AESTHETIC INQUIRY INTO THE ROLE OF THE PMHNP: ART THERAPY AND MENTAL HEALTH

by

Kari A O'Brien

Kari A O'Brien 2008

A Master's Project Submitted to the Faculty of the COLLEGE OF NURSING

In Partial Fulfillment of the Requirements For the Degree of MASTER OF SCIENCE

In the Graduate College

THE UNIVERSITY OF ARIZONA

2008
TABLE OF CONTENTS

ABSTRACT ............................................................................................................................................... 3

AESTHETIC INQUIRY .......................................................................................................................... 4

Outline .................................................................................................................................................. 5

Background and Significance .................................................................................................................. 5

Defining Generalists Standards .............................................................................................................. 7

Defining Advanced Nurse Practitioners Standards ........................................................................... 7

Historical Perspective ................................................................................................................................. 7

Review of the Literature ............................................................................................................................ 10

Best Way Forward .................................................................................................................................. 14

Summary of Strengths and Gaps ............................................................................................................. 18

Therapeutic Use of Art ........................................................................................................................... 20

Implications for Practice ....................................................................................................................... 25

Conclusion ............................................................................................................................................... 28

REFERENCES ......................................................................................................................................... 31
ABSTRACT

The purpose of the following project is first, to identify, through the utilization of aesthetic inquiry, the lack of clarity regarding the PMHNPs therapeutic role. Secondly, it is to propose a more distinct therapeutic role for the psychiatric mental health nurse practitioner (PMHNP), utilizing therapeutic art as an exemplar. The writer of this masters project asserts that as the realm of psychiatric nursing continues to evolve, so does too the need for the PMHNP to explore and expand a therapeutic role that is unique to nursing. Furthermore, this writer has identified a problem underlying this focus. This problem is the current lack of clarity that exists regarding the PMHNP role. In addition, there is a lack of clarity over what makes the PMHNP’s therapeutic interventions distinct and unique from other disciplines other nurses and more specifically other advance practice nurses. This writer feels that the problem of lack of clarity is relevant both to the PMHNPs and their clients.
AESTHETIC INQUIRY

What is noteworthy is this writer’s attempt to make this inquiry from an aesthetic viewpoint or way of knowing as it is this view that guides this project. This writer inquires about the psychiatric nurse and his or her creative use of therapeutic communication and use of self with the client. Carper (1978) identified four patterns of knowing that are used in nursing practice; these include empirical, personal, ethical, and aesthetic patterns of knowing. Carper points out that although all four patterns do not exist independently, each one has unique characteristics. The aesthetic pattern is unique from the knowledge that comes from conducting research, from ethical inquiry, or from one’s own personal reflections and feelings. The aesthetic pattern has a dual focus; it addresses the art of nursing practice as well as the use of art forms in nursing practice. The aesthetic pattern of knowing involves the study of the act (and art) of practicing nursing and the knowledge that comes from the nurse interacting with and caring for patients. It may also include a focus on formal expressions of art forms such as painting and music and their therapeutic value for patients (Chinn & Kramer, 2004). This is important because in this paper, this writer works to capture aesthetic inquiry and reflect its dual focus. This paper utilizes this method of building knowledge through examining nursing practice, in this case psychiatric-mental health nursing practice, and specifically, with a focus on the potential role of art in psychiatric mental health nursing practice. Furthermore, empirical research, personal reflections, and practice knowledge were utilized to achieve the objectives of this project.
Outline

This paper begins with a section on the background and significance regarding this lack of clarity surrounding the PMHNPs therapeutic role. This is followed by a literature review of how previously the nursing discipline has attempted to define and distinguish psychiatric nursing and the PMHNPs therapeutic role, including a summary about the strengths and gaps in the literature with regards to the psychiatric nursing and the PMHNP role. The project will conclude with a description of art therapy as an exemplar for scientifically based practice among PMHNPs and identify implications for future practice.

