

MEMORANDUM

DATE: January 29, 2004

TO: David S. Watt, Ph.D.
Associate Provost for Academic Affairs
Chair, Academic Council for the Medical Center
Deans, Department Chairs, Members of the University Senate

FROM: Dr. Carolyn A. Williams
Dean, College of Nursing

SUBJECT: Application for curriculum modifications, Psychiatric Nursing Specialty Track, Master's of Science in Nursing degree program and Post-MSN Clinical Scholars option for Psychiatric Nursing

The faculty of the College of Nursing have approved and submit for your approval a request for three changes in the required curriculum for the Psychiatric Nursing Specialty Track within the Master's of Science in Nursing degree program with corresponding changes in the Post-MSN option for this specialty. A revised MSN curriculum was put in place for that track in Fall, 2003 in which an adult psychiatric nurse practitioner option was added to the curriculum and the clinical nurse specialist options for psychiatric nursing were eliminated. Based on subsequent analysis in Fall, 2003 faculty concluded that several modification were needed. Current and revised curricula are attached reflecting each of the changes requested below.

First, faculty would like to delete NUR 726 and NUR 727 from the curriculum and replace those courses with a three credit hour elective. A new statement on competencies of psychiatric nurse practitioners and standards for educational programs by the National Organization on Nurse Practitioner Faculties indicates the content in these two courses is not essential for this specialization. Further, deleting these two courses from the Psychiatric Nurse Practitioner curriculum will make it possible for these students to take a 3 credit hour elective, consistent with the other specialty tracks in the MSN program. The total credit hours required for graduation will not change and will remain 44 credits for the nurse practitioner students.

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Second, they would like to add the Psychiatric Mental Health Family Nurse Practitioner option.

Third, faculty would like to restore the Adult and Child/Adolescent Clinical Nurse Specialist options.

Adding the Psychiatric Mental Health Family Nurse Practitioner option and the Adult and Child/Adolescent Clinical Nurse Specialist options can be accomplished within the new curriculum plan without any major or minor course changes. Instead, modifications will be made in student assignments within the currently required specialty course sequence of NUR 722, NUR 723 and NUR 724. The syllabi for those courses are attached. Modifications in course assignments are highlighted in bold.

Fourth, faculty would like to revise the Post-MSN specialty curricula for Psychiatric-Mental Health Nursing accordingly. The current and revised curricula are attached.

Effective Date:

Fall, 2004

Rationale for proposed changes:

These modifications will provide for a full range of subspecialty options within the Psychiatric-Mental Health Nursing track in the Master's of Science in Nursing degree program. This will facilitate student recruitment into psychiatric-mental health nursing and yield more graduates to provide advanced practice nursing care for people with psychiatric and mental health problems. The modifications do not change the total number of required credit hours for graduation.

Thank you for your consideration of this proposal.

MSN CURRICULM, FALL 2003
Psychiatric/ Mental Health Nursing Track
(Adult Psychiatric Nurse Practitioner)

<i>Full Time Plan of Study</i>	
YEAR 1	YEAR 2
<i>Fall, Year 1</i>	<i>Fall, Year 2</i>
<p>NUR 601, Theoretical Bases for Adv. Prac. Nsg. (2 cr.) NUR 602, Research Methods in Adv. Prac. Nsg. (3 cr.) NUR 514, Advanced Health Assessment (2 cr.) NUR 653, Pathophysiology (3 cr.)</p> <p>Total 10 cr.</p>	<p>NUR 723, Advanced Practice Psychiatric Nursing I, (6 cr.) NUR 604, Leadership in Adv. Prac. Nsg. (3 cr.) NUR 727, Primary Care Advanced Practice Nursing, Practicum II (2 cr.)</p> <p>Total 11 cr.</p>
<i>Spring, Year 1</i>	<i>Spring, Year 2</i>
<p>NUR 603, Clinical Reasoning in Adv. Prac. Nsg. (3 cr.) NUR 631, Applications of Advanced Health Assessment (2 cr.) NUR 722, Clinical Topics in Advanced Practice Psychiatric Mental Health Nursing (3 cr.) NUR 652, Pharmacology (3 cr.)</p> <p>Total 11 cr.</p>	<p>NUR 605, Evidence-Based Nursing Practice (3 cr.) NUR 724, Advanced Practice Psychiatric Nursing II, (4 cr.) NUR 633, Comprehensive Patient Mgt. II (2 cr.) NUR 726, Primary Care Advanced Practice Nursing (1 cr.)</p> <p>Total 10 cr.</p>
<p><i>Summer (4 wk. Intersession), Year 1</i> NUR 632, Comprehensive Patient Mgt. I (2 cr.)</p> <p>Total 2 cr.</p>	<p>TOTAL CREDIT HOURS REQUIRED 44 CR.</p>

PROPOSED MSN CURRICULUM, FALL 2004

Psychiatric/ Mental Health Nursing Track

(Adult Psychiatric Nurse Practitioner, Family Psychiatric Nurse Practitioner, Adult and Child/Adolescent Clinical Nurse Specialist)

<i>Full Time Plan of Study</i>			
YEAR 1		YEAR 2	
<i>Fall, Year 1</i>		<i>Fall, Year 2</i>	
NUR 601, Theoretical Bases for Adv. Prac. Nsg. (2 cr.) NUR 514, Advanced Health Assessment (2 cr.) NUR 653, Pathophysiology (3 cr.) NUR 722, Clinical Topics in Advanced Practice Psychiatric Mental Health Nursing (3 cr.)		NUR 602, Research Methods in Adv. Prac. Nsg. (3 cr.) NUR 603, Clinical Reasoning in Adv. Prac. Nsg. (3 cr.) NUR 724, Advanced Practice Psychiatric Nursing II, (4 cr.) XXX Elective course (3 cr.)	
Total	10 cr.	Total	13 cr.
<i>Spring, Year 1</i>		<i>Spring, Year 2</i>	
NUR 631, Applications of Advanced Health Assessment (2 cr.) NUR 652, Pharmacology (3 cr.) NUR 723, Advanced Practice Psychiatric Nursing I, (6 cr.)		NUR 605, Evidence-Based Nursing Practice (3 cr.) NUR 604, Leadership in Adv. Prac. Nsg. (3 cr.) NUR 633, Comprehensive Patient Mgt. II (2 cr.)* NUR 632, Comprehensive Patient Mgt. I (2 cr.)*	
Total	11 cr.	Total	10 cr.
		TOTAL CREDIT HOURS REQUIRED	40 CR. (CNS specialties) 44 CR. (NP specialties)

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

ADMISSION CRITERIA AND PLAN OF STUDY FOR POST-MSN STUDENTS
Adult and Child/Adolescent Psychiatric/Mental Health Clinical Nurse Specialist Tracks
Fall, 2004

Admission Criteria

1. Master of Science Degree in Nursing.
2. Pre or co-requisites as defined by each track.
3. Pre or co-requisites as needed for the plan of study.
4. Two references: one must be from current immediate supervisor; one must be from the Master's program major advisor or appropriate faculty member.
5. Satisfactory interview.
6. Admission to the University of Kentucky Graduate School.

Plan of Study for the Post Master's Certificate:

PRE/CO-REQUISITES	HOURS
Pathophysiology	3
Pharmacology	3
Health Assessment	4
POST MASTER'S - COURSE REQUIREMENTS <i>Adult and Child/Adolescent Psychiatric/Mental Health Clinical Nurse Specialist Tracks</i>	
NUR 722 - Clinical Topics in Advanced Practice Psychiatric Mental Health Nursing	3
NUR 723 - Advanced Practice Psychiatric Nursing I	6
NUR 724 - Advanced Practice Psychiatric Nursing II	4
Elective	3
TOTAL HOURS	16

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

ADMISSION CRITERIA AND PLAN OF STUDY FOR POST-MSN STUDENTS
Psychiatric/Mental Health Adult and Family Nurse Practitioner Tracks
Fall, 2004

Admission Criteria

7. Master of Science Degree in Nursing.
8. Pre or co-requisites as defined by each track.
9. Pre or co-requisites as needed for the plan of study.
10. Two references: one must be from current immediate supervisor; one must be from the Master's program major advisor or appropriate faculty member.
11. Satisfactory interview.
12. Admission to the University of Kentucky Graduate School.

Plan of Study for the Post Master's Certificate:

PRE/CO-REQUISITES	HOURS
Pathophysiology	3
Pharmacology	3
Health Assessment	4
POST MASTER'S - COURSE REQUIREMENTS <i>Psychiatric/Mental Health Adult and Family Nurse Practitioner Tracks</i>	
NUR 722 - Clinical Topics in Advanced Practice Psychiatric Mental Health Nursing	3
NUR 723 - Advanced Practice Psychiatric Nursing I	6
NUR 724 - Advanced Practice Psychiatric Nursing II	4
NUR 632 – Comprehensive Patient Management I	2
NUR 633 – Comprehensive Patient Management II	2
Elective	3
TOTAL HOURS	20

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

TITLE: NUR 722 CLINICAL TOPICS IN ADVANCED PRACTICE PSYCHIATRIC MENTAL HEALTH NURSING

PLACEMENT: Fall 2002

CREDITS: 3 semester hours

TIME: Tuesday 3:00-6:00 p.m.

PLACE: 501A College of Nursing

PREREQUISITES: NUR 601

COURSE DESCRIPTION:

The focus of this course is on concepts, theories and research underlying advanced practice psychiatric nursing (APPN). The scope and standards of psychiatric-mental health nursing practice frame study of APPN functions – psychotherapy, psychopharmacology interventions, community interventions, case management activities and consultation-liaison activities. Epidemiology, definitions, and classification models for mental health and mental illness are explored as a base for ethical, clinical decision making in advanced psychiatric nursing practice. Psychological, biological, social, and cultural influences on coping responses of individuals and families across the lifespan for groups and communities of people/populations at risk are explored. Intervention models including prevention are introduced.

