ENDING THE IDENTITY CRISIS: THE RESURRECTION OF PSYCHOTHERAPY IN CONTEMPORARY PMH-APRN PRACTICE

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DISCLOSURES

• Presenters do not have financial conflicts of interest to disclose.

OBJECTIVES

• Describe the importance of incorporating psychotherapy within the role of the APRN.
• Identify institutional and individual barriers to incorporation of psychotherapy within the APRN role and learn strategies to overcome these obstacles.
• Appreciate the importance of implementing psychotherapy into educational and/or clinical practice.

OVERVIEW

• History & Tradition of PMH-APRN Role
• Implications of the LACE Consensus Model
• Transition of Psychotherapy in PMH-APRN Role
• Review of Literature: Efficacy of Psychotherapy
• How is Psychotherapy Education Defined and Understood?
• How is PMH-APRN Curriculum on Psychotherapy Determined?
• How is PMH-APRN Curriculum on Psychotherapy Determined?
• How is PMH-APRN Curriculum on Psychotherapy Determined?
• What Psychotherapy Content is Being Taught to PMH-APRNs?... And How?
• Training Three Evidence-Based Approaches
• Clinical Practice: Psychodynamic Style
• Five Psychodynamic Pearls of Wisdom
• Teaching Case Example

HISTORY & TRADITION OF PMH-APRN ROLE

• 1950s: The PMH-CNS designation was the first Psychiatric APRN role
  • Developed by Peplau in 1955
  • Advanced training in psychotherapy was a part of this role preparation
  • PMH-CNS role emphasized therapeutic use of self, vital emphasis on nurse-patient relationship
• 1970s: The Psychiatric Mental Health Nurse Practitioner (PMHNP) role developed
  • Additional authority to prescribe medications
  • PMHNP role placed a heavier emphasis on differential diagnosis and medication management resulting in a decreased emphasis on therapy.
• 1980s: The American Psychiatric Nurses Association (APNA) was founded in 1986.
• 1990s: Debate continues regarding role of the PMH-CNS vs. the PMHNP
  • PMHNP graduate curriculum included emphasis on primary care model of assessment, psycho-education, brief therapy and interventions focusing on diagnoses and pharmacotherapy
  • International Society of Psychiatric-Mental Health Nurses (ISPN) formed in 1999.
  • The American Association of Colleges of Nursing (AACN) proposes the Doctor of Nursing Practice (DNP) to become an advanced practice standard
• 2000s: The AACN releases the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education (LACE) document in 2008
  • To be fully implemented by 2015
  • PMHNP became the entry-level APRN designation to practice in 2010 (not PMHCNS)
IMPLICATIONS OF THE LACE CONSENSUS MODEL

- Authors of the Development of PMHNP Competencies (Wheeler & Haber, 2004) noted
  - “The origin and purpose of educational preparation for the NP and the CNS were significantly different.”
  - “The PMHNP conducts individual, group, and/or family psychotherapy.” This is noteworthy because many of the existing PMHNP programs have no courses or practicum experiences in psychotherapy.
  - PMHNPs licensed prior to LACE consensus model implementation were NOT likely educated to perform psychotherapy.

- Disagreement about necessary therapy skill set for PMH-APRNs

- Lack of consensus about psychotherapies provided by advanced practice psychiatric nurses and the corresponding required training and skills has spurred debate over what exactly is being taught in psychiatric NP programs as psychotherapy, and by whom” (Jones & Minarik, 2012).

TRANSITIONING OF THE PMHCNS ROLE

- ANCC Retiring PMHCNS Exams
  - Impetus for redefining the place of psychotherapy in PMH-APRN Practice
    - Formerly emphasized in PMHCNS role > PMHNP role
    - Psychotherapy
    - Systems: Organizations, Consultation

- Last application for PMHCNS Certification examination will be accepted on 12/31/16
  - http://nursecredentialing.org/adultpsychcns

TRANSITION OF PSYCHOTHERAPY IN PMH-APRN ROLE

- PMH-APRN AND THERAPEUTIC RELATIONSHIPS & STRATEGIES
  - Main goal continues to be the therapeutic relationship which is an intrinsic part of nursing philosophy and care, irrespective of psychotherapy modality used.
  - Parikh et al. identified 3 main therapeutic strategies used by APRNs: active listening, psychotherapy, and psychopharmacology; most common psychotherapy was CBT and IPT (10).