Background and Significance

The lack of clarity and distinction of the psychiatric nursing role, at all levels including Registered Nurse (RN), Clinical Nurse Specialist (CNS) and PMHNP is a problem that is well reflected in the literature today. Through a review of the literature, this writer has discovered that this lack of clarity is linked to a lack of theory and research-based practice. This paper will focus on the PMHNP role in particular, as the role that is increasingly dominating nursing. Given the need to improve outcomes for psychiatric patients, it is inherently important to identify and clarify the current role that the psychiatric nurse and more specifically the role the PMHNP plays in improving client outcomes. With regards to the future, Healthy People 2010 and the Surgeon Generals Report identify some objectives that can serve to be good benchmarks for the psychiatric nursing community (http://www.healthypeople.gov/). However, with little scientific and
evidence based research, psychiatric nursing as a field lacks an important source for identifying what makes the role distinct.

In this writer’s professional psychiatric nursing experience as a generalist, I can attest to this lack of clarity about the role and therapeutic use of self that the literature supports. Much of what generalists are taught is based upon traditional wisdom that has been passed down from previous psychiatric nurses. This is not to say that this information is not valid. In fact, much of this information is quite useful and has its grounding in psychology research. What is needed now is more nursing research to provide an evidence based foundation for psychiatric nursing. Furthermore, as a generalist, this writer can attest to the lack of clarity in the area of implementation regarding The ANA (2000) Standards of Psychiatric Mental Health Clinical Nurse Practice. This writer has found that both psychiatric nurses and other health care providers are unclear about and unable to articulate the level and specific interventions of psychiatric care the nurse provides. In this writer’s experience, this is especially true in the areas that the ANA refer to as the standards of counseling, milieu therapy, health teaching and case management.

According to The ANA (2000) Standards of Psychiatric Mental Health Clinical Nursing Practice, the generalist role (RN) includes standards of assessment, diagnosis, outcome identification, planning, implementation, counseling, milieu therapy, self-care activities, psychobiological interventions, health teaching, case management, health promotion and health maintenance. The ANA (2000) clarifies that the APN includes those standards of the generalist as well as the standards of psychotherapy, prescriptive
authority and treatment, consultation and evaluation. For the purposes of this paper, what is focused upon are those standards that emphasize counseling and psychotherapy.

**Defining Generalists Standards**

Standard Va. Counseling is defined as “The psychiatric-mental health nurse uses counseling interventions to assist clients in improving or regaining their previous coping abilities, fostering mental health, and preventing mental illness and disability” (p. 4). Standard Va, does not give the generalist prepared psychiatric registered nurse the details regarding how and to what extent this standard ought to be carried out. Given the limited clarity in this defined standard, there is certainly room for further clarification about how even the generalist functions in their therapeutic role.

**Defining Advanced Nurse Practitioners Standards**

For the APN, Standard Vh. Psychotherapy, is defined by the following: “The advanced practice nurse in psychiatric mental health uses individual, group, and family psychotherapy and other therapeutic treatments to assist clients in preventing mental illness and disability, treating mental health disorders, and improving mental health status and functional abilities” (p.5). What is also reflected in the APN’s role is a lack of clarity about how the PMHNP practices psychotherapy within the discipline of advance practice nursing. The ANA does not specify how and to what extent the APN ought to carry out the standard of psychotherapy.

**Historical Perspectives**

In her article, Delaney (2005) highlights the many dynamics that ignited the evolution of the PMHNP role. In her discussion she reveals that although the PMHNP
role is becoming clearer compared to its initial days, its future is still likely to require
continued efforts to clarify it. It was in the early 1990’s that the issues that would lead to
the necessity of a PMHNP that could fill the slot needed for cost effective primary care
for psychiatric mental health clients first emerged. In her work, Puskar (1996) set out to
describe this new Nurse Practitioner (NP) role and discuss the rationale, including the
advantages of the role. She describes the role as unique given the ability of the PMHNP
to blend both the art and science of psychotherapy and physical assessment skills. Puskar
described the rationale for the development of the role as being a direct result for the need
of restructuring for health care cost effectiveness. Puskar highlights the advantages of the
role as being effective in addressing issues of high cost, limited access and low quality.
Furthermore, in 2000 the ANA published a new set of educational guidelines and
standards, which served to bring even more clarity to the PMHNP role.