COURSE OBJECTIVES:

1. Compare and contrast the roles and functions of the APPN in health care, social, and political systems.
2. Evaluate theories related to the neuro/bio/behavioral aspects of mental illness.
3. Analyze and compare conceptual bases of commonly used definitions and classifications of mental illness used for clinical decision making in advanced practice psychiatric nursing.
4. Apply developmental, psychotherapeutic and psychobiological theories and models to guide advanced practice psychiatric nursing with individuals and families.
5. Identify risk factors and co-morbidities associated with psychiatric-mental health problems.

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TEACHING/LEARNING METHODS:

Lecture	Computer and web work
Discussion	Electronic communications
Small group work	Networking with local and regional APPN experts
Library research	

EVALUATION:

Evaluation of personal goals	=	20%
Networking report presentation	=	15%
Written paper	=	40%
Web assignment	=	15%
Active class participation	=	10%

GRADING SCALE:

90-100%	=	A
80-89%	=	B
70-79%	=	C
Below 69%	=	E

This course will provide you with the opportunity to explore and analyze in-depth a number of developments directly or indirectly related to advanced practice psychiatric mental-health nursing. Leadership is critical for shaping advanced and basic practice in the specialty, influencing the overall discipline, and advocating for consumers of psychiatric nursing. Coursework will involve significant individual and small group work, directed reading, computer methods, participation in networking opportunities, and in-class leadership and discussions.

Cheating and Plagiarism: Academic integrity is a core value at the University of Kentucky and strongly supported by faculty, staff, and students within the College of Nursing. Neither cheating nor plagiarism are acceptable in any form. Please refer to the *Student Rights and Responsibilities Handbook* for a detailed description of the University policies related to what constitutes cheating and plagiarism and how both are handled at the University. The College of Nursing adheres to these policies.

Assignments and Guidelines for Assignment Development

1. Evaluation of Personal Goals: Due: September 17

Review the goal statement that you submitted with your application to **one of the Psychiatric Mental Health curriculum options in the graduate program at the College of Nursing - Adult or Child and Adolescent Clinical Nurse Specialist (CNS) or Adult or Family Psychiatric and Mental Health Nurse Practitioner (PMHNP)**. **Analyze your goals within the context of the American Nurses Association. (2000). *Scope and standards of psychiatric-mental health nursing practice*. (PMH-20.5M). Washington, DC: American Nurses Publishing. Re-state your program goals using the functions of the APPN as a basis for your program objectives. For each of the APPN functions, support your objectives with a minimum of two (2) evidence-based articles about the CNS or PMHNP option that you are studying. (20% - 4-page overview; attach a copy of your original goal statement).**

2. Networking Report: Class Presentations, October 1

Explore ways that expert APPNs are functioning in practice. **Interview a Psychiatric Mental Health CNS and Psychiatric Mental Health NP who are in practice roles. In the class presentation, (a.) compare and contrast similarities and differences in the roles; (b.) identify areas of concern that they identify; (c.) describe their impact on nursing and healthcare; and (d) explain how their contributions and areas of concern compare with research and expert opinion articles required in course references. (15%)**

3. Written Paper: Due November 26 (Presentations on November 26 and December 3)

Select a program topic or psychiatric condition that you want to study. Explore the literature about your choice focusing on advanced psychiatric nursing as it relates to the CNS or NP practice option that you are studying. Compare and contrast ways that you would apply functions of two of the APPN roles described in the ANA scope and standards for Psychiatric-Mental Health practice. Based on the topic that you are exploring, identify either (a) the conceptual framework or model that you would use for program development or (b) two types of interventions that you would use in working with the population and condition of interest. In your discussion, include an overview of research findings that you would use to (a) support evidence-based practice and (b) evaluation or outcome measurement strategies. For paper development, use the 5th edition of the Publication Manual of the American Psychological Association, 2001 (40% - not to exceed 16-18 pages excluding title page, abstract, references, and appendix).

Suggested Outline for Written Paper:

- Title Page
- Abstract
- Content of Paper
 - Background information (1-1.5 pages)
 - Problem
 - Paper purpose
 - Literature review
 - The **program or psychiatric condition of interest** (6.5 - 7 pages)
 - The APPN: Roles (6.5 - 7 pages)
 - Discussion of APPN roles
 - Framework for Practice
 - Interventions
 - Evidence-based research
 - Measuring outcomes of evidence-based interventions
 - Summary (2-2.5 pages)
 - Recommendations
 - Conclusions
 - References
 - Appendix
 - Abstracts on web sites

4. Web Assignment Due November 26 with paper; (Overview of findings with paper presentation on November 26 and December 3)

Use information technology to explore national, regional, and local mental health issues related to the topic of your written paper. Show how APPNs could use information technology in **CNS or PMHNP practice**. Develop an abstract for the web sites that you explored and attach your document in an appendix to your major paper (**15%**).

REQUIRED TEXTS:

American Nurses Association. (2000). Scope and standards of psychiatric-mental health nursing practice. (PMH-20.5M). Washington, DC: American Nurses Publishing.

American Nurses Association. (1995). Nursing's social policy statement (NP-107.5M). Washington, DC: American Nurses Publishing.

Burgess, A.W. (1998). Advanced Practice Psychiatric Nursing. Stamford, CT: Appleton & Lange.

National Organization of Nurse Practitioner Faculties. (2003). *Psychiatric-mental health nurse practitioner competencies*. Washington, DC: National Organization of Nurse Practitioner Faculties.

Shea, C.A., Pelletier, L.R., Poster, E.C., Stuart, G.W., & Verhey, M.P. (1999). Advanced Practice Nursing in Psychiatric and Mental Health Care. St. Louis, MO: Mosby.

White, J.M., & Klein, D.M. (2002). *Family Theories* (2nd ed.).

RECOMMENDED TEXTS:

American Nurses Association. (1996). Scope and standards of advanced practice registered nursing (ADV-1.3M). Washington, DC: American Nurses Publishing.

American Psychiatric Association (4th ed.) (1994). Diagnostic and Statistical Manual of Mental Disorders. Washington, DC: Author.

Grohol, J.M. (2002). The Insider's Guide to Mental Health Resources Online. New York, NY: Guilford (www.guilford.com)

CONTENT OUTLINE:

- I. Frameworks for Practice
 - A. The social context of nursing
 - B. Scope of Advanced Registered Nursing
 - C. Code of Ethics
 - Ethical Decision Making
 - II. Scope of practice for Psychiatric-Mental Health Nursing Practice
 - A. Levels of clinical nursing practice
 - B. Advanced level Psychiatric-Mental Health Nursing Practice
 - Psychopharmacology interventions
 - Psychotherapy interventions
 - Community interventions
 - Case management activities
 - Consultation-liaison activities
 - Clinical supervisory activities
 - C. Roles in advanced practice
 - Clinical Nurse Specialist (CNS)
 - **Adult**
 - **Child and Adolescent**
 - Psychiatric-Mental Health Nurse Practitioner (PMH-NP)
 - **Adult**
 - **Family**
 - D. **Competencies**
 - **ANA Standards of Professional Performance**
 - **Psychiatric-Mental Health NP competencies**
 - E. Certification
 - Adult CNS
 - Child and adolescent CNS
 - Adult PMH-NP
 - Family PMH-NP
- III. Theories and Models for Advanced Psychiatric-Mental Health Nursing Practice
 - A. The family across the lifespan
 - B. Culturally competent care
 - C. Psychosocial therapies
 - D. Psychobiologic models
 - Psychopharmacology practice
 - E. Complementary therapies
 - F. Advocacy
- IV. Clinical Decision Making
 - A. Evidence-based practice
 - C. Practice guidelines
 - C. Managed behavioral healthcare
 - D. Outcome evaluation
 - E. Technology and information systems
- V. Common Mental Health Conditions Across the Lifespan
 - A. Children and adolescents
 - B. Young and middleaged adults
 - C. Older adults
 - D. Select diagnostic categories of the DSM-IV
 - Disorders of Infancy, Childhood, or Adolescence
 - Delirium, Dementia, and Amnestic and other Cognitive Disorders

- Substance-related Disorders
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Dissociative Disorders
- Personality Disorders
- Mental Disorders due to a Medical Condition

CLASS SCHEDULE AND TOPICS

September 3	- Introduction: Course overview - Ethical Decision Making
September 10	- Ethical Decision Making - The Social Context of Nursing
September 17	- Scope of Practice <ul style="list-style-type: none"> • Advanced Registered Nursing • Psychiatric-Mental Health Nursing Practice – CNS & NP options • GOALS PAPER DUE
September 24	- Scope of Psychiatric-Mental Health Nursing Practice cont.
October 1	- NETWORKING REPORTS
October 8	- Common Mental Health Conditions Across the Lifespan
October 15	- Exploring the Web: Programs for Mental Health Conditions NO CLASS
October 22	- Theories and Models <ul style="list-style-type: none"> • Culturally Competent Care • Family Issues Across the Lifespan
October 29	- Theories and Models <ul style="list-style-type: none"> • Psychosocial • Psychobiological • Complimentary
November 5	- Clinical Decision Making <ul style="list-style-type: none"> • Evidence-based Practice • Practice Guidelines
November 12	-Clinical Decision Making <ul style="list-style-type: none"> • Managed Behavioral Healthcare • Program Development & Evaluation • Consultation and staff education • Outcome Evaluation
November 19	- Common Mental Health Conditions Across the Lifespan: Co-existing mental and medical conditions
November 26	- Presentations: Program development and case studies - Paper and Web Assignment Due
December 3	- Presentations: Program development and case studies
December 10	- Summary - Course Evaluation

Important Dates:

September 2	- Labor Day, Academic holiday
October 4	- Fall Break, Academic holiday
October 21	- Midterm
November 28-30	- Thanksgiving, Academic holidays
December 13	- Last day of class
December 16-20	- Final examinations
December 20	- End of Fall semester

Suggested Web sites:

