Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 302A/B

Poster Session 3: Healthcare Systems

#64 Crisis Care Design: Prototyping Community Crisis Centers Nationwide- Stephen Parker

Poster Presentations

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Poster Session 3: Healthcare Systems

#56 Navigating the Maze of Unknowns: Second-Stage Shelters - Ebony Rempel, Dr. Lorie Donelle, Dr. Jodi Hall, Dr. Nadine Wathen

Navigating the Maze of Unknowns: Second-Stage Shelters

Ebony Rempel, Dr. Lorie Donelle, Dr. Jodi Hall, Dr. Nadine Wathen

"Calling the shelter many times" (P16)

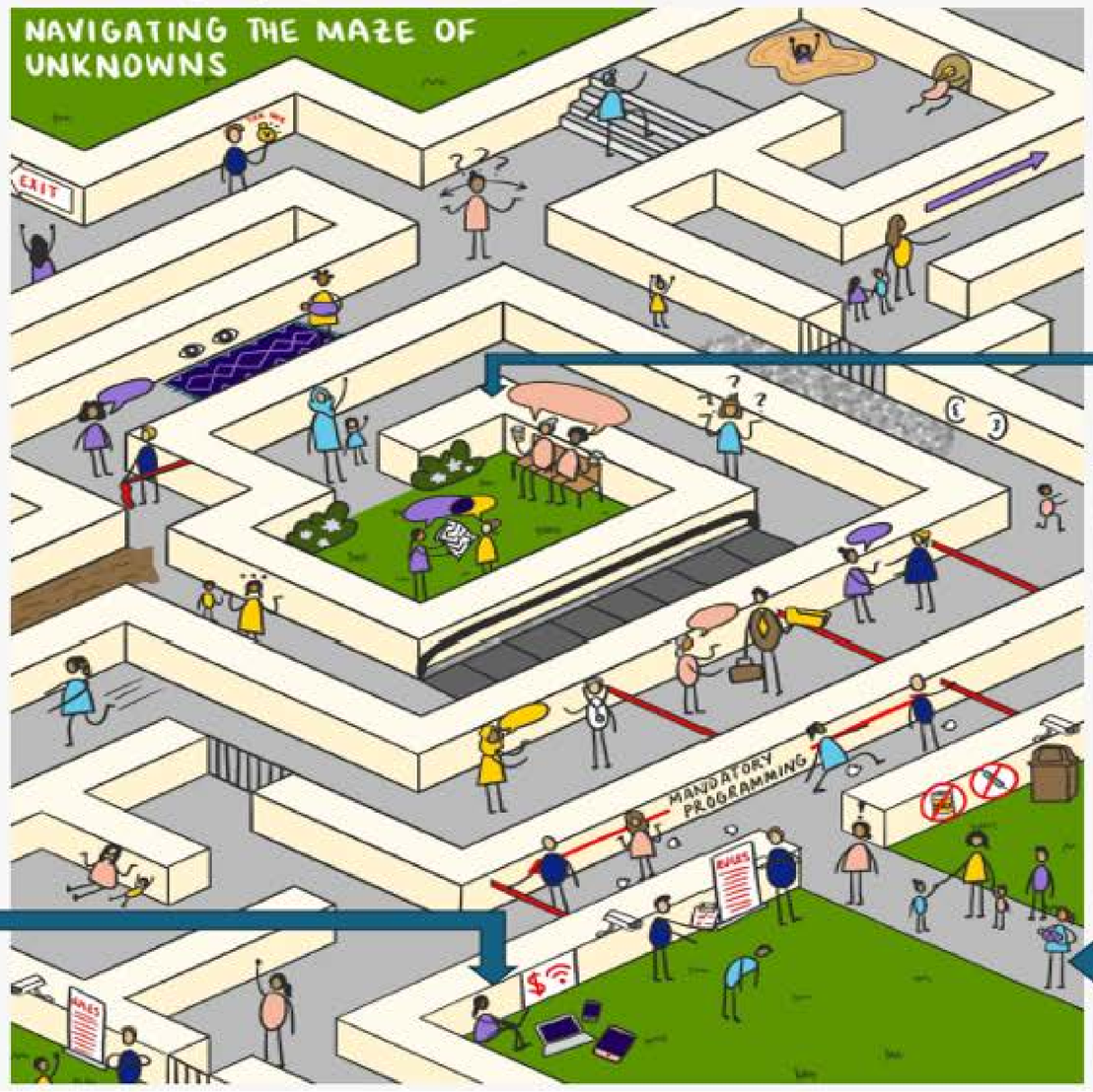
Background

Women experiencing intimate partner violence face critical decisions that profoundly impact their well-being and that of their families. Access to trusted health, social, and legal information, support, and services is crucial for facilitating their decision-making process. However, the documented inadequacies of social, health, and legal systems often hinder women's access to the comprehensive support they need after leaving an abusive relationship. This study aimed to explore the information, support, and service needs of women residing in second-stage shelters in Alberta, Canada.

"Just collecting income support is like a full-time job... I spend more time on the phone trying to make sure that I can cover our basics and that trying to organize like medical appointments and making sure that I can afford to get to those appointments" (P10)

"When I get a no... I get really frustrated and I get sad but that helps me to look for another door or for help [elsewhere]" (P7)

"Here in the (shelter), we don't have internet service and I've been finding that it's like my hands are tied behind my back. I can't afford internet. I just can't... So I get in my car. I drive around, I sit in the parking lot out in the McDonald's and then I can get internet service" (P20)



Methods

Using a grounded theory approach (Charmez, 2006) informed by a feminist perspective, the experiences of 20 women currently residing in or previously accessing second-stage shelters was examined.

"It might not be the same situation [for everyone], like I'm sure many of the women here haven't gone through the court systems or have chosen not to, but it's good to be able to sit with them and discuss because it is, it's a lot. Some of it feels like just the same story, different person but it really helps."(P16)