In 2003, the National Panel for Psychiatric-Mental Health NP Competencies was
developed. In her article, Bjorklund (2003) explores the meaning and scope of the
PMHNP role. The American Nurses Credentialing Center (ANCC) began to offer
PMHNP certification examinations in December 2000. Bjorklund implies that the
freshness of this role as well as the other NPs and CNSs that practice treatment of
psychiatric mental health disorders are what makes the clarity of the role somewhat
cloudy. What Bjorklund makes clear in her article is that it is the domain of psychiatric
nursing that will be responsible for continuing to clear the clouds and make the PMHNP
role clear for the future. As the specialties of nurse practitioners have continued to evolve,
so too have the numbers of providers that are available to treat the psychiatric population.
There are four types of nurse practitioners available to treat psychiatric mental health clients. These include the Adult Nurse Practitioner (ANP) or Family Nurse Practitioner (FNP) who in their primary care settings provide basic services to psychiatric mental health clients. The second group includes ANPs or FNPs who provide their services to the specifically to the psychiatric population. These first two groups are not eligible for third party reimbursement. The third group is the ANP or FNP that carries dual certifications in primary care and psychiatric mental health nursing. Finally there is the certified PMHNP who practices from the ANA (2000) Scope and Standards of Psychiatric Mental Health Nursing Practice. The third and fourth groups are eligible for third party reimbursement. Bjorklund makes it a point to state that the adult and family nurse practitioners, while they will continue to offer a limited amount of psychiatric services, will need to continue to define their role as distinct from the PMHNP role as well. In doing this, the work of the ANP and the FNP will not be as easily confused with the work of the PMHNP. The ANA (2000) has helped to lead the way in clarifying the scope of practice by identifying assessment, diagnosis, outcome identification, planning, and implementation as direct clinical care standards for general psychiatric-mental health nurse practice. There are various factors that determine the level at which the psychiatric nurse practices. These include, state nurse practice acts, education and experience, certification, practice setting, personal initiative, and professional practice standards. (Krupnick & Wade, 1999). However, Bjorklund (2003) concludes her article by encouraging psychiatric nurses to continue with the work needed to clarify their scope of practice further.
Naegle and Krainovich (2001) also assert that this “preparation and implementation of a broader based advanced practice psychiatric mental health role… is proving more challenging in reality than originally envisioned” (p. 464). In their article, Naegle and Krainovich aim to identify some of those issues and factors of the PMHNP role evolution that they see as being most difficult for educators and practitioners to understand. In regards to educating consumers of psychiatric mental health services, Naegle and Krainovich agree that most consumers do not have an understanding of the role PMHNPs play in case management, medication management, psychoeducation and psychotherapy. Furthermore, they assert that the lack of masters prepared PMHNPs in practice coupled with the freshness of the role make the time that preceptors have for teaching limited. This further compromises implementation and understanding of the role, making it difficult for future PMHNPs. Although from a historical perspective, as pointed out by McCabe (2000), “The history of psychiatric nursing research, however shows the existence of many varied studies focusing on a wide range of psychosocial topics and the lack of an identified national psychiatric nursing research priority” (p. 115).

Review of the Literature

Nolan & Cheung (1996) explore the role of scientific tradition in mental health nursing development. According to Nolan and Cheung around the year1890, approximately 100 institutions in the world were providing specialist care and treatment for mentally ill clients. At this time, no generally agreed upon scientific knowledge base existed and still asylum systems were founded, and yet it was within these institutional
frameworks that the disciplines of psychiatry and mental health nursing first flourished. Nolan & Cheung go as far to assert that some of these practices, which have their origins in the 19th century are still visible in today’s psychiatric mental health nurse. Nolan and Cheung emphasize that there is a “closeness” which they refer to as a “great strength”. They conclude their article by explaining that it is this “closeness”, which has generally been enhanced by the closure of asylum institutions. Furthermore, they proclaim that nurses “need now to reflect on and analyze their special relationship with clients in order to facilitate the growth of a compassionate science grounded in and informed by mental health nursing” (p. 44).

Zauszniewski & Suresky (2003) revealed in their analysis of three years of published psychiatric nursing research that, “Historically, nursing practice has been influenced by traditional wisdom passed down through generations by word of mouth and in published textbooks. Without scientific evidence for practice, nurses have done the best they could in the patients’ interest” (p.2). This begs the questions, ‘Then what have psychiatric nurses based their interventions on thus far? What foundation are they provided in baccalaureate programs they graduate from?’ The literature suggests that the prevailing answer is ‘experience.’ Certainly, psychiatric nurses carry fundamental nursing skills and apply them to the psychiatric patient to develop psychiatric nursing care plans but much of the refinement of those skills appear to be based upon experience. Zauszniewski & Suresky assert that much of the nursing care provided to psychiatric mental health patients has in fact been based upon personal experience and experiences of nurses and others psychiatric mental health nurses who have gone before. A review of
the literature makes it clear that psychiatric nursing practice is still grounded in tradition, unsystematic trial and error, and authority, rather than being based on sound empirical investigations.