- www.aanp.org
 - www.aapa.org
 - www.allhealth.com
 - www.ispn-psych.org
 - www.mentalhealth.com
 - www.mentalwellness.com
 - www.mindbody.harvard.edu
 - www.myhealthcarescore.com
 - www.nami.org/lexington
 - www.nonpf.com
 - www.ouc.bc.ca/libr/connect96/search.htm
 - www.resperidal.com
 - www.surgeongeneral.gov
 - www.wellesley.edu/JBMTI/
- nurse practitioners
 - physician assistants
 - information on mental health including test center
 - professional organization
 - Canadian site, general information on mental health
 - mental health in general
 - non-profit scientific, educational organization to promote worldwide health and well-being
 - patient information on cost
 - consumer advocacy
 - **National Organization of NP Faculties**
 - reference resource for health
 - pharmaceutical company
 - surgeon general
 - Wellesley Centers for Women, including Stone Center and Center for Research on Women

REFERENCES

Suggested Outside Readings:

- Bailey, K.P. (2002). Choosing between atypical antipsychotics: Weighing the risks and benefits. Archives of Psychiatric Nursing, 16(3), S2-S11.
- Beaudin, C.L. (2001). Nursing professionals and career positioning in managed behavioral healthcare. Journal of Psychosocial Nursing, 39(5), 40-49.
- Boyd, M.R., & Mackey, M.C. (2000). Alienation from self and others: The psychosocial problems of rural alcoholic women. Archives of Psychiatric Nursing, 14(3), 134-141.
- Bush, C.T. (2000). Cultural competence: Implications of the Surgeon General's report on mental health. Journal of Child and Adolescent Psychiatric Nursing, 13(4), 177-178.
- Campbell, C.D., Musil, C.M., & Zuzniewskig, J.A. (1998). Practice patterns of advanced practice psychiatric nurses. Journal of the American Psychiatric Nurses Association, 4(4), 111-120.
- Casey, D.E. (2002). Atypical antipsychotics: Enhancing healthy outcomes. Archives of Psychiatric Nursing, 16(3), S12-S19.
- Chan, S., Mackenzie, A., & Jacobs, P. (2000). Cost-effectiveness analysis of case management versus a routine community care organization for patients with chronic schizophrenia. Archives of Psychiatric Nursing, 14(2), 98-104.
- Delaney, K.R., Chisholm, M., Clement, J., & Merwin, E.I. (1999). Trends in psychiatric mental health nursing education. Archives of Psychiatric Nursing, 13(2), 67-73.
- Disch, E., & Avery, N. (2001). Sex in the consulting room, the examining room, and the sacristy: Survivors of sexual abuse by professionals. American Journal of Orthopsychiatry, 71(2), 204-217.
- Donato, R., & Shanahan, M. (2001). The economics of child sex-offender rehabilitation programs: Beyond Prentky & Burgess. American Journal of Orthopsychiatry, 71(1), 131-139.
- Druss, B.G., Rosenheck, R.A., Desai, M.M., & Perlin, J.B. (2002). Quality of preventive medical care for patients with mental disorders. Medical Care, 40(2), 129-136.

- Ens, I.C. (1999). The lived experience of countertransference in psychiatric/mental health nurses. Archives of Psychiatric Nursing, 13(6), 321-329.
- Fenton, M.V., & Bryczynski, K.A. (1993). Qualitative distinctions and similarities in the practice of Clinical Nurse Specialists and Nurse Practitioners. Journal of Professional Nursing, 9(6), 313-326.
- Haack, M.R., & Yocom, C.J. (2002). State policies and nurses with substance use disorders. Journal of Nursing Scholarship, 34(1), 89-94.
- Henshaw, A.S. (2000). Nursing knowledge for the 21st century: Opportunities and challenges. Journal of Nursing Scholarship, 32(2), 117-123.
- Horsfall, J. (1997). Psychiatric nursing: Epistemological contraindications. Advances in Nursing Science, 20(1), 56-65.
- Howard, P.B., & Greiner, D. (1997). Constraints to advanced practice psychiatric-mental health nursing practice. Archives of Psychiatric Nursing, 10(4), 198-209.
- Johnson, B.S. (1998). The 5 R's of becoming a psychiatric nurse practitioner: Rationale, readying, roles, rules, and reality. Journal of Psychosocial Nursing, 36(9), 20-24.
- Kutlenios, R.M. (1998). Genetics and alcoholism: Implications for Advanced Practice Psychiatric-Mental Health Nursing. Archives of Psychiatric Nursing, 12(3), 154-161.
- McCabe, S. (2000). Bringing psychiatric nursing into the 21st century. Archives of Psychiatric Nursing, 14f(3), 109-116.
- McCabe, S., & Grover, S. (1999). Psychiatric Nurse Practitioner versus Clinical Nurse Specialist: Moving from debate to action on the future of Advanced Psychiatric Nursing. Archives of Psychiatric Nursing, 13(3), 111-116.
- Merwin, E., Greiner, D., Barrell, L., Clement, J., Chisholm, M., Delaney, K., Howard, P., & Poster, E. (1997). Advanced practice psychiatric nursing: A national profile. Archives of Psychiatric Nursing, 10(4), 182-183.
- Miracle, V., & King, K.C. (1994). Presenting research: Effective paper presentations and impressive poster presentations. Applied Nursing Research, 7(3), 147-157.
- Mitchell, P.H., Ferketich, S., & Jennings, B.M. (1998). Quality health outcomes model. Image: Journal of Nursing Scholarship, 30(1), 43-46.
- Morse, J.M., & Penrod, J. (1999). Linking concepts of enduring, uncertainty, suffering, and hope. Image: Journal of Nursing Scholarship, 31(2), 145-150.
- Peden, A., Hall, L.A., Rayens, M.K., & Beebe, L.L. (2000). Reducing negative thinking and depressive symptoms in college women. Journal of Nursing Scholarship, 32(2), 145-151.
- Prentky, R., & Burgess, A. (1990). Rehabilitation of child molesters: A cost-benefit analysis. American Journal of Orthopsychiatry, 60, 108-117.
- Pullen, L., Tuck, I., & Wallace, D.C. (1999). Research priorities in mental health nursing. Issues in Mental Health Nursing, 20(3), 217-227.
- Riesch, S.K., von Sadovszky, V., Norton, S., & Pridham, K.F. (2000). Moral reasoning among graduate students in nursing. Nursing Outlook, 48(2), 73-80.
- Rosenheck, R. (2000). Primary care satellite clinics and improved access to general and mental health services. Health Services Research, 35(4), 777-790.
- Rosswurm, M.A., & Larrabee. (1999). A model for change to evidence-based practice. Image: Journal of Nursing Scholarship, 31(4), 317-322.

- Safriet, B.J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. The Yale Journal on Regulation, 9(417), 417- .
- Seed, M.S.J. (1999). Identification and measurement of maladaptive behaviors in preschool children: Movement toward a preventive model of care. Journal of Child and Adolescent Psychiatric Nursing, 12(2), 61-69.
- Stein, K.F., & Hedger, K.M. (1997). Body weight and shape self-cognitions, emotional distress, and disordered eating in middle adolescent girls. Archives of Psychiatric Nursing, 11(5), 264-275.
- Symes, L. (2000). Arriving at readiness to recover emotionally after sexual assault. Archives of Psychiatric Nursing, 14(1), 30-38.
- Tappen, R.M., Williams-Burgess, C., Edelstein, J., Touhy, T., & Fishman, S. (1997). Communicating with individuals with Alzheimer's Disease: Examination of recommended strategies. Archives of Psychiatric Nursing, 11(5), 249-256.
- Thornton, K.A., & Tuck, I. (2000). Promoting the mental health of elderly African-Americans: A case illustration. Archives in Psychiatric Nursing, 14(4), 191-198.
- Tierney, J.A. (2000). Post-traumatic stress disorder in children: Controversies and unresolved issues. Journal of Child and Adolescent Psychiatric Nursing, 13(4), 147-158.
- U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General – Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Warren, B.J., & Lutz, W.J. (2000). A consumer-oriented practice model for psychiatric-mental health nursing. Archives of Psychiatric Nursing, 14(3), 117-126.
- White, J. (2000). The prevention of eating disorders: A review of the research on risk factors with implications for practice. Journal of Child and Adolescent Psychiatric Nursing, 13(2), 76-88.
- Zust, B.L. (2000). Effect of cognitive therapy on depression in rural, battered women. Archives of Psychiatric Nursing, 14(2), 51-63.
- Zuvekas, S.H., Banthin, J.S., & Selden, T.M. (2001). How would mental health parity affect the marginal price of care? Health Services Research, 35(6), 1207-1227.

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

NUR 723 Advanced Practice Psychiatric Nursing I

TITLE: Advanced Practice Psychiatric Nursing I

CREDITS: 6 (2 didactic, 4 clinical)

COURSE DESCRIPTION:

This course provides the opportunity for study of conceptual frameworks, theories, and research findings in clinical practice. The focus is on the psychotherapy and supervision functions of the Advanced Practice Psychiatric nurse. Expansion of practice, the scope of primary prevention, biological and pharmacological theories, and psychotherapy model for interventions with clients, families, and the community are emphasized. Clinical experiences and sites will reflect multicultural concerns and emerging trends in the delivery of psychiatric care. During clinical experiences, comprehensive psychiatric assessments, diagnosis of common psychiatric illnesses and interventions will be practiced. Supervision as a function of the Advanced Practice Psychiatric Nurse is incorporated in clinical work.

COURSE OBJECTIVES:

Didactic

- Study psychotherapeutic theories and models of care, including but not limited to psychoanalysis, behavior therapy, reality therapy, and cognitive therapy.
- Describe issues related to confidentiality, informed consent and their limitations.
- Identify common basic outcome measurement tools for use in Psychiatric/Mental Health care.

Clinical

- Identify ethnic and cultural aspects of accessing and collaborating with specific populations for mental health care.
- Study diagnostic categories and characteristics of specific psychiatric illnesses.
- Conduct comprehensive psychiatric histories as a foundation for formulating treatment plans that include psychotherapeutic treatment modalities.
- Identify boundary issues related to direct and indirect advanced practice.

