Teaching Psychotherapy in Graduate PMHNP Programs

4 Hour APNA Pre-Conference Workshop
From the Graduate Education Council

- Pam Lusk, DNP, RN, PMHNP-BC, FAANP
- Candice Knight, PhD, EdD, APN, PMHCNS-BC, PMHNP-BC
- Mary D. Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN
- Kate Wheeler, Ph.D., APRN, PMHNP-BC, FAAN
- #1032 #1042
- October 19, 2016

Disclosures

- Pam Lusk has no conflict of interest to disclose
- Kate Wheeler has no conflict of interest to disclose

Pre-Conference Agenda

1:15 Introduction to Today's Forum (Lusk)
1:30 Challenges and Solutions to Teaching Psychotherapy in Graduate Schools (Wheeler)
3:00 Q & A - Break 3:15
3:30 Strategies used at NYU (Knight)
4:30 Strategies used at PLU (Moller)
5:00 Q & A

Thursday October 20
4:00 - 5:30 Education Council Interactive Panel
Graduate Education Council continued Discussion and establish work groups for the Grad Ed Council

Objectives

Debate the basic knowledge, skills, and attitudes needed by the PMHNP to provide psychotherapy.

Discuss various face to face, hybrid, and online individual, group, and family psychotherapy learning and training opportunities that can be employed in PMHNP programs.

Create a forum where individual, family, and group psychotherapy PMHNP learning opportunities can be shared.

For the Graduate Workgroup, ongoing future priorities and/or projects should include:

Results of the survey of the whole APNA Education Council Steering Committee and Advisory Panel... requesting ideas for ongoing priorities for each sub-committee.

- Develop psychotherapy workshops, online courses and supervision sessions for nurses. Many psych NPs have not had intensive psychotherapy education and it is needed.
- Ways to creatively incorporate psychotherapy into graduate education. Creative online delivery methods.
- Teaching psychotherapy for nurse practitioner students

Graduate Workgroup, ongoing future priorities and/or projects

1) Continue to provide presentations on how to teach psychotherapy in graduate nursing programs, including online programs
2) Develop guidelines and scenarios to be used in simulation coursework
3) Address the need for leadership, advocacy and policy curricular content specific to psychiatric nursing in preparation for the ANCC certification exam
4) Create collaborative models to prepare graduate students for integrative, inter-professional practice
5) Outline graduate-level competencies for suicide prevention
6) Design post-master’s bridge programs for CNs and NPs who are seeking to expand their practice to meet the requirements for a “family focus”.
7) Family focus should include content on substance abuse, mental illness and primary care across the lifespan
**Graduate Programs for Advanced Practice Psychiatric/Mental Health Nurses**

**Our Fourth “P”**
- Physical Assessment
- Pharmacology
- Pathophysiology
- **PSYCHOTHERAPY**

**Scope & Standards of Practice PMH Nursing**
(2014) ANA. APNA ISPN
- Standard 5f. Psychotherapy
- The Psychiatric-Mental Health Advanced Practice Registered Nurse conducts individual, couples, group and family psychotherapy using evidence-based psychotherapeutic frameworks and nurse-patient therapeutic relationships.

**NONPF Competencies for PMHNP Students** (2013)
- Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence-based psychotherapy/-ies to both brief and long term individual practice
- Demonstrates best practices of family approaches to care
- Applies recovery oriented principles and trauma focused care to individuals
- Uses self-reflective practice to improve care
- Identifies the role of PMHNP in risk-mitigation strategies in the areas of opiate use and substance abuse clients
- Manages psychiatric emergencies across all settings
- Facilitates the transition of patients across levels of care
- Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth
- Uses appropriately individualized outcome measures to evaluate psychiatric care

**Challenges and Solutions to Teaching Psychotherapy in Graduate Schools**

Kate Wheeler
Ph.D., APRN, PMHNP-BC, FAAN
Professor
Fairfield University
Fairfield, CT

"The speaker has no conflict of interest to disclose"

**Objectives**
- 1) Describe the evolution of the advanced practice psychiatric nurse
- 2) Discuss present influences and current issues in psychotherapy education
- 3) Discuss solutions and future predictions

Candice Knight, PhD, EdD, APN, PMHNP-BC
Pamela Lusk, DNP, RN, PMHNP-BC, FAANP
Mary D. Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN
Kathleen Wheeler, PhD, APRN, PMHNP-BC, FAAN
History of Nurse Psychotherapist