Zauszniewski & Suresky (2003) raise the following questions: a) Are psychiatric nurses aware of the efficacy of the treatments and interventions they provide? b) Are they truly practicing evidence-based psychiatric nursing? And c) is their documentation of the nature and outcomes of the care they provide? Addressing these questions will help shape the roles of nurses in a specialty area that is growing in its understanding of molecular and cell biology and genetics, as well as the cognitive and behavioral sciences”. Although Zauszniewski & Suresky make the argument that psychiatric evidence based nursing research is lacking, they identify hope for the discipline. They stress that as mental health nursing moves toward embracing evidence-based practice, there is work to be done in areas of what they refer to as personnel, process, and product. Therefore they emphasize a need for more researchers who carry clinical knowledge and research skills, and then encourage these nurses to increase the depth and scope.

Hamblet (2000) emphasizes the increased amount of pressure on the psychiatric mental health nursing profession to “systematically examine the nature of its practice and articulate and demonstrate the clinical outcomes of its intervention” (p.34). He works to point out that psychiatric nurses run the risk of allowing the profession to be classified by a series of tasks because those are highly visible and therapeutic use of self is of low visibility. This is a risk and the source of the pressure to be clear and articulate about the work psychiatric nurses do. Highlighted are what Hamblet refers to as the “highly
visible” or more technical and quantifiable functions and the “low visibility” whereby psychiatric mental health nursing engages in less technical non-quantifiable functions. Hamblet concludes by identifying the phenomenological gap in the psychiatric mental health nursing research. She suggests “a radical shift in research in mental health nursing…to move away from quantifying and measuring visible skills to attempting to attain a true phenomenological description of the essence of mental health nursing” (p.35).

Authors Ford, Karshmer & Hales (2000), highlight the need to optimize students’ clinical psychiatric experiences through the use of clinical standards of practice as a guide rather than relying on the assumption that simply spending time in a facility will prepare students for entry level psychiatric nursing positions. They imply that making this assumption goes back to the traditional knowledge way of viewing psychiatric nursing. Today, more and more nursing schools are drawn to psychiatric nursing practice guidelines to develop the objectives they wish for students to attain. Ford, Karshmer & Hales suggest that a suitable approach to correcting the problem would include developing a set of comprehensive clinical guidelines that direct student experiences and assure mastery identified outcomes. Utilizing the Standards of Psychiatric- Mental Health Nursing Clinical Nursing Practice, they clarify practice expectations such as assessment, diagnosis, outcome identification, planning and implementation. As evident in the literature, there is certainly a movement to identify the research gaps as well as to develop education tools such as clinical guidelines to better guide and prepare entry level
psychiatric mental health nursing students through defining the role that the psychiatric nurse plays.

Delaney, Pitula & Perraud (2000) organize nursing interventions around the concepts of safety, structure, support, and symptom management. In their article, they encourage psychiatric mental health nurses to pull away from defining the tasks of the profession and instead lean toward clarifying the interventions. Delaney, Pitula & Perraud write, “As interdisciplinary psychiatric teams approach detailing the key processes of care, nursing has the opportunity to rethink how best to represent their role in treatment. Inpatient psychiatric treatment stabilizes acute symptoms, restores function, sets up a system of support, and establishes a symptom management plan built collectively with the client (p. 11). Delaney, Pitula & Perraud admit that this is a challenging task and expose the gap in the literature related to inpatient psychiatric nursing and “misdirected efforts to maintain traditions that have outlived their usefulness” (p. 11). As the future of psychiatric nursing is evolving, themes of evidence based practice and education continue to emerge and develop. What it clear is that, “Nurses are vital contributors to the inpatient treatment process, but will be marginalized if they are unable to articulate how their interventions contribute to the positive treatment outcomes” (Delaney, Pitula & Perraud, p. 13).