FACULTY:

Didactic and Clinical

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Clinical

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BRIEF CONTENT OUTLINE:

I. Didactic

1. Orientation to Clinical Practice
 - A. Scope and Standards of Psychiatric-Mental Health Nursing practice
 - B. A biopsychosocial-spiritual approach

- C. Confidentiality, Informed Consent and their limitations
 - (1) Abuse, Duty to Warn, Commitments

2. Conducting a Clinical Interview
 - A. Diagnostic Interviewing
 - B. Structure of the Interview
 - C. Classification and Diagnosis
 - (1) DSM-IV
 - (2) Differential Diagnoses
 - D. Documenting the interview
3. Person-Centered Therapy
 - A. Development of Person-centered therapy
 - B. Basic Principles
 - C. Therapist attributes
 - D. Indications for use
 - E. Techniques
 - F. Research supporting model
4. Brief Solution-Focused Therapies
 - A. Principles of Brief Solution Focused Therapy
 - B. Therapist attributes
 - C. Indications for use
 - D. Benefits of this model
 - E. Commonly used techniques
 - F. Current Research
5. Cognitive-Behavioral Therapies
 - A. Principles of Cognitive-Behavioral Therapy
 - B. Therapist attributes
 - C. Indications for use
 - D. Benefits of this model
 - E. Commonly used techniques
 - F. Research supporting this model
6. Psychosocial Rehabilitation Models
 - A. Principles of Psychosocial Rehabilitation Models
 - (1) Recovery/Wellness
 - (2) Relapse
 - (3) Community Support
 - B. Research supporting this model
7. Complementary and Expressive Therapies
 - A. Common complementary therapies
 - (1) Herbals
 - (2) Meditation
 - (3) Relaxation and Exercise
 - (4) Therapeutic touch
 - B. Common expressive therapies
 - (1) Art, music, journaling, movement
 - C. Indications for use
 - D. Research supporting complementary and expressive therapies

TEACHING/LEARNING METHODS:

Lecture	Clinical Experience
Discussion	Clinical Supervision
Group Work	Guided Preceptorships
Self-Study	Clinical Conferences
Individual Conferences	Computer Information Systems

GRADING SCALE:

A	=	90-100
B	=	80-89
C	=	70-79
E	=	69 or below

EVALUATION:

1. Paper 40%
 - Select a population that you have worked with during this course. Discuss characteristics of the population including ethnic and cultural factors. Describe two nursing interventions useful in Advanced Practice nursing with this population along with APN functional roles related to the intervention. Describe your approach to measuring clinical outcomes of the intervention. *For students in the Adult or Family Psychiatric Nurse Practitioner, one of the interventions must be the pharmacological management of these clients. Paper due last class day.*

2. Clinical Portfolio 40%
 - Students are expected to develop a clinical portfolio that reflects weekly progress and clinical experience. The portfolio will be reviewed during supervision. ***Clinical experiences for case studies will be based on the student's practice option as follows:***
 - Adult Clinical Nurse Specialists: Placements for students who study the Adult CNS role and practice will be in settings where adults and elders are treated for psychiatric mental health problems. Practicum experiences will include patient care management with clients with co-existing conditions, staff development, and quality assurance programs. Facilitating patient care, staff development, and programs involving group therapy are emphasized.***
 - Child & Adolescent Clinical Nurse Specialist: Placements for students who study the Child and Adolescent CNS role and practice will be in inpatient and community settings including schools. The impact of co-existing condition on the client and family, group therapy for children and adolescents, and family therapy are emphasized.***
 - Adult Nurse Practitioner: Placements for students who study the Adult NP option will continue to be in either inpatient or outpatient settings where direct patient management is the focus of service. Group therapy is studied in term of adjunct to treatment since the primary focus of the practicum is case management of adult clients with co-existing conditions.***
 - Family Nurse Practitioner: Placement for students who study the Family NP role and practice will be in community mental health comprehensive care settings who serve clients of all age groups. Supplemental experiences will take place in age specific settings like children or adult personal care homes and long-term care settings. Case management of clients with co-existing conditions and family therapy are emphasized.***
 - The clinical portfolio will consist of two parts: a case study to be completed by the end of the semester and work that reflects weekly accomplishments. For the case study, students will select one client and develop a comprehensive case study. Assessment data, including physical health assessment and

available lab data, a complete psychosocial history, diagnosis, plan of care, medication management, therapeutic interventions, and outcome evaluation are to be included in the case study. ***Based on the clinical placement of students in the Clinical Specialists tracks, the case study may focus more broadly on patient care management and quality assurance. However, all advanced practice psychiatric nurses must be knowledgeable of therapeutic interventions (individual, family, group, and psychobiological).*** Weekly entries may include audiotaped interviews with clients, journal articles, examples of clinical writings (assessment, progress notes, etc.), drug information, and personal writings of your thoughts and feelings related to the client. To maintain client confidentiality, delete any identifying information (for example, client name). It is expected that by the end of the semester, each student will have compiled a portfolio of clinical information reflecting their clinical experiences.

(1) Clinical Experiences

Credit hour/clock hour ratio for this 4 credit hour clinical course is 1:4 to include clinical supervision time. These experiences and clinical supervision hours are designed to meet part of the eligibility requirements for ANCC certification examination as a nurse practitioner or clinical specialist in Psychiatric and Mental Health Nursing.

Clinical sites are selected on the basis of individual student needs, availability of preceptors, programs and appropriate client populations. Clinical experiences are guided and framed by the functions at the advanced level of psychiatric-mental health nursing practice. Therefore, sites may be inpatient, community based, or a combination of both. A successful clinical experience includes working with staff and developing an understanding of the system, as well as working directly with individual clients and client groups.

The focus of advanced level functions and roles are psychotherapy and psychobiological interventions. Individual psychotherapies are the focus of this practicum. Students may also gain initial skills in group therapy. Involvement in the study of program development and evaluation of client outcomes is also expected. In addition, case management activities are emphasized and community interventions and the consultation-liaison role are studied.

(2) Clinical Supervision

Effective clinical supervision is the key to enhancing and developing advanced clinical skills. It requires preparation, thought, and willingness to examine one's own interpersonal communication style, behaviors and feelings. The model for clinical supervision is based on ANCC guidelines:

To provide the opportunity for serious client case review that considers nursing assessment, diagnosis, intervention and evaluation in a practical and theoretical context. The goals of supervision are expansion of clinician's proficiency and assurance of quality client care (ANCC Catalogue, 1996, p. 29).

The standards of care outlined in the Scope and Standards of Psychiatric-Mental Health Nursing Practice (ANA, 2000) are the guiding framework for clinical work and clinical supervision. Supervisory contact will consist of individual or group format set at regular intervals and may include interim process recordings, audio or video tape, case note analysis, electronic communication, or other methods determined by the faculty conducting the clinical supervision.

3. Participation and Attendance 20%
(See Student Rights and Responsibilities Handbook for Attendance Policies)

REQUIRED TEXTS:

American Nurses Association (2000). Scope and standards of Psychiatric-Mental Health Nursing Practice. Washington, DC: American Nurses Publishing.

American Psychiatric Association. (1998). Desk Reference to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Washington, DC: Author.

Corsini, R.J., & Wedding, D. (Eds.). (1995). Current Psychotherapies (5th ed.). Itasca, IL: F.E. Peacock Publishers.

Keltner, N.L., & Folks, D.G. (2001). Psychotropic Drugs (3rd ed.). St. Louis: Mosby.

Shea, S. C. (1998). Psychiatric Interviewing: The Art of Understanding (2nd ed.). Philadelphia: W. B. Saunders Company.

Shea, C. A., Pelletier, L.R., Poster, E.C., Stuart, G. W., & Verhey, M. P. (1999). Advanced practice nursing in psychiatric and mental health care. St. Louis: Mosby.

RECOMMENDED TEXTS:

Keltner, N.L., Folks, D.G., Palmer, C.A., & Powers, R.E. (1998). Psychobiological Foundations of Psychiatric Care. St. Louis: Mosby

Class Schedule and Assignments

- January 16 Course Overview; Conducting a Clinical Interview (handout)
View Clinical Vignette – writing an assessment
HOMEWORK: Overview of DSM-IV – videos on reserve in 6th Floor Library
- January 23 Conducting Clinical Interview; Discussion of selected vignettes
Guest Speaker: Myra Poore ARNP-CS, MSN *Psychiatric Evaluation of children and adolescents*
Shea, Appendix III; Chapter 2
- January 30 Psychiatric Assessment continues; Clinical picture and differential diagnoses; Physical illnesses that resemble psychiatric illness; Clinical rating scales

Shea, Chapter 9

APA. (1994). DSM-IV. Appendix A: Decision tree for differential diagnoses. pp. 689-701; Appendix I: Outline for cultural formulation and glossary of culture-bound syndrome. pp. 843-849.

Klonoff, E A. & Landrine, H. (1997). Preventing misdiagnosis of women: A guide to disorders that have psychiatric symptoms. Thousand Oaks: Sage.
- February 6 Becoming a Therapist

Shea, Chapter 1; Corsini & Wedding, Chapter 1
Shea, Pelletier, Poster, Stuart, & Verhey, pp.185-190
- February 13 Person-Centered Therapies

Corsini & Wedding, Chapter 5
- February 20 Brief Solution Focused Therapies

Shea, Pelletier, Poster, Stuart, & Verhey, pp. 208-210

De Shazer et al (1986). Brief Therapy: Focused Solution Development. Family Process, 25, 207-221.