- PMH-APRN BALANCING PSYCHOTHERAPY AND PSYCHIATRIC MANAGEMENT
  - Nursing curriculums need to consider integrating psychotherapy education alongside medication management with an emphasis on developing the therapeutic relationship (13).
  - Important for APRNs to present evidence of research demonstrating efficacy and cost-effectiveness of psychotherapy (11).

PREVALENCE OF MENTAL ILLNESS AMONG U.S. ADULTS

- In 2014, an estimated 18.1% (43.6 million) U.S. adults age 18 and older experienced a mental disorder in the past year
  - 4.2% (9.8 million) experienced a serious mental disorder with severe impairment

- In 2014, an estimated 6.7% (15.7 million) U.S. adults aged 18 or older had at least one major depressive episode in the past year
  - 4.3% (10.2 million) experienced a serious mental disorder with severe impairment

REVIEW OF LITERATURE: EFFICACY OF PSYCHOTHERAPY

- 3 Psychotherapy Modalities Most Researched for Treatment of Depression
  - Cognitive Behavioral Therapy (CBT)
  - Interpersonal Therapy (IPT)
  - Psychodynamic psychotherapy (PsyDyn)
- American Psychiatric Association's Clinical Practice Guideline for MDD
  - Recommends Psychotherapy (CBT, IPT, PsyDyn)
  - Psychopharmacology
- Concurrent Psychopharmacology and psychotherapy
- In 2015, 10% of NIMH research funding was allocated to clinical trials research
  - Only 3.4% funding psychotherapy trials

REVIEW OF LITERATURE: EFFICACY OF PSYCHOTHERAPY

• CBT founded by Aaron Beck, MD in the 1970s
  - How one structures their experiences determines how they feel and behave
  - Goal is to restructure dysfunctional, irrational thinking (13).
• IPT founded by Myrna Weissman, PhD and Gerald Klerman, MD in the 1980s for depression
  - Psychiatric disorders occur within an interpersonal social context.
  - Actively addresses two sources of depression: symptom function and social/interpersonal relationships (14).
• Psychodynamic psychotherapy founded by Sigmund Freud, MD at the end of the 19th century
  - Long-term approach (originally) that emphasizes the centrality of conflict among powerful desires, wishes, and fears (14).

REVIEW OF LITERATURE: EFFICACY OF PSYCHOTHERAPY

• Extensive research on antidepressants for persons with depression, but less data on the effects of psychotherapy alone.
• Combination of medications and therapy shown to be the most effective strategy in treating depression (10).
• CBT and IPT have more extensive research showing efficacy with and without antidepressants than Psychodynamic psychotherapy for depression.
• However, all three psychotherapies showed effectiveness in treating depression.
• Review of literature revealed a significant GAP in research conducted by nurse scientists studying the use of CBT, IPT, or Psychodynamic psychotherapy being utilized in practice by APRNs for depression.

HOW IS PSYCHOTHERAPY EDUCATION DEFINED AND UNDERSTOOD?

• High level forms of therapy
  - Rigorous training requirements with requisite clinical supervision
- Lower levels of therapy
  - Psycho-education

HOW IS PMH-APRN CURRICULUM ON PSYCHOTHERAPY DETERMINED?

• SCOPE, STANDARDS, & COMPETENCIES
  - American Psychiatric Nurses Association
  - National Organization of Nurse Practitioner Faculties
  - American Nurses Credentialing Center

AMERICAN PSYCHIATRIC NURSES ASSOCIATION SCOPE AND STANDARDS OF PRACTICE FOR PMHN (2014)

