiatric disorders and arranges appropriate evaluation and follow-up.
4. Develops a differential diagnosis derived from the collection and synthesis of assessment data.
5. Diagnoses psychiatric disorders.

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6. Differentiates between exacerbation and reoccurrence of a chronic psychiatric disorder and signs and symptoms of a new mental health problem or a new medical or psychiatric disorder.
7. Diagnoses commonly occurring complications of mental health problems and psychiatric disorders, including physical health problems.
8. Evaluates the health impact of multiple life stressors and situational crises within the context of the family cycle.
9. Applies standardized taxonomy systems to the diagnosis of mental health problems and psychiatric disorders.
10. Evaluates potential abuse, neglect, and risk of danger to self and others, such as suicide, homicide, and other self-injurious behaviors, and assists patients and families in securing the least restrictive environment for ensuring safety.

I.C Plan of Care and Implementation of Treatment

1. Develops a treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.
NEW: Plans and implements care that promotes optimal function and minimizes development of complications, such as those from polypharmacy.
2. Conducts individual, group, and/or family psychotherapy.
NEW: Provides brief intervention/crisis management and makes appropriate referrals to other health care professionals and community agencies with resources to address needs of individuals and families.
NEW: Remains sensitive to verbal cues and non-verbal behaviors in the communication patterns of older adults and their significant others with cognitive, neurological and speech and hearing impairments.
3. Treats acute and chronic psychiatric disorders and mental health problems.
4. Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, psychotherapy and psychopharmacology.
5. Prescribes psychotropic and related medications based on clinical indicators of a patient's status, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional health status.
NEW: Monitors and evaluates the patient's response to and concomitant use of alcohol and recreational drugs, psychotropic and other medications including over-the-counter and herbal medication/product use, based on a thorough understanding of the principles of pharmacotherapeutics in older adults.

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6. Educates and assists the patient in evaluating the appropriate use of complementary and alternative therapies.
7. Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.
8. Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.
9. Recognizes and accurately interprets the patient's implicit communication by listening to verbal cues and observing non-verbal behaviors.
10. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of psychiatric disorders, including factors that contribute to decline in physical functioning, impaired quality of life, social isolation, excess disability in older adults, and psychiatric and behavioral symptoms.
11. Advocates for the patient's and family's rights regarding involuntary treatment and other medicolegal issues.
12. Coordinates the transition of patients and families among mental health care settings, general health care settings including acute care and community-based long term care settings (e.g., Home, Assisted Living, Hospice, Nursing Homes), and community agencies to provide continuity of care and support for the patient, family, and other health care providers.
13. Identifies, measures, and monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
14. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
15. Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.
- NEW:** Applies knowledge of issues related to decisional capacity (including the balance between autonomy and safety), guardianship, financial management and durable and healthcare powers of attorney to the treatment of older adults.
16. Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.
17. Orders age appropriate tests and other procedures that provide data that contribute to the treatment plan.
18. Prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders based on individual characteristics, such as culture, ethnicity, gender, religious beliefs, age, and physical health problems.
19. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions.

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Domain II. Nurse Practitioner-Patient Relationship

1. Manages the phases of the nurse practitioner -patient relationship.
 - a. Utilizes interventions to promote mutual trust in therapeutic relationships.
 - b. Maintains a therapeutic relationship over time with individuals, groups, and families to influence negotiated outcomes.
 - c. Concludes therapeutically the nurse-patient relationship and transitions the patient to other levels of care, when appropriate.
- NEW:** Establishes and maintains a therapeutic relationship with older adults emphasizing culturally-appropriate empathy/reassurance, self-disclosure and comfort measures, including touch.
2. Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.
- NEW:** Uses culturally appropriate, respectful communication that is adapted to patient's education, cognitive functioning, personal experience, psychiatric/substance misuse disorder, and mental health history.
3. Monitors own emotional reaction and behavioral responses to others and uses this self-awareness to enhance the therapeutic relationship.
- NEW:** Demonstrates awareness of personal and societal biases, especially ageism and stigma related to mental illness/substance abuse and dementia, and how these influence all aspects of the care of the older adult, including mental health promotion, screening, assessment and treatment.
4. Uses the therapeutic relationship to promote positive clinical outcomes.
5. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.
6. Analyzes the impact of duty to report and other advocacy actions on the therapeutic relationship.
- NEW:** Protects safety of elders and others in the community through legal reporting mechanisms when elder mistreatment or destructive behaviors targeted at self or others, such as driving with cognitive impairment, are identified.