Best Way Forward

In her article, Evans (2001) explores therapeutic options, directions and makes some assertions about which may be most effective in an effort to determine the best way forward for psychiatric nursing. In regards to inpatient nursing, Evans declares that what
is clear is that acute inpatient mental health nursing must establish a clear therapeutic
direction to meet future challenges. What Evans implies here is that psychiatric clients
will continue to present with more and more complex problems and that all mental health
work will need to rise to this future challenge. In her discussion about the therapeutic
psychiatric nurse one to one, Evans writes: “Clearly it is essential that nurses spend time
in individual engagement with the patient, but it is equally important that the engagement
is based in a model that has been shown to be effective and that nurses have been
equipped with the necessary skills to implement this model. A weakness of this approach
seems to be that it does not give instruction to the nurse on what to actually say to the
patient, beyond acknowledging the patients feelings” (p.34). Inherent in her assertion is
the lack of theoretical models to drive the therapeutic psychiatric nursing one to one.
Evans idea to promote a theoretical model to guide nursing interventions is a key concept
to the best way forward.

There are however other views that suggest that being present for the patient is the
most vital psychiatric nursing intervention. The implication being that “…interpersonal
relations (have) created the basis for defining the potential significance of the psychiatric
nurse’s role as a therapeutic agent” (Evans, 2001, p. 34). To support the use of a model,
Evans (2001) writes, “To take the example of cognitive behavioral therapy, this is not a
skill that can be taught in an afternoon workshop; time needs to be invested in proper
training” (p. 35). Evans reports that “The model that appears to be the most effective and
provides the clearest identity and overall therapeutic framework for acute inpatient
psychiatric nurses is the psychosocial model. It is evidence-based, involves patients and careers, and includes elements that can be developed from existing practice” (p34).

In her article, McCabe (2000) argues for a reframing of the psychiatric nursing discipline through reconceptualization of core and epistemological content, identification of competencies, standardization of competencies and establishment of a research agenda. She proclaims that psychiatric nursing is at risk of losing its standing and identity among nursing as a whole. Furthermore, McCabe asserts that the struggle has been most pronounced for the advanced practice psychiatric nurse and thus what is needed is the emergence of a new paradigm to guide how psychiatric nursing is conceptualized, taught and practiced. McCabe identifies what many other psychiatric nursing scholars have identified when she writes, “We have held fast to these traditional roles even as they have failed to match clinical practice realities as managed care inexorably alters the health care landscape” (p.110). She implies that it is this failure to identify a need for change that has left psychiatric nurses with an inability to articulate the epistemological foundation and the psychiatric nursing profession. McCabe concludes by asserting that the quality work that the psychiatric nurse completes will continue to be dismissed if the work is not measurable.

In their article Cornwell & Chiverton (1997) aim to discuss the PMHNP role as it pertains to high quality, cost effective mental health care and the development and issues specific to the PMHNP. These authors assert that while the length of acute psychiatric inpatient stays decrease in frequency and length of stay the rate and need for community based psychiatric care increases. Like the previous authors identified in this project,
Cornwell & Chiverton recognize that the PMHNP is uniquely prepared for practice. Cornwell & Chiverton write, “The Psychiatric NP is a highly specialized clinical nurse who has obtained education, clinical supervision, and advanced certification and can autonomously apply their practice to the psychiatric client” (p.59). However, the authors also make note of the lack or gap in the research that clearly documents the PMHNP’s effectiveness. In their study, they do make reference to a study that did provide clear evidence of the psychiatric CNS’s effectiveness. The authors conclude their work by emphasizing that the psychiatric nursing community must work to “clarify, define, and educate the public about changing roles and opportunities for more cost-effective, efficient, and high quality mental health care” (p. 64).

In their two part article, O’Haver Day & Horton-Deutsch (2004) set out to describe the concept of mindfulness or Cognitive Therapy (CT) and explore research that supports its usefulness in treating psychiatric illness. Part two of their article aims to outline the phases necessary for the PMHNP to integrate Mindful Based Cognitive Therapy (MBCT) into practice. The authors assert that through the integration of this therapy into his or her practice, the PMHNP can help the psychiatric client to replace maladaptive coping with new more mindful and effective ways to process mental activities. The authors emphasize the vital role that education and training plays for the PMHNP in effectively practicing this form therapy.