Fleming, J. S. & Rickord, B. (1997). Solution-focused brief therapy: One answer to managed mental health care. The Family Journal: Counseling and Therapy for Couples and Families, 5, 286-294
- February 27 Cognitive-Behavioral Therapies

Corsini & Wedding, Chapters 6, 7 & 8
Shea, Pelletier, Poster, Stuart, & Verhey, pp. 190-202

- March 6 Psychosocial Rehabilitation
- Adams, S. M., & Partee, D. J. (1998). Hope: The critical factor in recovery. Journal of Psychosocial Nursing, 36(4), 29-32.
- Moller, M. D., & Murphy, M. F. (Winter, 1997). The three R's rehabilitation program: A prevention approach for the management of relapse symptoms associated with psychiatric diagnoses. Psychiatric Rehabilitation Journal, 20(3), 42-48.
- March 13 Complementary and Expressive Therapies
Guest Speaker: Kathy Love ARNP-CS, MSN. *The Use of Music with Psychiatric Clients*
Shea, Pelletier, Poster, Stuart & Verhey, Chapter 11
Keltner & Folks Chapter 18
- March 20 SPRING BREAK
- March 27 Application of Therapeutic Interventions/Anxiety and Depression
Guest Speaker: Lori Molenaar, ARNP-CS, MSN ***Defying the odds: Multifaceted Treatment Issues of an African-American Female College Student with Bipolar Disorder and PTSD (a case study)***
- April 3 Psychopharmacology for anxiety and depression
Guest Speaker: Evelyn Parrish ARNP-CS, MSN ***Guidelines for Prescribing***
Shea, Pelletier, Poster, Stuart, & Verhey, Chapter 13
Keltner & Folks, Chapters 6 and 7
Bailey, K. P. (1999). Basic principles of psychopharmacologic treatment for advanced practice psychiatric nurses with prescriptive authority. Journal of Psychosocial Nursing, 37(4), 31-38.
- Hales, A., Karshmer, J., Montes-Sandoval, L., & Fiszbein, A. (1998). Preparing for prescriptive privileges: A CNS-Physician Collaborative Model. Expanding the scope of the psychiatric-mental health clinical nurse specialist. Clinical Nurse Specialist, 12(2), 73-80.
- April 10 Psychopharmacology for Schizophrenia
Guest Speaker: Lynne Weddle ARNP-CS, MSN *Guidelines for Prescribing*
Keltner & Folks, Chapters 5 and 17
- April 17 Application of Therapeutic Interventions/Addictions
A Case Presentation
Keltner & Folks, Chapters 12 and 15
Shea, pp. 655-658
- April 24 Abuse and Violence
A Case Presentation (Adult and Child/Adol)
Shea, pp. 495-511; 181-187

FINAL PAPER DUE

REFERENCES

ASSESSMENT

DeJong, P., & Miller, S. D. (November 1995). How to interview for client strengths. Social Work, 40(6), 729-736.

Hardin, S. B., & Durham, J. D. (May 1985). First rate. Journal of Psychosocial Nursing, 23(5), 9-15.

BRIEF SOLUTION FOCUSED THERAPIES

Barker, P. (May 13-19, 1998). Solution-focused therapies. Nursing Times, 94(19), 53-55.

Bonnington, S. B. (November 1993). Solution-focused brief therapy: Helpful interventions for school counselors. The School Counselor, 41, 126-128.

Brimblecombe, N. (1995). The use of brief therapy as part of the nursing care plan. Nursing Times, 91(35), 34-35.

Browne, J. A., & Shultis, J. D. (1999). Solution-focused approaches to tobacco reduction with disadvantaged prenatal clients. Journal of Community Health Nursing, 16(3), 165-177.

Chandler, M. C., & Mason, W. H. (January-March 1995). Solution-focused therapy: An alternative approach to addictions nursing. Perspectives in Psychiatric Care, 31(1), 8-13.

DeShazer, S., Berg, I. K., Lipshik, E., Nunnally, E., Molnar, A., Gingerich, W., Weiner-Davis, M. (June 1986). Brief therapy: Focused solution development. Family Process, 25, 207-221.

Dielman, M. B., & Franklin, C. (October 1998). Brief solution-focused therapy with parents and adolescents with ADHD. Social Work in Education, 20(4), 261-268.

Fleming, J. S., & Rickord, B. (October 1997). Solution-focused brief therapy: One answer to managed mental health care. The Family Journal: Counseling and Therapy for Couples and Families, 5(4), 286-294.

Lee, M.-Y., Greene, G. J., & Rhienscheld, J. (1999). A model for short-term solution-focused group treatment of male domestic violence offenders. Journal of Family Social Work, 3(2), 39-57.

Mason, W. H., Breen, R. Y., & Whipple, W. R. (1994). Solution-focused therapy and inpatient psychiatric nursing. Journal of Psychosocial Nursing, 32(10), 46-49.

Montgomery, C.L., & Webster, D. (1994). Caring, curing, and brief therapy: A model for nurse-psychotherapy. Archives of Psychiatric Nursing, 8(5), 291-297.

Nunnally, E., & Lipshik, E. (1990). Some uses of writing in solution focused brief therapy. In P. Kelley (Ed.) The uses of writing in psychotherapy, (pp. 5-19). Binghamton: Haworth Press.

Osborne, C. J. (Fall 1997). Does disease matter? Incorporating solution-focused brief therapy in alcoholism treatment. Journal of Alcohol and Drug Education, 43(1), 18-30.

Sandeman, D. (September 1997). The role of solution focused therapy. Mental Health Nursing, 17(5), 16-19.

Vaughn, K., Webster, D. C., Orahod, S., & Young, B. C. (1995). Brief inpatient psychiatric treatment: Finding solutions. Mental Health Nursing, 16, 519-531.

Wales, P. (April 15-21, 1998). Solution-focused brief therapy in primary care. Nursing Times, 94(15), 48-49.

Webster, D. C., & Vaughn, K., Webb, M., & Playter, A. (1995). Modeling the client's world through brief solution-focused therapy. Mental Health Nursing, 16, 505-518.

COGNITIVE BEHAVIORAL

Davis, D. L., & Boster, L. H. (November-December 1992). Cognitive-behavioral-expressive interventions with aggressive and resistant youths. Child Welfare League of America, LXXI(6), 557-573.

Elliott, R., Shapiro, D. A., Firth-Cozens, J., Stiles, W. B., Hardy, G. E., Llewelyn, S. P., & Marogison, F. R. (1994). Journal of Counseling Psychology, 41(4), 449-463.

Miller, C. R., Eisner, W., & Allport, C. (August 1994). Creative coping: A cognitive-behavioral group for borderline personality disorder. Archives of Psychiatric Nursing, VIII(4), 280-285.

Reynolds, S., Stiles, W., Barkham, M., Shapiro, D. A., Hardy, G. E., & Rees, A. (1996). Acceleration of changes in session impact during contrasting time-limited psychotherapies. Journal of Consulting and Clinical Psychology, 64(3), 577-586.

DIALECTICAL BEHAVIOR THERAPY

Linehan, M. M. (1997). Dialectical behavior therapy (DBT) for borderline personality disorder. Journal of the California Alliance for the Mentally Ill, 8(1), 44-46.

Simpson, E. B., Pistorello, J., Begin, A., Costello, E., Levinson, J., Mulberry, S., Pearlstein, T., Rosen, K., & Stevens, M. (May 1998). Use of dialectical behavior therapy in a partial hospital program for women with borderline personality disorder. Psychiatric Services, 49(5), 669-673.

EXPRESSIVE THERAPIES

Esplen, M. J., Toner, B., Hunter, J., Glendon, G., Butler, K., & Field, B. (May 1998). A group therapy approach to facilitate integration of risk information for women at risk for breast cancer. The Canadian Journal of Psychiatry, 43(4), 375-380.

Harper-Jaques, S., & Masters, A. (1994). Written communication with survivors of sexual abuse. Journal of Psychosocial Nursing, 32(8), 11-16.

Heiney, S. P., & Darr-Hope, H. (July/August 1999). Healing icons: Art support program for patients with cancer. Cancer Practice, 7(4) 183-189.

Higdon, J. F. (November 1990). Expressive therapy in conjunction with psychotherapy in the treatment of persons with multiple personality disorder. The American Journal of Occupational Therapy, 44(11), 991-993.

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Traugher-Querry, B., & Haghighi, K. R. (1999). Balancing the focus: Art and music therapy for pain control and symptom management in hospice care. The Hospice Journal, 14(1), 25-37

INTERPERSONAL THERAPY

Elliott, R., Shapiro, D. A., Firth-Cozens, J., Stiles, W. B., Hardy, G. E., Llewelyn, S. P., & Marogison, F. R. (1994). Journal of Conseling Psychology, 41(4), 449-463.

Mackay, H. C., & Barkham, M., & Stiles, W. B. (1998). Staying with the feeling: An anger event in psychodynamic-interpersonal therapy. Journal of Counseling Psychology, 45(3), 279-289.

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Young, M. E. & Bemak, F. (1996). Role of emotional arousal and expression. Journal of Mental Health Counseling, 18(4), 316-332.

PSYCHOSOCIAL REHABILITATION

Adams, S. M., & Jenkins Partee, D. (1998). Hope: The critical factor in recovery. Journal of Psychosocial Nursing, 36(4), 29-32.

Bradshaw, T., & Haddock, G. (1998). Is befriending by trained volunteers of value to people suffering from long-term mental illness. Journal of Advanced Nursing, 27, 713-720.

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Chan, S., Mackenzie, A., Ng, D. T.-F., & Leung, J. K.-Y. (2000). An evaluation of the implementation of case management in the community psychiatric nursing service. Journal of Advanced Nursing, 31(1), 144-156.

Cogan, J. C. (Fall 1998). The consumer as expert: Women with serious mental illness and their relationship-based needs. Psychiatric Rehabilitation Journal, 22(2), 142-154.

Moller, M. D., & Murphy, M. F. (Winter 1997). The three R's rehabilitation program: A prevention approach for the management of relapse symptoms associated with psychiatric diagnoses. Psychiatric Rehabilitation Journal, 20(3), 42-48.

Montgomery, P., & Johnson, B. (1998). Chronically mentally ill individuals re-entering the community after hospitalization. Journal of Psychiatric and Mental Health Nursing, 5, 497-503.

Warren, B. J., & Lutz, W. J. (June 2000). A consumer-oriented practice model for psychiatric mental health nursing. Archives of Psychiatric Nursing, XIV(3), 117-126.

For More Clinical Information, the following resources are suggested.

ANXIETY AND PHOBIC DISORDERS

View Vignettes 1-2 Joan, 1-4 Marcella; 1-7 John; 2-3 Pat; (DSM-IV Videotaped Clinical Vignettes – On Reserve, 6th Floor Library)

WEB Sites: **Cochrane Depression Anxiety and Neurosis Group**
<http://hiru.mcmaster.ca/cochrane/cochrane/revabstr/g240index.htm>

Psychological Disorders <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>

Psychopharmacology <http://cp.gsm.com/> (this requires registering but is FREE)

Childhood Anxiety Disorders – from Medscape Mental Health
<http://www.medscape.com/Medscape/ps...n05/mh1016.alli/mh1016.alli—01.html>

Review appropriate sections in the DSM-IV

Osborne, R. E., Lafuze, J. & Perkins, D. (2000). Case Analyses for Abnormal Psychology – Learning to look beyond symptoms. Chapters 8, 11 and 13.