- 1947: 8 programs established for advanced preparation of nurses to care for psychiatric patients.
- 1952: Hildegard Peplau establishes the first masters in clinical nursing and a 'Sullivanian' framework for practice for psychotherapy with inpatients and outpatients.
- 1963: *Perspectives in Psychiatric Care* first published as a forum for interdisciplinary psychiatric articles.
- 1979: ANA certification of PMH Specialist.
- 2000: ANCC certification of PMHNP.
- 2003: PMHNP Competencies delineate "conducts individual, group, and/or family psychotherapy" for PMHNP practice.
- 2013: PMHNP Competencies revised according to DNP Essentials.
History of Certification
Advanced Practice Psychiatric
Nursing Exams
- 1979 Adult PMHCNS ANA Exam
- Child PMHCNS ANCC Exam
- 2000 Adult PMHNP ANCC Exam
- 2001 Family PMHNP ANCC Exam
- 2011 PMHNP Across the Lifespan

Will The Real Advanced Practice
Psychiatric Nurse Please Stand Up!!!

National Panel
Psychiatric-Mental Health Nurse
Practitioner Competencies
- NONPF
- APNA
- ISPN
- IntNSA
- AACN
- ANCC
- NACNS

Psychotherapy
Pathophysiology
Physical & Psychiatric Assessment
Psychopharmacology

Nurse Psychotherapists on the
Verge of Extinction?

2004 Predictions
- Clarifies scope of practice for consumers, employers, and managed care
- Increase in PMHNP students
- Expands potential practice settings
- Integrates CNS & NP skills
- Unifies & strengthens psychiatric nursing

Wheeler & Haber, 2004

Candice Knight, PhD, EdD, APN, PMHNP-BC
Pamela Lusk, DNP, RN, PMHNP-BC, FAANP
Mary D. Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN
Kathleen Wheeler, PhD, APRN, PMHNP-BC, FAAN
PMH Survey of PMH APRNs

1994
- 85% provided direct service
- 6,030 PMH-AdultCN
- 700 PMH-ChildPMH
- 25% work in group or private practice
- 33% prescribing

2009
- 93% provide direct service
- 6,000 PMH CNS
- 5,000 PMHN
- 37% work self employed or in a group practice
- 68% prescribing

Survey of Graduate Programs

2008 (MSN)
- 120 Universities
- 56% response rate
- Practica hrs 500-900
- 45% required <150-400 ind. therapy hrs
- 42% required <50-300 group therapy hrs
- 25% required <50-180 family hrs

2016 (Across the Lifespan)
- 118 Programs
- 64% response rate
- Practica hrs 500-774
- Psychotherapy practicum on average 200 hr (100-600)
- Majority MSN

APPN Responsibilities

1. Medication management
2. Psychiatric evaluation
3. Psychotherapy

Models of Psychotherapy Taught

- Cognitive-behavioral
- Psychodynamic
- Interpersonal
- Psycho-educational
- Behavioral
- Self psychology
- Narrative
- Other

HEALTHCARE SYSTEM CHANGES

APRN Consensus Model

Shortage of child & adult psychiatrists

ACN

Integrated Behavioral Care

APRN REGULATORY MODEL

APRN SPECIALTIES

Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care

APRN ROLES

Examples include but are not limited to: Nurse Anesthetist, Nurse-Midwife, Clinical Nurse Specialist, Nurse Practitioner

Candice Knight, PhD, EdD, APN, PMHNP-BC
Pamela Lusk, DNP, RN, PMHNP-BC, FAANP
Mary D. Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN
Kathleen Wheeler, PhD, APRN, PMHNP-BC, FAAN
Building Curriculum

Psychotherapy Competencies

- Maintains a therapeutic relationship overtime with individuals, groups, and families to promote positive clinical outcomes.
- Therapeutically concludes the nurse-patient relationship transitioning the patient to other levels of care, when appropriate.
- Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.

NonPF 2013 revised Competencies

- Conducts individual and group psychotherapy.
- Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence-based psychotherapy/-ies to both brief and long-term individual practice.
- Demonstrates best practices of family approaches to care.
- Applies recovery oriented principles and trauma-focused care to individuals.
- Uses self-reflective practice to improve care.