Crow & Luty (2005) encourage and support the use of Interpersonal Psychotherapy (IPT) utilization among psychiatric mental health nurses as an intervention for depressed patients. They support the notion that interpersonal relations
with clients are at the core of psychiatric nursing practice. The techniques that Crow and Luty emphasize revolve around seeking information, exploring beliefs/values/assumptions, exploring communication patterns, exploring affective responses and exploring alternative subject positions. Through their research, the authors present a discourse analysis of IPT and argue that IPT utilization by advanced practice psychiatric nurses can facilitate the development of more meaningful subject positions in relation to others. Furthermore, Crow and Luty share that the effectiveness of IPT is equivalent to antidepressants and cognitive behavioral therapy had been demonstrated via a number of randomized clinical studies of outpatients. Crow and Luty conclude by encouraging the utilization of the IPT as a framework for advanced practice psychiatric nurses to draw from.

Summary of Strengths and Gaps

The PMHNP role is one that is fairly new. The first PMNP exam was given in 2000 and this suggests the freshness of the role. Given this freshness, it is inevitable that the PMNHP will continue to attempt to define itself before reaching a true understanding among the nursing community, other health care disciplines and the psychiatric client. The strengths of the literature include a need for continued clarification through the use of evidence based models to better guide the psychiatric nurse as well as the PMHNP. What is clear is the PMHNP role cannot be separated from psychiatric nursing.

The gaps include uncertainty about the direction that this new role will take. There is certainly limited research to support the role psychotherapy will have in the PMHNP’s practice. Given the need to clarify the PMHNP role, there is room for
interpretation about just how the PMHNP will fulfill the psychotherapy standard of practice. Given the many modes of psychotherapy, there is a need for the PMHNP to identify and become familiar with some form of psychotherapy in his or her practice. Fortunately, the current literature, although somewhat limited does seems to highlight the effectiveness of PMHNPs as fulfilling a therapist role. This project suggests the use of art therapy as an exemplar. Although, there is a lack of literature about art therapy and its usefulness, the use of psychotherapy among PMHNP may be supported. It is my hope that this project will serve as a further support for psychotherapy in the form of art therapy to be utilized in the PMHNP’s practice, along with other therapies identified in the literature review. Art Therapy is also a form of psychotherapy but as nurses we must be careful not to overstep boundaries into the arena of the art therapist. Instead as nurses, we must tease out the areas where the work of the art therapist and the PMHNP may overlap and then determine what the PMHNP can bring to therapeutic use of art that is uniquely nursing.

For the purposes of this paper, this writer makes the distinction between art therapy and therapeutic art. While Art therapist practice art therapy, nurses at all levels, practice from a nursing perspective that is ultimately geared at helping the client to adapt to and cope to achieve the optimal level of wellness from a wholistic perspective. The nursing metaparadigm of person, environment and health are at the forefront. Here the argument that the therapeutic use of art from a nursing perspective can work to supplement and make the psychiatric nurse role clear and effective is made.
Therapeutic Use of Art

Although the current available literature concerning therapeutic use of art as a nursing intervention for psychiatric mental health patients is limited, what exists may provide some guidance on how the PMHNP role can be better defined and research-based. The few studies that have been completed regarding the therapeutic use of art as a nursing intervention have focused on children, women, adult cancer patients, the geriatric population and schizophrenic patients. The following literature review will present the nursing research done with adult oncology, female, schizophrenic, geriatric and prisoner patients.

Given the potential overlap between art therapy and the therapeutic use of art from a nursing perspective it is important that the nurse understand the art therapists’ role. The American Art Therapy Association (AATA) defines its mission with the following: “The AATA is an organization of professionals dedicated to the belief that the creative process involved in art making is healing and life enhancing. Its mission is to serve its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy.” The AATA highlight the areas of artistic, clinical and therapeutic use of art for the art therapist. Furthermore they explain that the art therapist is proficient in art, knowledge of art and the responses that can be elicited from art, the knowledge of psychotherapy as well as art therapy. Art therapists perform art therapy assessments, evaluate the art making process and process, design interventions, assist clients to identify and apply creative process and refer client to appropriate community resources.
The AATA cautions non art therapists to consult with an art therapist when further information and direction is needed regarding the therapeutic use of art. In order to preserve the unique role of the art therapist and the unique role of the psychiatric nurse at both levels, it is essential to understand each as separate as the draw from models that are unique to their respective disciplines.

