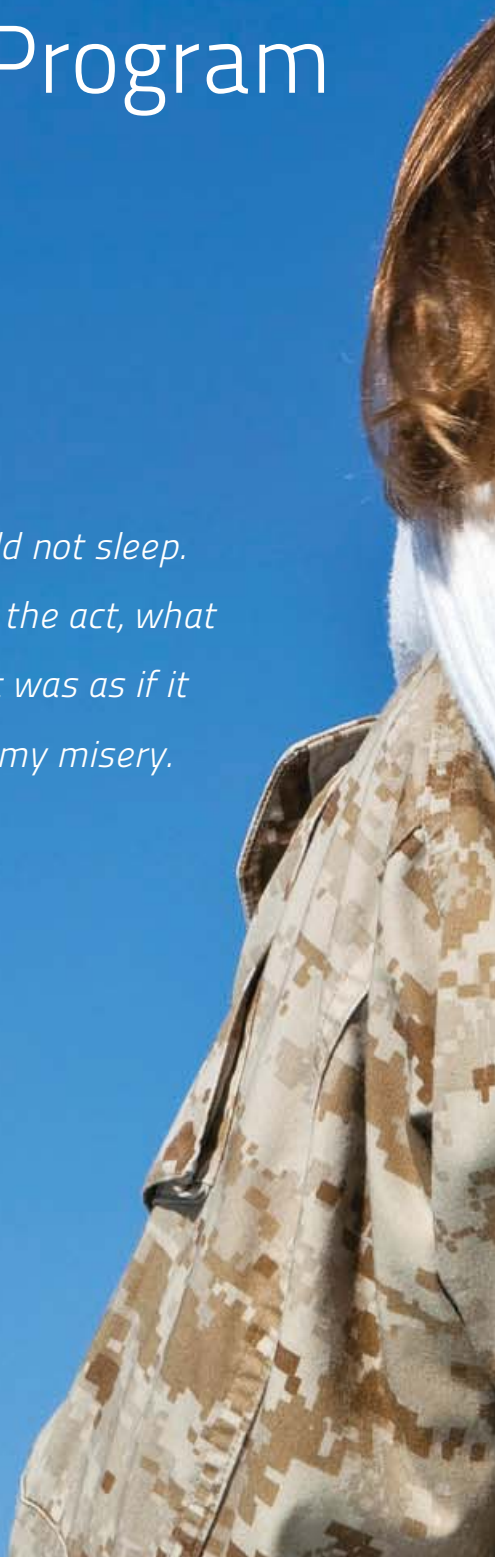
NOT ALONE:

Mental Health Nursing Program Positions Family on Healing's Front Lines

BY TAMAR NORDENBERG

I started having worsening anxiety and panic attacks. I could not sleep. I began to idealize suicide, thinking of how I would perform the act, what I would use, how I could protect my family from knowing. It was as if it began to make sense to me. I was miserable; it would end my misery.

These words chronicling the mental anguish from post-traumatic stress disorder might have been penned by a soldier haunted by the horrors of wartime combat. But the passage from Andrea Carlile's *The War That Came Home* actually describes her own debilitating mental agony as she watched PTSD transform her husband and the father of her two young daughters—who had earned a reputation as a hero during his Army service in Iraq— into a "man and a monster, a split personality that was trapped in his own world of pain and suffering."



Formidable mental health challenges, including post-traumatic stress disorder and depression, are common among military service members and veterans. And military service has powerful primary and ripple effects on loved ones who share the stressful experiences of separation and re-adjustment.

In recognition of the psychological burdens faced by military personnel and their families—and by others grappling with mental burdens associated with a wide range of influences such as the economy, violence and mental disorders—the Frances Payne Bolton School of Nursing recently launched its Family Systems in Psychiatric Mental Health Nursing program toward helping people rebuild their splintered lives. The specialization within the Master of Science in Nursing (MSN) program brings family, community and cultural factors to bear in the healing process.

"Nothing really prepares you totally for what these service men and women can encounter," says Jane Suresky, DNP, (NUR '88, '95), a School of Nursing assistant professor and director of the Family Systems program. "It's very important that we, as nurses, be prepared to help them and their families before their service, while they are away and after they return."

HELP NEEDED ON THE HOME FRONT

Like many military families, author Andrea Carlile and her husband, Wes, had no way to anticipate the mental turmoil in store when Wes returned from Iraq, having buried 15 of his friends killed when their Chinook helicopter was fired on by insurgents. "In our lives, the war had not stopped, continuing to rage on in a different venue," Andrea wrote. "We were at war on the home front, and I was now the enemy under attack."

One of every six troops returning from Afghanistan and Iraq—all told, more than 300,000 of them—have suffered from post-traumatic stress disorder or traumatic brain injury, according to government estimates. Even those coming home with no serious physical injuries can be dealing with mental health issues such as PTSD, anxiety, depression or substance abuse—dubbed the "invisible wounds of war."