• Scope: Psychotherapy defined “denotes a formally structured relationship between the therapist (PMH-APRN) and the healthcare consumer for the explicit purpose of effecting negotiated outcomes. This treatment approach to mental disorders is intended to alleviate emotional distress or symptoms, to reverse or change maladaptive behaviors, and to facilitate personal growth and development.”
• Standard: The PMH-APRN conducts individual, couples, group, and family psychotherapy using evidence-based psychotherapeutic frameworks and the nurse-client therapeutic relationship.
  - Competencies include:
    - Uses awareness of own emotional reactions and behavioral responses to others to enhance the therapeutic alliance.
**National Organization of Nurse Practitioner Faculties Competencies**

- PMHNP Competencies Updated in 2013
- Follows LACE Consensus Model mandate for PMHNP educators to prepare graduates to treat clients across lifespan
- Core competencies based on both AACN's Master's and DNP Essentials for Graduate Education

**What Psychotherapy Content is Being Taught to PMH-APRNs... And How?**

- Evidence Based Psychotherapies
- Spectrum of Psychotherapies based on:
  - Preference of School / Program
  - Traditional vs. Most Contemporary
  - Presence of Substance Use Disorders Treatment Coverage
  - Availability of Precursors
  - Inter-Disciplinary Perspectives
- Scope, Standards, & Competencies of Practice
  - None delineate what schools of psychotherapy to teach
  - None specify how to provide psychotherapy clinical experiences

**National Organization of Nurse Practitioner Faculties Competencies**

- Specific PMHNP 2013 Competencies Related to Psychotherapy Education
  - Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence-based psychotherapy approaches 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
  - Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth

**Survey of PMHN Graduate Programs (Wheeler & Delaney, 2008)**

- N=68 PMH-APRN Programs
  - 84% offered PMHNP
  - 62% offered PMHCNS
  - 38% offered combined PMHNP/PMHCNS
  - 80 different textbooks were used to teach psychotherapy
  - Few programs required students to enroll in their own psychotherapy (encouraged though)
  - Cited university restrictions
  - Results supported a diversity of programs with “plurality” of psychotherapy approaches and models taught

**American Nurses Credentialing Center Certification Eligibility**

- Psychiatric - Mental Health Nurse Practitioner Certification eligibility criterion
  - Clinical training in at least two psychotherapeutic treatment modalities
  - Minimum of 500 faculty-supervised clinical hours (not specific to psychotherapy)
  - http://nursecredentialing.org/FamilyPsychMentalHealthNP

**Survey of PMHN Graduate Programs (Wheeler & Delaney, 2008)**

- Psychotherapy Practicum Hours
  - 50% programs had specified hours specific to psychotherapy modalities
  - 50% programs combined psychiatric & psychotherapy hours
  - Some programs reported “student chooses 2 out of 3 treatment modalities”
  - Ranges for Psychotherapy Practicum Hours (If Specified – Most Were Not)
    - [Range of 500-900 clinical hours for total program]
    - 50-440 Individual Therapy
    - 30-250 Group Therapy
    - 10-180 Family Therapy
SURVEY OF PMHN GRADUATE PROGRAMS (2014)

- N=12 PMH-APRN Programs
- Ranges for Psychotherapy Practicum Hours (If Specified – Most Were Not)
  - [Range of 600-1000 clinical hours for total program]
  - Specific Therapy Modalities indicated even fewer hours allocated to psychotherapy
    - 45-100 Individual Therapy
    - 50-500 Group Therapy
    - 0-45 Family Therapy

Alternatives to Psychotherapy Practicum Hours Reported by Some Programs

- Inclusion of some forms of Addiction Treatment Hours
  - Lab hours with 3-way mirrors, video recordings, journaling, & reflection
  - Logging Supportive Psychotherapy portions of visits in conjunction with Psychiatric Med Management Notes

MODEL OF THE MIND

- Interpersonal Psychotherapy Institute
  - http://iptinstitute.com
- Cognitive Behavioral Institute
  - https://www.beckinstitute.org
- American Psychoanalytic Association
  - http://www.apsa.org

TRAINING: THREE EVIDENCE BASED APPROACHES

- Clinical Practice: Psychodynamic Style
  - Therapeutic Alliance
  - Transference / Countertransference
  - Defense Mechanisms
  - Transitional Object
  - Meaning and Symbolism

FIVE PSYCHODYNAMIC PEARLS OF WISDOM

- Teaching Case Example
REFERENCES