Domain III. The Teaching-Coaching Function

1. Teaches patients and significant others about intended effects and potential adverse effects of treatment options.
- NEW:** Educates individuals, families, peers, and groups to promote the knowledge and understanding of effective mental health promotion strategies, management of psychiatric/substance misuse disorders, and the interaction between physical and mental health/illness.

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2. Provides psychoeducation to individuals, families, and groups to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.
3. Demonstrates sensitivity in addressing topics such as, but not limited to, sexuality, substance abuse, violence, and risk-taking behaviors.
4. Analyzes the impact of psychiatric signs and symptoms on the ability and readiness to learn and tailors approaches accordingly.
- NEW:** Analyzes the impact of aging and age-and disease-related changes in sensory /perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailors interventions accordingly.
5. Considers readiness to improve self-care and healthy behavior when teaching patients with mental health problems and psychiatric disorders.

Domain IV. Professional Role

1. Collaborates as a member of the interdisciplinary mental health and other health care team(s).
2. Provides consultation to health care providers and others to enhance quality and cost-effective services for patients and to effect change in organizational systems.
- NEW:** Considers such factors as ability to pay for treatments related to fixed income (retired), entitlements (Medicaid and Medicare), and available resources when providing treatment to clients who may have financial limitations.
3. Coordinates referral and ongoing access to primary and other health care services for patients.
4. Participates as leader, change agent and advocate in professional and community organizations that influence the health of patients (including older adults) with mental health problems and psychiatric disorders and supports the role of the psychiatric-mental health nurse practitioner.
5. Engages in and collaborates with others in the conduct of research to discover, examine, and test knowledge, theories, and evidence-based approaches to practice.
6. Advocates for the advanced practice psychiatric-mental health nurse's role to other health care providers; community, state, and federal agencies; and the public.
- NEW:** Serves as a clinical expert, clinical leader, and/or clinical consultant to other nurses in the care of older adults experiencing mental health issues.
7. Upholds ethical and legal standards related to the provision of mental health care.

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8. Recognizes the importance of lifelong learning to be knowledgeable of relevant research and advances in clinical practice.

NEW: Works within an interdisciplinary team to promote the mental health and well-being of older clients and their families.

Domain V. Managing and Negotiating Health Care Delivery System

1. Utilizes ethical principles to create a system of advocacy for access and parity for mental health problems, psychiatric disorders, and addiction services.

2. Influences health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.

NEW: Assists older adults/caregivers/and their families to negotiate health care delivery systems, including mental health services.

Domain VI. Monitoring and Ensuring the Quality of Health Care Practice

1. Seeks consultation when appropriate to enhance one's own practice.

2. Monitors relevant research to improve quality care.

NEW: Leads quality improvement initiatives designed to improve the care of older adults with mental illness and cognitive impairment.

NEW: Advocates for health policy at the local, state, regional, and national level to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric /substance misuse disorders.

Domain VII. Cultural and Spiritual Competence

1. Recognizes the variability of the presentation of psychiatric signs and symptoms in different cultures.

2. Acknowledges the influence of culture, ethnicity, and spirituality on the patient's perceptions of his or her psychiatric signs and symptoms.

NEW: Assesses and incorporates into the treatment plan the patient's perceptions/interpretations of his or her physical and/or mental health/illness and care preferences as influenced by culture, sexual orientation, gender, ethnicity, and spirituality.

3. Respects and integrates cultural, ethnic, and spiritual influences in designing a treatment plan for patients with mental health problems and psychiatric disorders.

NEW: Demonstrates sensitivity to spirituality and culture when caring for older adults and their families who are at the end of life.

4. Evaluates the impact of therapeutic interventions on the patient's cultural, ethnic, & spiritual identity and the impact of practices on outcomes of care.