"It's amazing, the lasting and devastating mental health effects of service," says Family Systems program instructor Theresa Backman, DNP, RN, (NUR '12), a military reservist for 23 years who worked for several years as a Veterans Affairs (VA) nurse. "So many veterans, even from the eras of Vietnam and Korea, are walking around with PTSD, depression or substance abuse that's not being addressed."

Loved ones, meanwhile, can suffer mental consequences of their own. For instance, a spouse can find it difficult to take on the role of both

mother and father. And re-integration into past roles can be difficult, as well. For their part, children can feel afraid and abandoned when a military parent is torn away for a time. "These military families are vulnerable families," sums up Suresky. "If their needs are not addressed, mental health problems tend to progress to a more severe state."

As a hospital nurse near a Georgia military base, Patricia Dille, BSN, RN, saw young wives through panic attacks and severe asthma attacks while their husbands were deployed, and saw babies delivered during their fathers' service away from home. She herself parented four young children while their father, Steve, served in the Navy. Seeing him off for submarine duty with little notice or for long periods was difficult, says Dille, who later faced the grief of Steve's death in a car crash after he had retired from 22 years of military service.

"The sense of community among military families can help you get through the hard times, day by day," says the military wife who has maintained her ties as she moved around the country, most recently settling in New Hampshire. "I still feel an emotional connection and devotion to the military."

Seeking professional advancement after her husband's death, one-time school nurse Dille registered for the FPB Family Systems MSN program, which resonated for the value it placed on the role of family and community networks. "If I could design a program that fit with my interests and experience, it would be the Case Western Reserve program," says the first-semester student.

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"LIKE SPOKES IN A WHEEL"

The Family Systems program is considered a "blended role" major, enabling graduates to serve as psychiatric nurse practitioners or

NURSES FIND FELLOWSHIP STUDYING WITH PSYCHIATRISTS

In health circles, it's preached often but practiced much less frequently, says Maureen Sweeney, MSN. Collaborations among health professionals can improve patient outcomes. Sweeney, a School of Nursing BSN alumna who recently earned her MSN with the Family Systems specialization, is one of the first nurses to participate in a CWRU School of Medicine Public and Community Psychiatry Fellowship; once a physician-only educational opportunity, these days the fellowship joins nurses and psychiatrists in health care delivery and academic study toward improving care.

The program develops the clinical, management and administrative skills needed for leadership in public health settings—by Sweeney's description, to foster "our managerial hats in addition to our practitioner hats." Including advance practice nurses in the fellowship advances this goal, says program director Patrick Runnels, MD, PhD, assistant professor at the School of Medicine and a psychiatrist at University Hospitals Case Medical Center, by "allowing participants to interact as colleagues and develop a greater respect for each other's professions."

Adds Runnels, whose program graduated its first nurse participant in 2012, "We can get lost in what makes a doctor different from an advanced practice nurse, when it's much more useful to respect the different paths to the same type of work, and enhance our capabilities to work together to boost the quality of public mental health care."

clinical nurse specialists across a broad spectrum of practice settings, such as community mental health clinics, hospital systems, private physician offices, prison systems, military bases and Department of Veterans Affairs (VA) hospitals and other treatment facilities.

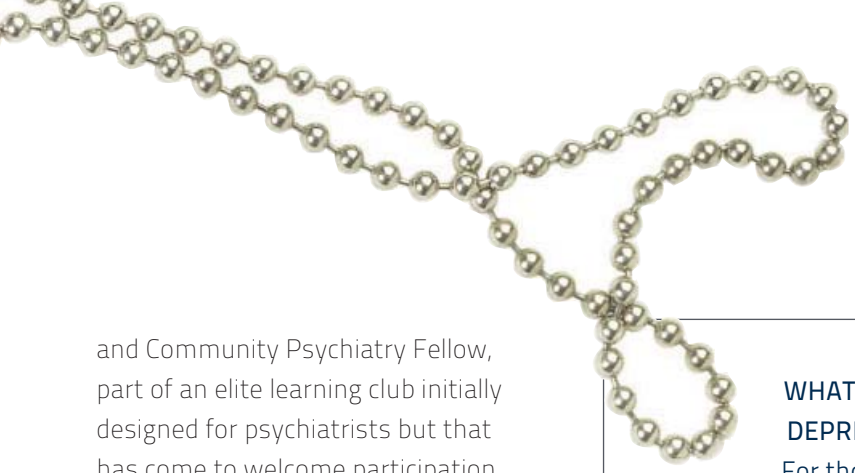
The program, whose inaugural class started in September 2009, prioritizes the consideration of a person's circumstances not in isolation, but within their family unit of interconnected and interdependent people. "The whole program looks at the interactions among members of the family unit," Dille describes. "One member may be having problems functioning, but like spokes in a wheel, invariably there's interplay of the parts of that unit."