Findings

The findings revealed that navigating the shelter system resembled maneuvering through a complex maze, with interconnected pathways representing legal, financial, housing, and social support systems.

The study identified several themes, including:

- A full time job
- The elusiveness of entry
- Tensions between individual needs and shelter rules
- Endless corridors of decision-making
- Women's role as the wisdom of the maze

"this is a hard place to get into" (P17)

"I think he would've been able to find me [if it hadn't been for the security features at the shelter]... he was out at my mom's the same night trying to find me" (P1)

Conclusion and Recommendations

These findings emphasize the need for greater clarity, transparency, and equity within the shelter system. Recommendations include providing accessible information maps, individualized programming, extended stays when needed, and culturally appropriate services. This study contributes to the limited evidence available to service organizations, healthcare providers, and policymakers in effectively responding to the needs of women who are living in second-stage shelters consequential to their experience of intimate partner violence. Ultimately, addressing the challenges faced by women in second-stage shelters can help promote their well-being, healing, and empowerment.

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Poster Session 3: Healthcare Systems

#6 Creating a Comprehensive Psychosocial Treatment Mall within a State Forensic Psychiatric Hospital- Thomandra Shavaun Sam

PATIENT FIRST

Creating a Comprehensive Psychosocial Treatment Mall within a State Forensic Psychiatric Hospital

Presented by: Thomandra Shavaun Sam, PhD, LP, HSP-P

HISTORICAL DATA

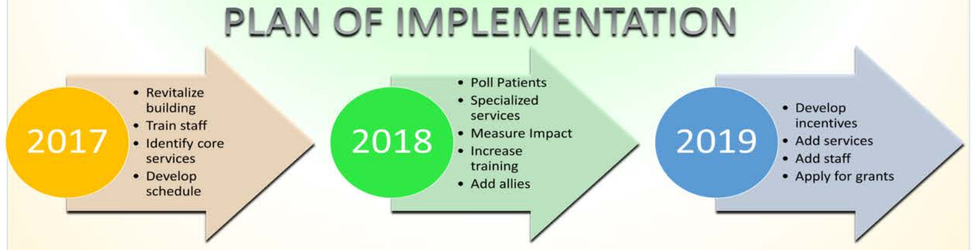
Eastern Louisiana Mental Health System is a large state-owned psychiatric forensic hospital in rural Louisiana. Originally established in 1847 as "State Insane Asylum," the hospital's first two buildings were state built followed by four more buildings built by patients who made 3 million bricks while also farming their own foods. Today, the hospital provides patients competency restoration services with a goal of proceeding to trial, services for persons deemed Irrestorable and likely never able to be adjudicated as well as on-going intervention for persons adjudicated Not Guilty by Reason of Insanity.