For Fun: View *As Good as it Gets*; *Nurse Betty* – the characters in these popular movies have anxiety disorders.

PERSONALITY DISORDERS

Readings: Shea (1998). Psychiatric Interviewing: The Art of Understanding, 2nd Edition, Chapter 7, pp 365-440

Greene, H., & Ugarrizza, D.N. (1995). Borderline Personality Disorder: History, Theory, and Nursing Intervention. Journal of Psychosocial Nursing, 33, 26-30.

Fall, K.A., & Craig, S. E. (1998). Borderline Personality in Adolescence: An Overview for Counselors. Journal of Mental Health Counseling, 20, pp 315-317.

Amey, S.E. (1996). Transitional objects, phenomena, and relatedness: Understanding and working with individuals with borderline personality disorder. Journal of the American Psychiatric Nurses Association, 2(5), 143-151.

WEB sites: **Psychological Disorders** <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>

Osborne, Lafuze & Perkins Chapter 7 and 14

Review appropriate sections in the DSM-IV

SEVERE MENTAL ILLNESS

Reading: Shea (1998). Psychiatric Interviewing: The Art of Understanding, 2nd Edition, Chapter 6. pp 285-364.

View Clinical Vignettes: 1-1 Mike; 2-1 Jerry; Osborne, Lafuze & Perkins Chapter 5

Review appropriate sections in the DSM-IV

WEB sites: **Psychological Disorders** <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>
Cochrane Schizophrenia Group
<http://hiru.mcmaster.ca/cochrane/cochrane/revabstr/g060index.htm>

DEPRESSION AND MOOD DISORDERS

Readings: Shea (1998). Psychiatric Interviewing: The Art of Understanding, 2nd Edition, Chapter 5, pp 225-284; and Chapter 8, pp 443-514

Osborne, Lafuze & Perkins Chapters 5 and 6

Walsh, J. (1998). The Clinical Case Management of Clients with Major Depression. Journal of Case Management, 7(2), pp. 53-61.

O'Toole, S.M., & Johnson, D.A. (1997). Psychobiology and psychopharmacotherapy of unipolar major depression: A review. Archives of Psychiatric Nursing, 11(6), 304-313.

View Vignettes 1-3 Mel; 1-5 Max; 2-6 Susan

Review appropriate sections in the DSM-IV

WEB Sites: **Cochrane Depression Anxiety and Neurosis Group**
<http://hiru.mcmaster.ca/cochrane/cochrane/revabstr/g240index.htm>
Psychological Disorders <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>
Psychopharmacology <http://gsm.com/> (this requires registering but is FREE)
Guide to Antidepressant Selection <http://lib-sh.lsumc.edu/fammed/intern/antidepr.html>

For Fun – View *Ordinary People*, *'night Mother*, or *Dead Poet's Society*

SUBSTANCE ABUSE AND DUAL DIAGNOSIS

View Vignette 1-6 Eddie

Osborne, Lafuze & Perkins Chapter 12

Psychological Disorders <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>

For Fun: View 28 Days

EATING DISORDERS AND OTHER PROBLEMS OF ADOLESCENTS

View Vignette 2-7 Karen

Riggin, O.Z. (1993). Adolescent substance abuse: Prevalence, assessment, prevention, and treatment. Nurse Practitioner Forum, 4(4), 207-215.

Osborne, Lafuze & Perkins Chapter 10

Psychological Disorders <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>

AUTISM AND OTHER PROBLEMS OF CHILDHOOD

Osborne, Lafuze & Perkins Chapter 9

Glod, C.A. (1993). Long-term consequences of childhood physical and sexual abuse. Archives of Psychiatric Nursing, 7(3), 163-173.

Psychological Disorders <http://www.tulsa.oklahoma.net/~jnichols/disorders.html>

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Revised: PH/jb
4/30/01
Revised: PH/jb
4/12/02

**UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING**

TITLE: NUR 724 - Advanced Practice Psychiatric Nursing II

PLACEMENT: **Fall**

CREDITS: 4 (2 didactic; 2 clinical)

TIME: **Tuesday, 3:00-5:50 p.m.**
Clinical Conference, 3:00-3:50 p.m.
Course Lecture, 4-5:50 p.m.

PLACE: **501A CON**

PRE- OR CO-REQUISITES: NUR 723; NUR 652; or Consent of Instructor

COURSE DESCRIPTION:

This course builds on knowledge and skills acquired in NUR 723 (Practicum I) and provides the student with the opportunity to integrate and apply knowledge acquired in other course work. Theory of group therapy structure and process, practice models, and collaboration with mental health consumer/advocacy groups are introduced and emphasized to fit with emerging health care delivery systems. Mental health policy and practice implications are reviewed as well as the fiscal consequences of public policy on mental health service delivery. Diagnosis of common physical illnesses that mimic psychiatric illness and common psychiatric symptoms that occur in physical illness are studied. Ethical dilemmas in practice are studied.

OBJECTIVES:

- Discuss the history, research, structure, and process of group therapy.
- Identify legal and ethical issues in Advanced Practice Psychiatric Nursing.
- Study underlying principles, developmental stages, methodologies, and ethical principles for group therapy and group leaders.
- Evaluate common physical illnesses that mimic psychiatric illness and treatment of psychiatric illnesses that may have an impact on physical health.
- Demonstrate performance of differential diagnosis of dual disorders including physical/mental illness.
- Make referrals for physical symptoms/illness and provide follow-up care
- Demonstrate principles of individual and group therapies

FACULTY:

Didactic and Clinic
Dr. Patricia B. Howard
Room 563 CON Building
859-323-6332
pbhowa00@uky.edu

Clinical
Dr. Ann R. Peden
Room 535 CON Building
859-323-6292
arpede01@uky.edu

BRIEF CONTENT OUTLINE:

- I. Advanced Practice Psychiatric Nursing in Contemporary Society
 - A. Standards of Practice
 - B. Legal and Ethical Issues
 - C. Families in the 21st Century
 - D. Differentiate among and between the CNS and NP roles.**
 - a. Adult CNS**
 - b. Child & Adolescent CNS**
 - c. Adult NP**
 - d. Family NP**

- II. Group Therapy
 - A. History, background, and research
 - B. Ethical considerations
 - C. Principles of group therapy
 - D. Therapeutic factors
 - E. Special techniques in group therapy
 - F. Group psychotherapy process issues

- III. Family Therapy
 - A. History and background
 - B. Classic Models
 - (1) Satir: Growth-oriented Experiential Approach
 - (2) Bowen: The Family Emotional System
 - (3) Minuchin: Structural Model

- IV. Special populations
 - A. The suicidal patient
 - B. Co-existing conditions
 - (1) Chemical dependency and mental illness
 - (2) Medical conditions and mental illness
 - C. Victims of violence and abuse
 - D. Mental illness and the family

- V. Advanced Practice Psychiatric Nursing in Primary Mental Health Care case studies.
 - A. Anxiety Disorders
 - B. Personality Disorders
 - C. Schizophrenia and other Psychotic Disorders
 - D. Mood Disorders
 - E. Substance Related Disorders
 - F. Delirium, Dementia, and Amnestic and other Cognitive Disorders
 - G. Mental Disorders due to a General Medical Condition
 - a. Other DSM-IV Disorders

Program development

- **Staff Development**
- **Quality Assurance**
- **Patient Programs**

METHODS OF TEACHING/LEARNING:

- | | | |
|-------------------------------------|-------------------------------|-----------------------|
| -Lecture | -Individual Conferences | -Clinical Practice |
| -Self-study | -Group Conferences | -Clinical Supervision |
| -Audio-Visual Aids
Presentations | -Internet/Computer Self-study | -Case Studies and |

1. Clinical Experiences

Clinical sites are selected on the basis of individual students needs, availability of preceptors, programs and appropriate client populations. Sites may be inpatient, community based, or a combination of both. A successful clinical experience includes working with staff and developing an understanding of the system, as well as working directly with individual clients and client groups. Students will continue to develop individual counseling skills while gaining additional skills as a group leader with selected groups. Case management activities with clients who have psychiatric disorders and co-existing conditions are emphasized in clinical work and supervision. Increased involvement in program development and evaluation is expected.

2. Clinical Supervision*

The model for clinical supervision is consistent with the American Nurses Credentialing Center model for Advanced Practice Psychiatric Nursing.

Purpose: to provide the opportunity for serious client case review that considers nursing assessment, diagnosis, intervention, evaluation and referral, if indicated, in a practical way based on a theoretical concept. The goals of supervision are expansion of clinicians' proficiency and assurance of quality client care. The student will evaluate proficiency and quality of care according to guidelines of the Scope and Standards of Psychiatric-Mental Health Nursing Practice (ANA, 2000, p. 28-50).

Facets of supervision:

- clinicians professional development
- client confidentiality
- integration of theory, therapeutic skill, and differential diagnoses
- individual, couple, family or system as client
- autonomy in clinical practice
- collaboration, consultation, and referral
- Type of supervision contact
 - face-to-face (may include closed circuit television)*
 - teleconference
 - electronic communication

*Because this course is part of an academic program, face-to-face supervision is conducted except in unusual situations. Excused absences are to be negotiated with faculty.