The curriculum prepares graduates to help people within diverse family structures—military families, and also kinship structures such as single-parent families, blended families, families of choice, migrant and immigrant families, foster families and caregivers. Family is defined by the decision to live together in such kinship relationships, not by biological or legally recognized connections alone. FPB is a "frontrunner" of a trend to focus on the family unit, says Family Systems program graduate Maureen Sweeney, MSN, (NUR'10, '12), a newlywed with an 8-year-old son. She points out that even in national certification, the traditional concentration on either adult psychiatric nursing or child psychiatric nursing is being phased out.

The Family Systems curriculum includes 45-48 credit hours of coursework—typically completed within four semesters—and 720 clinical hours. "Our program strongly emphasizes psychotherapy, in individual, family and group settings," says Suresky, "as reflected in our 720 clinical hours compared to the typical program's 500."

Suresky, who teaches four courses within the program during this academic year, attends class alone—physically speaking. Except for an occasional one-day session they attend in person, students catch class online, mostly in real-time, from around the country—Dille from her New Hampshire home, for example, and others this semester from New York State and Columbus and Dayton in Ohio. Previous years included learners from Washington State, Michigan, Texas and the U.S. Virgin Island of St. Thomas. "The virtual classroom makes all the difference, providing a broader opportunity for a diverse group to attend," Suresky says. Suresky had a concern about a virtual classroom replacing the real thing: a void in the camaraderie among students. "I think it's important in psychiatric nursing education that students engage with each other. And they've proven my fear wrong, keeping in touch with each other and supporting each other every step of the way."

Another standout program feature, beyond the distance learning opportunity, according to the program's director, is the major opens doors to learning from a wide range of experts—from within the nursing school and from partner institutions such as University Hospitals Case Medical Center. Sweeney is a Public



and Community Psychiatry Fellow, part of an elite learning club initially designed for psychiatrists but that has come to welcome participation by FPB advance practice nurses. (See "Nurses Find Fellowship Studying With Psychiatrists." on Pg. 11.)

MOVING FORWARD

The first class graduated with the Family Systems concentration in January 2011, and despite doubling capacity to 14 students in 2012, Suresky says the supply of these specialized nurses cannot keep up with the demand. "I get calls all the time for our graduates. The need overwhelms what we can accommodate."

For Wes in *The War That Came Home*, it was his pastor, co-workers and the VA that helped him triumph over PTSD and save his family bonds. Having surmounted their dire mental health hurdles, Andrea Carlile assures, "PTSD does not have to destroy the veteran and his or her family. There is help available."

For some, says nursing instructor Backman, getting help means "really learning to live again in spite of the pain. You're forever changed, but how do you move forward despite having seen what you've seen and having done what you've done?" By the Frances Payne Bolton School of Nursing's family systems principles, one key lies in understanding that elements of your environment contributed to your strife, and you can't be expected to heal in isolation, either. **+**

WHAT NURSING SCHOOL STUDIES SAY ABOUT DEPRESSION, STIGMA

For those in the military, depression can prove to be a treacherous impediment to a fulfilling life. At the extreme, depression and related feelings of hopelessness can lead to thoughts of taking one's own life. Pentagon statistics reveal a surge in suicides over recent years; calamitously, 154 service members took their own lives in the first 155 days of 2012, outpacing even the number of U.S. troops killed in action in Afghanistan.

Now, a survey developed by the FPB School of Nursing's Jaclene Zauszniewski, PhD, RN-BC, (NUR' 89, GRS'92) could help clinicians head off a patient's depression at the pass. Zauszniewski's Depression Cognition Scale (DCS) asks people to rank eight feelings, such as helplessness, hopelessness and emptiness. In research reported in the *Western Journal of Nursing Research,* Zauszniewski, with Marquette University College of Nursing researcher Abir K. Bekhet, PhD, RN, (GRS '07), found that the DCS could identify the point at which negative thinking patterns act as telltale precursors to serious depression. "Clinicians need guidelines and measures to know when negative thinking has reached a tipping point and has begun to spiral into clinical depression," says Zauszniewski, the nursing school's Kate Hanna Harvey Professor in Community Health Nursing and nursing PhD program director.

For service members struggling with depression, or another mental health hurdle, the "man-up" culture may stop them from seeking care from a nurse, psychiatrist or other health professional. In what may be a step toward encouraging people with mental illness to seek assistance, FPB KL2 post-doctoral scholar Melissa Pinto, PhD, RN, and her colleagues looked at the "Revised Attribution Questionnaire" for measuring stigma in a different population—adolescents—and found it to be a reliable and valid measure of stigma in this group. The research suggests the tool measures the effectiveness of interventions aimed at reducing mental illness-associated stigma among adolescents. Such research is important in helping people recover from mental illness, Pinto says: "Creating a social culture where people feel comfortable getting treatment and talking about the illness with others who can support them is a vital initial step that can help people get better."