IDENTIFIYING THE NEED

A large budget cut to the Department of Health and Hospitals resulted in reduction of staff and services for patients in the facility. Psychology staff noted a rise in the number of patient on staff assaults and patient on patient assaults, particularly with the female population. Psychology staff had reduced from 30+ members to 6 licensed staff members and 1 postdoc. Given the need to respond to constitutional right to speedy trials, limited psychologists' time was dedicated to intakes and competency evaluations and risk assessments. Psychology staff hosted a meeting with multiple disciplines on campus (nursing, social work, psychiatry, client's rights, security, quality control, administration, occupational therapy and recreational therapy) and three rotating patients to discuss what services they believed would impact patient's quality of life and reduce identified aggression.

Multi-disciplinary focus groups review desired outcomes and identified pathways to meet goals; note: patients not pictured

PLAN OF IMPLEMENTATION



STAFF TRAINING & PATIENT SERVICES PROVIDED

Staff working in the treatment mall consisted of psychology and security daily; staff who rotated were social workers, nursing, recreational therapy and horticultural therapy. Staff utilized butterflies to identify ligature points in the building; staff also carefully crafted building schedules so that groups requiring higher levels of supervision, ie sexual offender treatment, fall risk or chronically suicidal, were scheduled into least populated slots. Nursing, occupational and recreational therapy, dieticians, psychologists and social workers were trained in ASIST to aid in suicide intervention while security staff were trained in SAFETALK to increase their knowledge or signs and alerts of harm and how to activate appropriate staff needed

SUMMER 2019 RECREATION THERAPY GROUPS

Bibliotherapy

This 8 week, co-ed group will focuses on developing and improving cognitive functioning, orientation, and stimulating mental functioning. By using a combination of books and journaling to engage the client's in storytelling and writing to facilitate expression, coping, identifying health- care issues and concerns, providing cognitive stimulation and language development this group seeks to assists clients with learning alternative leisure ways to deal with life stressors or problems solutions.

Men's Club

This 8 week group utilizes the medium of leisure crafts, Assertiveness training/ role playing skits, discussions, and other activities such as building model cars, airplanes, birdhouses, selective board games, sand arts, and indoor planting herbs etc. This group seeks to assists the clients with improving motivation for positive leisure activities as opposed to unhealthy activities such as substance use.

Ladies Spa

This 8 week group utilizes the medium of relaxation techniques such as guided imagery, hand therapeutic massages, music therapy, sensory sounds, and humor therapy etc. Participants in this group will begin to explore their feelings openly and freely about various life issues. This group can accommodate clients with history of prolonged grieving, anxiety, pain , self- esteem issue's, overwhelming situational stressors, and clients mood instability, while enhancing the client's over-all well-being and relationships with others.

Yoga

This 8 week, co-ed group utilizes the medium of yoga techniques and exercising videos instructions to assists the participant with building strength and improving posture through a series of gentle yoga poses, stretching, and toning poses. This group relaxes the clients' body of relieving mental stressors while stretching and toning clients' body.

Sittercize

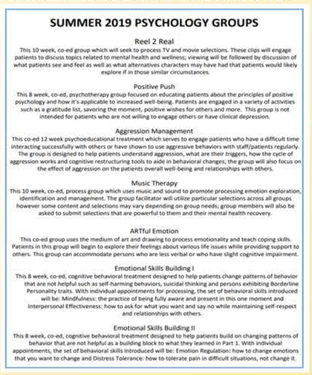
This 8 week group utilizes up beat music and gentle low-impact aerobics chair exercises to enhance the participants cardiovascular system and increase clients overall strength; flexibility, and stamina, and focus on fall prevention. This group can accommodate clients with history of joint pains and is ideals for seniors.