Challenges

- Increased mortality and high prevalence of chronic medical conditions in those with childhood trauma (ACE) (Felitti & Anda, 2010)
- Principles of trauma informed care, medical diagnoses associated with trauma, stabilization skills, and education in evidenced-based models or trauma treatment was not provided in graduate program. (Maybey, Ronconi, Wheeler, & Smith, in press)
- Powerful pharmaceutical money for research and marketing-focus on medication
- 15 minute appointments-nurse psychotherapists marginalized as medication managers
- Limited amount of time in graduate nursing programs to achieve competency in psychotherapy

Present

114 PMHNP programs in U.S. 3,909 students (2014-2015) including Masters, DNP, & Postmasters programs (Fang et al, 2015)

PMHNP Adult total = 3923
PMHNP Child (formerly Family) total = 5031
Adult & Child Psych CNS total = 5826 (ANCC 2015)
= 65% PMHNPs
TOTAL APPNs = 14,780

Challenges

- Increased mortality and high prevalence of chronic medical conditions in those with childhood trauma (ACE) (Felitti & Anda, 2010)
- Principles of trauma informed care, medical diagnoses associated with trauma, stabilization skills, and education in evidenced-based models or trauma treatment was not provided in graduate program. (Maybey, Ronconi, Wheeler, & Smith, in press)
- Powerful pharmaceutical money for research and marketing-focus on medication
- 15 minute appointments-nurse psychotherapists marginalized as medication managers
- Limited amount of time in graduate nursing programs to achieve competency in psychotherapy

Psychotherapy Competencies

- Conducts individual and group psychotherapy.
- Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence-based psychotherapy/-ies to both brief and long-term individual practice.
- Demonstrates best practices of family approaches to care.
- Applies recovery oriented principles and trauma-focused care to individuals.
- Uses self-reflective practice to improve care.

NonPF 2013 revised Competencies

- Maintains a therapeutic relationship overtime with individuals, groups, and families to promote positive clinical outcomes.
- Therapeutically concludes the nurse-patient relationship transitioning the patient to other levels of care, when appropriate.
- Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.

Challenges

- Increased mortality and high prevalence of chronic medical conditions in those with childhood trauma (ACE) (Felitti & Anda, 2010)
- Principles of trauma informed care, medical diagnoses associated with trauma, stabilization skills, and education in evidenced-based models or trauma treatment was not provided in graduate program. (Maybey, Ronconi, Wheeler, & Smith, in press)
- Powerful pharmaceutical money for research and marketing-focus on medication
- 15 minute appointments-nurse psychotherapists marginalized as medication managers
- Limited amount of time in graduate nursing programs to achieve competency in psychotherapy

Candice Knight, PhD, EdD, APN, PMHNP-BC
Pamela Lusk, DNP, RN, PMHNP-BC, FAANP
Mary D. Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN
Kathleen Wheeler, PhD, APRN, PMHNP-BC, FAAN
Challenges

- What psychotherapy content is essential?
- How to teach requisite skills in a packed curriculum?
- How to find clinical sites for psychotherapy practice?
- How do faculty obtain expertise in psychotherapy?

Solutions

- Practica experiences focused on integrated care
- Bridge programs for Adult APPNs to enhance expertise for child
- Specialty certification for child psych? For gero psych?

Solutions

- Use interdisciplinary preceptors for therapy
- Designate required hours for individual, group, and family therapy for children, adolescents, adults and elderly
- Designate specific evidence-based psychotherapies to be taught for depth not breadth
- Collaboration and development of guidelines for a standardized PMHP core curriculum for psychotherapy skills.

How to ensure proficiency & expertise after graduation?

- How to ensure ongoing supervision? required internship after graduation?
- How to ensure further certification in psychotherapy?

Solutions

- Ensure credentialing exams reflect psychotherapy competencies.
- Encourage longer periods of time in one agency
- Leverage need for PMHNPs to facilitate student placement & therapy practica
- Negotiate for psychotherapy experiences and adequate supervision for students

Solution

- Currently ANCC requires 75 hours for recertification with 25 of these required for pharmacology
- Ask ANCC to require 25 hours of psychotherapy CEUs for PMHNP recertification
Fairfield University Egan
School of Nursing & Health Studies

- Jesuit University
- 1st PMHNP program in CT started 1994
- MSN, BSN/DNP, NP/PMHNP/DNP
- Hybrid program
- 100% pass rate certification exam

**PMHNP Specialty Courses**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychopathology</td>
<td>3 cr</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>3 cr</td>
</tr>
<tr>
<td>Group Theory &amp; Practice</td>
<td>3 cr</td>
</tr>
<tr>
<td>Children &amp; Adolescents</td>
<td>2 cr</td>
</tr>
<tr>
<td>Individuals</td>
<td>3 cr</td>
</tr>
<tr>
<td>Group &amp; Family</td>
<td>2 cr</td>
</tr>
<tr>
<td>Complex Populations</td>
<td>2 cr</td>
</tr>
<tr>
<td>Health Assessment</td>
<td>3 cr</td>
</tr>
<tr>
<td>Psych Assessment</td>
<td>1 cr</td>
</tr>
<tr>
<td>Pharmacopharmacology</td>
<td>2 cr</td>
</tr>
</tbody>
</table>