GRADING SCALE:

- A = 90-100
- B = 80-89
- C = 70-79
- E = 69 or below

EVALUATION:

1. Case Studies in Clinical Practicum
30%

Comprehensive case studies from clinical experience of clients with co-existing conditions will be used across the semester in clinical supervision; evaluation will be based on techniques and skills used in case management. **Clinical experiences for case studies will be based on the students' practice option as follows:**

- **Adult Clinical Nurse Specialists:** Placements for students who study the Adult CNS role and practice will be in settings where adults and elders are treated for psychiatric mental health problems. Practicum experiences will include patient care management with clients with co-existing conditions, staff development, and quality assurance programs. Facilitating patient care, staff development, and programs involving group therapy are emphasized.
- **Child & Adolescent Clinical Nurse Specialist:** Placements for students who study the Child and Adolescent CNS role and practice will be in inpatient and community settings including schools. The impact of co-existing condition on the client and family, group therapy for children and adolescents, and family therapy are emphasized.
- **Adult Nurse Practitioner:** Placements for students who study the Adult NP option will continue to be in either inpatient or outpatient settings where direct patient management is the focus of service. Group therapy is studied in terms of adjunct to treatment since the primary focus of the practicum is case management of adult clients with co-existing conditions.
- **Family Nurse Practitioner:** Placement for students who study the Family NP role and practice will be in community mental health comprehensive care settings who serve clients of all age groups. Supplemental experiences will take place in age specific settings like children or adult personal care homes and long-term care settings. Case management of clients with co-existing conditions and family therapy are emphasized.

Grades for the assignment will be awarded by the student's College of Nursing clinical faculty in the course.

2. Program Development or Case Study Presentations
20%

The CNS has the option of selecting a Program Development or Case Study presentation. NP students must develop a case study of a client with a co-existing condition.

The Program Development option is to be based on a staff development or quality assurance project that is conducted across the semester during the clinical practicum. Preceptors with expertise in the area of interest are encouraged to participate in the seminar presentation. Criteria for the topic are:

- **Work with a CNS preceptor on a project that involves (a) clients who have co-existing conditions OR (b) development of a specific staff development program on co-existing conditions, OR (C) development of a group therapy intervention, or (d) a quality assurance program for monitoring programs involving co-existing conditions or group therapy.**
- **Lead seminar about the Program Development Project at the designated class time**
- **Identify relevant readings a minimum of one week before the presentation; use of required texts is encouraged.**

The case study presentation is to be based on a client the student works with in the clinical practicum. Seminar presentation dates will be made early in the semester. Preceptors or individuals with special knowledge and skill are encouraged to participate in the seminar preparation and delivery. Criteria for topic:

- a. Select a client with a condition listed in the syllabus content outline, item V, who has a dual diagnosis.
- b. Lead the designated class on the case study of the client with a co-existing mental illness and medical or chemical abuse condition.
- c. Identify relevant readings a minimum of one week before the presentation; use of required texts for the course is encouraged.
- d. Distribute relevant discussion questions for class members a minimum of one week prior to presentation.
- e. Facilitate discussion in class.
 - e. Solicit evaluation from class members, clinical faculty, preceptor or others who assist in the presentation development and/or delivery

3. Clinical Paper: Due Tuesday, December 16
35%

The clinical paper offers the student an opportunity to explore and analyze a particular concept or issue of concern in advanced practice psychiatric nursing. Preferably, the concept or issue will be related to the case study. The paper will include a description of the concept or issue, critical review of the literature, framework for decision-making, proposed interventions emphasized for evidence-based practice if indicated, and a discussion of implications and recommendations for practice, education, policy, and research.

Criteria for grading:

-Instructor approved topic

-Typewritten, according to APA 5th edition, not to exceed 14 pages excluding abstract, references, tables or figures

-Reference list

4. Active participation during seminars
15%

REQUIRED TEXTS:

American Nurses Association (2000). *Scope and Standards of Psychiatric-Mental Health Nursing Practice*. Washington, DC: Author.

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Bongar, B., Berman, A.L., Maris, R.W., Silverman, M.M., Harris, E.A., & Packman, W.L. (Eds.). (1998). *Risk management with suicidal patients*. New York, NY: Guilford.

Mueser, K.T., Noordsy, D.L., Drake, R.E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. New York, NY: Guilford Press.

Stern, T.A., Herman, J.B., & Slavin, P.L. (1998). *The MGH guide to psychiatry in primary care*. New York: McGraw Hill.

Walsh, F. (Ed.). (2003). *Normal family processes*. New York, NY: Guilford Press.

Yalom, I.D. (1998). *The Yalom Reader*. New York: Persus Basic Books.

RECOMMENDED TEXTS:

Klonoff, E.A., & Landrine, H. (1997). *Preventing misdiagnosis of women: A guide to physical disorders that have psychiatric symptoms*. Thousand Oaks, CA: Sage.

Sederer, L.I., & Dickey, B. (Eds.). (1996). *Outcomes Assessment in Clinical Practice*. Baltimore: Williams & Wilkins.

Shea, C.S. (1998). *Psychiatric interviewing the art of understanding* (2nd ed.). New York: W.B. Saunders.

SELECT REFERENCES:

Abbey, S., & Farrow, S. (1998). Group therapy and organ transplantation. International Journal of Group Psychotherapy, 48(2), 163-185.

Allan, R., & Scheidt, S. (1998). Group psychotherapy for patients with coronary heart disease. International Journal of Group Psychotherapy, 48(2), 187-214.

Armstrong, D.S. (2002). Emotional distress and prenatal attachment in pregnancy after perinatal loss. Journal of Nursing Scholarship, 34(4), 339-345.

Becker, M., Stiles, P., & Schonfeld, L. (2002). Mental health service use and cost of care for older adults in assisted living facilities: Implications for public policy. Journal of Behavioral Health Services & Research, 29(1), 91-98.

Blumberg, S.H. (2002). Crisis intervention program: An alternative to inpatient psychiatric treatment for children. Mental Health Services Research, 4(1), 1-6.

Boothroyd, R.A., Shern, D.L., & Bell, N.N. (2002). The effect of financial risk arrangements on service access and satisfaction among Medicaid beneficiaries. Psychiatric Services, 53(3), 299-303.

Boughn, S., & Holdom, J.J. (2003). The relationship of violence and Trichotillomania. Journal of Nursing Scholarship, 35(2), 165-170.

Byrnes, E.I., Hansen, K.G., Malloy, T.E., Carter, C., & Curry, D. (1999). Reductions in criminality subsequent to group, individual, and family therapy in adolescent residential and day treatment settings. International Journal of Group Psychotherapy, 49(3), 307-322.

Chien, C.F., Steinwachs, D.M., Lehman, A., Fahey, M., & Skinner, E.A. (2000). Provider continuity and outcomes of care for persons with schizophrenia. Mental Health Services Research, 2(4), 201-211.

Cohen, B.D., & Ettin, M.F. (1999). Self-structure and self-transformation in group psychotherapy. International Journal of Group Psychotherapy, 49(1), 61-83.

Dickey, B., & Sharon-Lise, T.N., Hermann, R.C., Eisen, S.V., Cortes, D.E., Cleary, P.D., & Ware, N. (2003). Guideline recommendations for treatment of schizophrenia. Archives of General Psychiatry, 60, 340-348. [online] Available: www.archgenpsychiatry.com

DiPalma, L.M. (1994). Patterns of coping and characteristics of high-functioning incest survivors. Archives of Psychiatric Nursing, 8(2), 82-90.

Draper, B.M. (2000). The effectiveness of the treatment of depression in the physically ill elderly. Aging and Mental Health, 4(1), 9-20.

Finfgeld, D.L. (2002). Anorexia nervosa: Analysis of long-term outcomes and clinical implications. Archives of Psychiatric Nursing, 16(4), 176-186.

Fisher, S.E., & Vaughn-Cole, B. (2003). Similarities and differences in clients treated and in medications prescribed by APRNs and Psychiatrists in a CMHC. Archives of Psychiatric Nursing, 17(3), 101-107.

Freimuth, M. (2000). Integrating group psychotherapy and 12-step work: A collaborative approach. International Journal of Group Psychotherapy, 50(3), 297-314.

Gans, J.S., & Alonso, A. (1998). Difficult patients: Their construction in group therapy. International Journal of Group Psychotherapy, 48(3), 311-336. (See syllabus references: Schlachet, [1998]; and Wright, [1998].)

Gans, J.S., & Counselman, E.F. (2000). Silence in group psychotherapy: A powerful communication. International Journal of Group Psychotherapy, 50(1), 71-86.

Guseva, O.V., Iovlev, B.V., & Schelkova, O. Lu. (2002). Combined (individual and group) psychodynamic psychotherapy in the rehabilitation of schizophrenic patients. International Journal of Mental Health, 31(2), 61-67.

Hauenstein, E.J. (2003). No comfort in the rural south: Women living depressed. Archives of Psychiatric Nursing, 17(1), 3-11.

Howard, P.B., Clark, J.J., Rayens, M.K., Hines-Martin, V., Weaver, P., & Littrell, R. (2001). Consumer satisfaction with services in a regional psychiatric hospital: A collaborative research project in Kentucky. Archives of Psychiatric Nursing, 15(1), 10-23.

Huff, E.D. (2000). Outpatient utilization patterns and quality outcomes after first acute episode of mental health hospitalization. Evaluation and the Health Professions, 23(4), 441-456.

Hutchinson, A.B., & Foster, E.M. (2003). The effect of Medicaid managed care on mental health care for children: A review of the literature. Mental Health Services Research, 5(1), 39-54.

Jennings, B.M., & Loan, L.A. (2001). Misconceptions among nurses about evidenced-based practice. Journal of Nursing Scholarship, 33(2), 121-127.

Jervis, L.L. (2002). Contending with "problem behaviors" in the nursing home. Archives of Psychiatric Nursing, 16(1), 32-38.

Jones, S. (2002). A neglected aspect of a new responsibility. Archives of Psychiatric Nursing, 16(4), 147-148.

Jonker, B., & Hamrin, V. (2003). Acute stress disorder in children related to violence. Journal of Child and Adolescent Psychiatric Nursing, 16(2), 41-51.

Kaas, M.J., Dehn, D., Dahl, D., Frank, K., Markley, J., & Herbert, P. (2000). A view of prescriptive practice collaboration: Perspectives of Psychiatric-Mental Health Clinical Nurse Specialists and Psychiatrists. Archives of Psychiatric Nursing, 14(5), 222-234.

Kelly, J.A. (1998). Group psychotherapy for persons with HIV and AIDS-related illnesses. International Journal of Group Psychotherapy, 48(2), 143-162.