Cardio

This 8 week, co-ed group aerobics class features upper body strength workouts light hand weights, elastic tubing with handling, and resistance training. This group is designed to assist the client with reduction in symptoms found with depressive mood disorder while increasing serotonin levels, improve physical functioning and to promote an overall healthy lifestyle upon discharge.

Movie Matinee

This 8 week, co-ed group Cinema theatre will process selective movies. These movies will engage the participants to discuss topics related to leisure attitude, leisure barriers, and motivate them to reestablish contact with the real world. This group are structured around the topic relevant to the overall health and well-being. This group is designed to assist the client to develop leadership, self-confidence and improved social and cognitive functions.



SUMMER 2019 PSYCHOLOGY GROUPS

Reel 2 Real

This 10 week, co-ed group which will seek to process TV and movie selections. These clips will engage patients to discuss topics related to mental health and wellness; viewing will be followed by discussion of what patients see and feel as well as what alternatives characters may have had that patients would likely explore if in those similar circumstances.

Positive Push

This 8 week, co-ed, psychotherapy group focused on educating patients about the principles of positive psychology and how it's applicable to increased well-being. Patients are engaged in a variety of activities such as a gratitude list, savoring the moment, positive wishes for others and more. This group is not intended for patients who are not willing to engage others or have clinical depression.

Aggression Management

This co-ed 12 week psychoeducational treatment which serves to engage patients who have a difficult time interacting successfully with others or have shown to use aggressive behaviors with staff/patients regularly. The group is designed to help patients understand aggression, what are their triggers, how the cycle of aggression works and cognitive restructuring tools to aide in behavioral changes; the group will also focus on the effect of aggression on the patients overall well-being and relationships with others.

Music Therapy

This 10 week, co-ed, process group which uses music and sound to promote processing emotion exploration, identification and management. The group facilitator will utilize particular selections across all groups. however some content and selections may vary depending on group needs; group members will also be asked to submit selections that are powerful to them and their mental health recovery.

ARTful Emotion

This co-ed group uses the medium of art and drawing to process emotionality and teach coping skills. Patients in this group will begin to explore their feelings about various life issues while providing support to others. This group can accommodate persons who are less verbal or who have slight cognitive impairment.

Emotional Skills Building I

This 8 week, co-ed, cognitive behavioral treatment designed to help patients change patterns of behavior that are not helpful such as self-harming behaviors, suicidal thinking and persons exhibiting Borderline Personality traits. With individual appointments for processing, the set of behavioral skills introduced will be: Mindfulness: the practice of being fully aware and present in this one moment and Interpersonal Effectiveness: how to ask for what you want and say no while maintaining self-respect and relationships with others.

Emotional Skills Building II

This 8 week, co-ed, cognitive behavioral treatment designed to help patients build on changing patterns of behavior that are not helpful as a building block to what they learned in Part 1. With individual appointments, the set of behavioral skills introduced will be: Emotion Regulation: how to change emotions that you want to change and Distress Tolerance: how to tolerate pain in difficult situations, not change it.

Treatment Mall schedule boasted more than 350 patient contacts per week; psychiatry and nursing received menus (see examples) of quarterly services. Patients could also request individual or group services as they desired. Patients earned points and other incentives for true participation.

NON-TRADITIONAL SERVICES

After 1 year of training, a Psychology staff member's dog qualified as a service comfort animal to enter hospitals. The dog came on a schedule made available to patients and staff. Patients who desired an animal visit could not have a major violation 30 days prior. Patients with animal focused delusions always received a visit per team Approval. Lastly, a Beauty Salon and Barber Shop was revitalized; patients would receive haircuts & certain styles. Feelings of (un)attractiveness affects one's mood and confidence while appropriate social touch can create healing neuronal pathways. Patients on solitary units assessed monthly for salon visits.