Practica 3 semesters 12 cr

**Psychotherapy Curriculum**

- Individual
  - Psychopharmacology
  - Group Theory & Practice
  - Practicum

- Group & Family
  - Psychodrama
  - Solution Focused
  - Strategic Structural

**Reflective Exercises**

- Personal Therapy
- Supportive Therapy
- M.I. Process Recording
- Genograms
- Clinical Case Narratives
- Simulations/Real Play
- Group Process Experience
- Online Certifications
- Video Demonstrations

**Psychotherapy Practica**

- Individual
  - Cognitive Behavioral Therapy (CBT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
- Group
  - Dialectical Behavior Therapy (DBT)

**Education for the Delivery of Integrated Care Today (EDICT)**

- $1.3 million HRSA grant to provide a comprehensive didactic & clinical experience that prepares NPs to deliver effective Integrated Care at a multi site Federally-Qualified Health Center (FQHC) that delivers health care to over 130,000 underserved clients.
- Pairs up FNP and PMHNP students
- Students will be matched with preceptors working within primary care centers or School-Based Health Centers (SBHCs), and will provide direct care to under-served clients across the lifespan and join inter-professional teams to identify and apply best practices in complex IC cases

J. Shea, 2016, personal communication
Framework for Practice
A Metamodel for Psychiatric Nursing

- Relationship Based
- Neurophysiology Based
- Strength Based
- Patient Centered

A Neuroscience Relationship-Based Framework for Psychiatric Nursing

- Biomedical
- Holistic

Attachment in the Therapeutic Relationship

- Relationship between the patient and the therapist is the primary vehicle for change
- As the patient becomes attached, relational templates are revealed within the context of the therapeutic relationship
- As therapy evolves, the therapist and patient are co-creating opportunities for corrective emotional experiences that can generate a new relational template

Synthesis of Models

- B. Dossey
- R. Scaer
- F. Shapiro
- A. Schore
- D. Siegel
- L. Cozolino
- B. Van der Kolk
- S. Porges

- Holistic nursing
- Neuroscience of:
  - Trauma
  - Information processing
  - Human development
  - Attachment theory
Most important determinant for successful outcome for psychotherapy is the therapeutic alliance.

Improvement in Psychotherapy

What do patients find helpful in psychotherapy? Implications for the therapeutic relationship in mental health nursing

- Client perception of PIT (psychodynamic interpersonal therapy) and CBT
- 2 group design; n=61
- Helpful Aspects of Therapy Questionnaire
- Clients experience theoretically different models of therapy similar in therapeutic impact

Cahill, Paley, & Hardy, 2013
Psychobiological Paradigm Shift

Adaptive Information Processing

- AIP: a metamodel for all psychotherapy based on how the brain works
- Regulation of self-healing = neurophysiological harmony
- Information connected adaptively and flowing to other memory networks
- Forged and revised by experience
- Relationship regulates physiology and provides the context for change & growth

(Shapiro, 2012)

Stabilization

- Increasing internal & external resources if needed
- Enhance patient’s ability to make ‘state’ changes
- Creates or strengthens adaptive memory networks
- Helps to decrease irritability of the amygdala & increase function of prefrontal cortex

Therapeutic Window of Arousal

Resilient Zone

- Enhance Stabilization
- Build Reflective Skills
- Create Resources
- Skill Building

Some Stabilization Strategies

- Cognitive-behavioral techniques
- Case management
- Affect management/DBT
- Mindfulness
- Managing physiological arousal
  - safe place imagery
  - container exercises
- Medication
- Education/bibliotherapy/role play
- Stress management
- Ego state therapy

Processing

- Access to all dimensions of the memory (behavior, affect, sensations, cognitions & beliefs)
- Connects adaptive networks with dysfunctional material to create trait changes
- Results in new learning (neural connections)
- Changes implicit to explicit memory
- Restores consciousness
- Healing occurs as formerly disrupted/dysfunctional neural networks are re-created and connected with constructive adaptive networks
Processing Strategies

- Through therapeutic relationship
- Psychodynamic psychotherapy
- Imaginal or in vivo exposure
- Cognitive-processing
- Journaling
- EMDR
- Communication
- Hypnotherapy

Future

- Ensure ongoing proficiency in psychotherapy?
- Do we need a meta-model for psychiatric nursing?
- Develop and level trauma competencies for both undergraduate and graduate nursing curricula?

How?

- Professional Organizations
- Partnerships
- Collective action
- Strategic connections
- Strengthen our specialty
- Create our future

Acknowledgements