Keltner, N.L., Zielinski, A.L., & Hardin, M.S. (2001). Drugs used for cognitive symptoms of Alzheimer's Disease. Perspectives in Psychiatric Care, 37(1), 31-34.

* Kessler, R.C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K.R., Rush, A.J., Walters, E.E., & Wang, P.S. (2003). The epidemiology of major depressive disorder – results from the National Comorbidity Survey Replication (NCS-R). Journal of the American Medical Association, 289(23), 3095-3105.

Kotsiubinskii, A.P. (2002). A biopsychosocial model of schizophrenia. International Journal of Mental Health, 31(2), 51-60.

*Required Reading

Kurlowicz, L.H. (2001). Benefits of psychiatric-consultation-liaison nurse interventions for older hospitalized patients and their nurses. Archives of Psychiatric Nursing, 15(2), 53-61.

Leszcz, M., & Goodwin, P. (1998). The rationale and foundations of group psychotherapy for women with metastatic breast cancer. International Journal of Group Psychotherapy, 48(2), 245-273.

Longstretch, G.F., Mason, C., Schreiber, I.G., & Tsao-Wei, D. (1998). Group psychotherapy for women molested in childhood: Psychological and somatic symptoms and medical visits. International Journal of Group Psychotherapy, 48(4), 533-541.

Lyon, D.E., & Younger, J.B. (2001). Purpose in life and depressive symptoms in persons living with HIV disease. Journal of Nursing Scholarship, 33(2), 129-133.

Mandell, D.S., Boothroyd, R.A., & Stiles, P.G. (2003). Children's use of mental health services in different Medicaid insurance plans. The Journal of Behavioral Health Services and Research, 30(2), 228-237.

Mandell, D.S., Listerud, J., Levy, S.E., & Pinto-Martin, J. (2002). Race differences in the age at diagnosis among Medicaid-eligible children with autism. Journal of the Academy of Child and Adolescent Psychiatry, 41(12), 1447-1453.

McCabe, S. (2002). The nature of psychiatric nursing: The intersection of paradigm, evolution, and history. Archives of Psychiatric Nursing, 16(2), 51-60.

McCall, N.T., Parks, P., Smith, K., Pope, G., & Griggs, M. (2002). The prevalence of major depression or dysthymia among aged Medicare fee-for-service beneficiaries. International Journal of Geriatric Psychiatry, 17, 557-565.

McGlynn, E.A., Asch, S.M., Adams, J., Keesey, J., Hicks, J., DeCristofaro, A., & Kerr, E.A. (2003). The quality of health care delivered to adults in the United States. New England Journal of Medicine, 348(26), 2635-2645. [online] Available: www.NEJM.org (downloaded on July 1, 2003).

Melfi, C.A., Croghan, T.W., Hanna, M.P., & Robinson, R.L. (2000). Racial variation in antidepressant treatment in a Medicaid population. Journal of Clinical Psychiatry, 61(1), 16-21.

Menzies, V. (2000). Depression and burn wounds. Archives of Psychiatric Nursing, 14(4), 199-206.

Mordoch, E., & Hall, W.A. (2002). Children living with a parent who has a mental illness: A critical analysis of the literature and research implications. Archives of Psychiatric Nursing, 16(5), 208-216.

Morrissey, J.P., Stroup, T.S., Ellis, A.R., & Merwin, E. (2002). Service use and health status of persons with severe mental illness in full-risk and no-risk Medicaid programs. Psychiatric Services, 53(3), 293-298.

Patel, N.C., Sanchez, R.J., Johnsrud, M.T., & Crismon, M.L. (2002). Trends in antipsychotic use in a Texas Medicaid population of children and adolescents: 1996 to 2000. Journal of Child and Adolescent Psychopharmacology, 12(3), 221-229.

Piper, W.E. (1998). Countertransference considerations for the gay male when leading psychotherapy groups for gay men. International Journal of Group Psychotherapy, 48(1), 3-24.

Rew, L., Taylor-Seehafer, M., Thomas, N.Y., & Yockey, R.D. (2001). Correlates of resilience in homeless adolescents. Journal of Nursing Scholarship, 33(1), 33-40.

Rice, D.P., Connell, C., Weisner, C., Hunkeler, E.M., Fireman, B., & Hu, T. (2000). Alcohol drinking patterns and medical care use in an HMO setting. The Journal of Behavioral Health Services and Research, 27(1), 3-16. Online at <http://www.imhi.usf.edu/jbhsrmain.html>

Richardson, L.A., Keller, A.M., Selby-Harrington, M.L., & Parrish, R. (1996). Identification and treatment of children's mental health problems by primary care providers: A critical review of research. Archives of Psychiatric Nursing, 10(5), 293-303.

Ries, R.K., Jaffe, C., Comtois, K.A., & Kitchell, M. (1999). Treatment satisfaction compared with outcomes in severe dual disorders. Community Mental Health Journal, 35(3), 213-417.

Riesch, S.K., Von Sadovszky, V., Norton, S., & Pridham, K.F. (2000). Moral reasoning among graduate students in nursing. Nursing Outlook, 48, 73-80.

Roller, B., & Nelson, V. (1999). Group psychotherapy treatment of borderline personalities. International Journal of Group Psychotherapy, 49(3), 369-385.

Salvendy, J.T. (1999). Ethnocultural considerations in group psychotherapy. International Journal of Group Psychotherapy, 49(4), 429-464.

Scheela, R.A., & Stern, P.N. (1994). Falling apart: A process integral to the remodeling of male incest offenders. Archives of Psychiatric Nursing, 8(2), 91-100.

Schlachet, P.J. (1998). Discussion of "Difficult Patients". International Journal of Group Psychotherapy, 48(3), 327-333.

Scott, M.A., Snowden, L.R., & Libby, A.M. (2002). Alcohol and juvenile justice contacts: A comparison of fee-for-service and capitated Medicaid mental health services. Journal of Studies and Alcohol, 63, 44-48.

Smith, J.A., Rost, K.M., Nutting, P.A., & Elliott, C.E. (2001). Resolving disparities in antidepressant treatment and quality-of-life outcomes between uninsured and insured primary care patients with depression. Medical Care, 39(9), 910-922.

Snowden, L.R., & Thomas, K. (2000). Medicaid and African American outpatient mental health treatment. Mental Health Services Research, 2(2), 115-120.

Steinberg, E.P. (2003). Improving the quality of care – can we practice what we preach? New England Journal of Medicine, 346(26), 2681-2683. [online] Available: www.NEJM.org (downloaded on July 1, 2003).

Stewart, W.F., Ricci, J.A., Chee, E., Hahn, S.R., & Morganstein, D. (2003). Cost of productive work time among U.S. workers with depression. Journal of the American Medical Association, 289(31), 3135-3144.

Stroup, T.S., Morrissey, J.P., Ellis, A.R., & Blank, M. (2002). Correlates of family burden under Medicaid managed mental health care. Administration and Policy in Mental Health, 29(2), 117-128.

Talbot, N.L., Houghtalen, R.P., Duberstein, P.R., Cox, C., Giles, D.E., & Wynne, L.C. (1999). Effects of group treatment for women with a history of childhood sexual abuse. Psychiatric Services, 50(5), 686-692.

Tantillo, M. (1998). A relational approach to group therapy for women with bulimia nervosa: Moving from understanding to action. International Journal of Group Psychotherapy, 48(4), 477-498.

Taylor, N.T. et al. (2001). A survey of mental health care provider's and managed care organization attitudes toward familiarity with and use of group interventions. International Journal of Group Psychotherapy, 51(2), 243-263.

Thomas, S. (1997). Women's anger: Relationship of suppression to blood pressure. Nursing Research, 46(6), 324-329.

Turk, D.C., & Okifuji, A. (1998). Treatment of chronic pain patients: Clinical outcomes, cost-effectiveness, and cost-benefits of multidisciplinary pain centers. Critical Reviews in Physical and Rehabilitation Medicine, 10(2), 181-208.

Weiller, E., Lecrubier, Y., Maier, W., & Ustün, T.B. (1994). The relevance of recurrent brief depression in primary care: A report from the WHO project on psychological problems in general health care conducted in 14 countries. European Archives of Psychiatry and Clinical Neuroscience, 244, 182-189.

West, M.M. (2002). Early risk indicators of substance abuse among nurses. Journal of Nursing Scholarship, 34(2), 187-193.

White, J.H. (2000). The prevention of eating disorders: A review of the research on risk factors with implications for practice. Journal of Child and Adolescent Psychiatric Nursing, 13(2), 76-88.

Wright, F. (1998). Discussion of "Difficult Patients". International Journal of Group Psychotherapy, 48(3), 339-345.

CLASS SCHEDULE AND IMPORTANT DATES

September 2	Course overview: Didactic and Clinical Foundations for Ethical Decision-making in Advanced Practice Psychiatric Nursing (APPN) Practice: Legal and ethical issues
September 9	Suicidal patients: Standards of practice and legal issues
September 16 existing conditions	Families in the 21 st Century: The impact of mental illness and co-
September 23 existing conditions	Families in the 21 st Century: The impact of mental illness and co-
September 30	Co-existing conditions: APPN practice issues
October 7	Independent Study: Group Therapy Film (no class meeting)
October 14	Group Therapy: Process issues and psychotherapy techniques
October 21	Group Therapy: Process issues and psychotherapy techniques
October 28	Models of Family Therapy
November 4	Summary
November 11	Program Development or APPN case studies: #1 and #2
November 18	Program Development or APPN case studies: #3 and #4
November 25	Program Development or APPN case studies: #5 and #6
December 2	Program Development or APPN case studies: #7 and #8
December 9	Summary and course evaluation

Important Dates

August 27	First day of class
September 1	Labor Day, Academic Holiday
September 25	Last day for filing an application for a December degree in the College Dean's office
October 3	Fall Break, Academic Holiday
October 20	Midterm
November 3-26	Priority Registration for 2004 Spring Semester
November 20	Last day for candidates for a December graduate degree to schedule a final examination in the Graduate School
November 27-29	Thanksgiving, Academic Holidays
December 12	Last day of class
December 15-19	Final Examinations
December 19	End of 2003 Fall Semester

December 22 Grades due in Registrar's Office

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