ENVIRONMENTAL FACTORS

Psychology staff utilized Spring and Summer to revitalize an almost abandoned building at edge of campus. To increase patient independence while balancing limited reading, doors were painted various colors to aide in patient autonomy.

Security: Red; Meditation Room: Blue; Classroom; Staff office w wreath
Colors chosen carefully and ensuring no overlap, per Elliot

Wall of Growth created to acknowledge patient's quarterly who had made significant changes, attended the most sessions, met a treatment goal, etc; this created friendly competition with many receiving awards for the first time in their lives. Meditation Room utilized for difficulty with distress tolerance, after a triggering event or to remove one's self from a potentially triggering event. Journals, music selections and images on the TV were available and monitored.

SUGGESTIONS FOR REPLICATION

1. Identify committed, passionate multi-disciplinary players
2. Engage patients by inquiring about services and incentives
3. Begin with small number (patients, services, staff, etc)
4. Identify measurable factors; assess different intervals
5. Be malleable; be persistent; be patient-focused

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Poster Presentations

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Poster Session 3: Healthcare Systems

#33 Are Current Anti-Dementia Medications Contributing to Medical Trauma in the Elderly?- Katrina Thomas

Paper & References

Are Current Anti-Dementia Medications Contributing to Medical Trauma in the Elderly?

Katrina H. Thomas, B.A

HAWAI'I SCHOOL OF PROFESSIONAL PSYCHOLOGY
AT CHAMINADE UNIVERSITY

Abstract: America's demographics are rapidly changing in regard to age distribution. As of 2020, 16.8 percent of the population was aged 65 or older, the age group is only expected to get bigger (Caplan, 2023). However, despite that information there is little research being done on geriatric populations. This literature review covers the conflicting findings regarding the common anti-dementia drug donepezil, a cholinesterase inhibitor (Levy et al.,2000; Warren & Moustafa, 2022); the effects of potentially inappropriate medications (PIMs) on hospitalization rates in elderly populations (Gustafsson et al., 2016; Sönnerstam et al., 2023); and the potential for medical trauma in geriatric populations (Garland et al., 2013; Hall & Hall, 2013; Moye & Rouse, 2014). With the current literature on these topics there is a basis for future research regarding anti-dementia medication or PIMs and their relationships with medical trauma in elderly populations.

Anti-Dementia Medications

Cholinesterase inhibitors, like donepezil, are common anti-dementia medications as Alzheimer's is associated with low levels of acetylcholine (Levy, 2000; Warren & Moustafa, 2022).

Pros:

- Stave off neurodegeneration, especially in hippocampus (Warren & Moustafa, 2022)
- Improve attention and memory (Levy et al., 2000)

Cons:

- More effective in combination with other treatments (Warren & Moustafa, 2022)
- Significant side effects (Warren & Moustafa, 2022)
- Side effects increase with higher dose (Warren & Moustafa, 2022)
- Contradictory research (Levy et al., 2000; Warren & Moustafa, 2022)

Potentially Inappropriate Medications (PIMs)

PIMs were found to have a positive association with Alzheimer's disease and are correlated with increased rates of hospitalization (Gustafsson et al., 2016; Levy et al., 2000; Sönnerstam et al., 2023; Warren & Moustafa, 2022.)

Why?

- Physical difficulties, like decreased renal function and other age related physical ailments (Gustafsson et al., 2016)
- Neurocognitive difficulties make it difficult for the elderly to recognize or communicate negative effects of medication (Gustafsson et al., 2016)
- Neurological deficiencies make drug interactions more likely (Gustafsson et al., 2016; Levy et al., 2000; Warren & Moustafa, 2022)
- 5+ medications increase the risk of hospitalization (Gustafsson et al., 2016)

Medical Trauma

Medical trauma is a relatively new concept but has been quickly gaining popularity in the mainstream consciousness.
There was no research in regards to elderly populations despite their prevalence in medical settings (Moye & Rouse, 2014).

Risk Factors:

- Cardiac episodes (Hall & Hall, 2013)
- ICU stay (Hall & Hall, 2013)
- Depression & grief (Hall & Hall, 2013)
- Pre-existing PTSD (Moye & Rouse, 2014)
- Medication sensitivity (Gustafsson et al., 2016; Moye & Rouse, 2014)

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Poster Session 3: Healthcare Systems

#47 Postpartum Psychopathology: An In-Depth Examination of Prevalence, Risk Factors, and Affected Populations- Mehrnaz Motazedian

HAWAI'I SCHOOL OF PROFESSIONAL PSYCHOLOGY AT CHAMINADE UNIVERSITY

Postpartum Psychopathology: An In-Depth Examination of Prevalence, Risk Factors, and Affected Populations

Mehrnaz Motazedian, M.A.

Chaminade University OF HONOLULU

Risk Factors for Postpartum Psychopathology

- Maternal predisposition for disorder
- Previous maternal psych history
- Sleep deprivation
- Perinatal stress
- Hormonal fluctuations
- Cigarette smoking
- Sociocultural factors: lack of host language proficiency, disconnection from cultural practices, low socio-economic status, low education level, identification as a minority race, intimate partner violence, disconnection from maternal family structure, unplanned pregnancy, missed skin-to-skin contact, breastfeeding obstacles, maternal and neonatal complications, low mother-fetus bond
- Exposure to obstetric complications increases mother's vulnerability to schizophrenia, autism, anorexia nervosa, and psychoaffective disorder

Screening and Treatment

- Lack of formal diagnosis of psychopathologies as a result of Postpartum experience inhibits a formal screening process
- Initial lab work used to rule out organic causes first
- Questionnaires given to mothers (peripartum period) to assess mood and feelings are all very limited
  -EPDS, MDQ, BDI
- Treatments for the psychopathologies include combinations of hospitalization, medications (antipsychotics, mood stabilizers, benzodiazepines), ECT, sleep management, family psychoeducation, and CBT
- Lacking treatment/ research:
  -Trauma-focused therapy
  -relationship between race/ethnicity and postpartum psychopathology
  -evaluation of interaction with sociocultural risk factors

A major stressor, physically, emotionally, and socially in a woman's life is childbirth. Despite being a normal, natural event, nearly 50% of women define childbirth as a trauma

Trauma

- Nearly 15% meet criteria of PTSD
- More negative birth experience directly predicts delusions and the experience of Psychotic-like experiences
- Women with obstetric complications twice as likely to have Postpartum Psychosis and offspring are four times as likely to die
- Seventy-fold risk of suicide in postpartum period

The Postpartum Phase

- 85% of women experience mental disturbance during initial postpartum phase
- Postpartum depression a major factor in 20% of maternal deaths
- Postpartum psychosis, in conjunction with bipolar disorder, 20% likelihood; previous psychosis 100% likelihood
- Current DSM recognition of postpartum psychopathologies is a specifier "with peripartum/ postpartum onset" and limited to 1-month only

Minority Group Risk

- Over half Hawaiian population is AANHPI (Asian American, Native Hawaiian, and Pacific Islander)
- AANHPI increased risk for poor maternal outcomes: gestational diabetes and hypertension, cesarean birth, and low birthweight infants
- Increased risk of postpartum psychopathology with cigarette smoking during pregnancy, unintended pregnancy, intimate partner violence, drug usage, and lower education
- Higher risk of postpartum depressive symptoms among migrant women (vs. native women), as host-country language proficiency plays a significant role
- Engagement in cultural perinatal practices is strongly associated with lower rates of postpartum depression and postnatal disease

Suicide Risk

- 75% of perinatal suicides in Postpartum phase
- Strongest predictor is Bipolar disorder

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Poster Presentations

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Poster Session 3: Healthcare Systems

#40 Exploring Healthcare Barriers of Transgender Service Members: A Qualitative Investigation- Abigail Chambers

#48 Accountability and Gendered Violence in the Workplace- Cherylynn Bassani