The literature highlights the incidence of depression among the general population, thus indicating a need for effective interventions from all disciplines. In their study, Murphy et al (2000) write, “Depressive disorders are common, chronic and costly. Almost 20% of adults experience a mood disorder requiring treatment during their lifetimes, with approximately 8% of adults having a major depressive disorder” (p. 259). However, few studies have been done to highlight the efficacy of the use of the creative arts as a nursing intervention specifically among the psychiatric population.

In particular, Walsh et al (2004) provides some useful information on the topic of creative arts as a nursing intervention. The authors purpose was to “measure the efficacy of a creative arts intervention to reduce stress, lower anxiety and increase positive emotions in family caregivers of cancer patients” (p. 114). Walsh et al employed a pre-posttest quasi-experimental design; the use of a creative arts intervention was manipulated as the independent variable. Stress, anxiety and emotions were identified as the dependent variables. The study itself was conducted over a 6-month period; the bedside nurse implemented the creative arts interventions. A Mini-POMS was done to measure mood, using a 5 point Likert scale. A Beck Anxiety Inventory (BAI) was utilized to allow participants to describe anxiety symptoms and the Derogatis Affects
Balance Scale positive and negative affect. Walsh et al (2004) found that “Forty family caregivers reported significant reduced stress, lowered anxiety, and increased positive emotions following Creative Arts Intervention (CAI) participation” (p. 214). Walsh et al make the following conclusion from their research; “Patients and family caregivers noticeably changed their demeanor and attitudes as soon as they became engaged in creative-arts activities” (p. 219). The results of the study, while useful in demonstrating the power of therapeutic art, failed to demonstrate its usefulness among men, as 75% of the participants were female.

In her study Lane (2005) completed a phenomenological research study that set out to examine and understand the lived experience of art and healing for cancer patients. Lane’s research endeavor utilized material from the Arts in Medicine program at Shands Hospital, University of Florida. The results of the study produced eight themes including going into the darkness, going elsewhere, making art as a turning point, slipping through the veil, feeling the healing energy of love and compassion, surrendering to the process, knowing the truth, and experiencing transcendence. Lane stresses that it is vital that nurses ask themselves about the possibilities that art and healing hold.

Hodges, Keeley & Grier (2001) also took a phenomenological route to better understand the elderly and those that provide care for them. In their study, Hodges, Keeley & Grier aimed to determine if artwork could be used to “explore personal context and meaning about chronic illness experiences through the eyes of the elderly” (p. 390). They also attempted to compare the elderly’s perception with that of their caregivers and finally “to uncover strategies to build therapeutic conversations between patients and
caregivers through visual images” (p. 390). Their findings revealed the themes of social isolation, inevitable role change and inertia movement upon viewing masterworks of art. The authors concluded that, “Masterworks of art can generate energy exchange between the elderly and caregivers, providing a plausible catalyst for meaningful interventions that transcend age and practice settings” (p.390).

In his study, Gussak (2004) completed a quantitative pilot study aimed “to measure the effectiveness of art therapy with prison inmates” (p. 1). Using a Formal Elements Art Therapy Scale and pre-post test survey, Gussak determined “those who took part in the four-week pilot improved their attitude, compliance with staff and rules their socialization skills” (p 2). Furthermore, Gussak wrote that improvement in the categories of prominence of color, color fit, energy, details of objects and environment and space “supports the conclusion that there was a decrease in depressive symptoms and an elevation of mood” (p. 1). Using all 7 items of the pre-post test survey, the P< .001, thus reflecting a significant change from the beginning of implementation to the end of therapeutic art implementation.

Seifert & Baker (2002) worked with non-artist Dementia Alzheimer type patients and had them participate in biweekly creative pictorial activities. Over a three-year time period the participant’s work was analyzed for asymmetry and compositional complexity. The results of their study showed that the asymmetry did not change significantly with practice but complexity did change. The authors conclude by revealing the many implications of their findings. The implications they include are that the women in the study expressed “enjoyment” and that creative activities “can continue to be a basis for
fulfillment” (Seifert & Baker, p.13). The authors also imply that the assessment of art created by clients with dementia “can provide valuable information about changes in perceptual and cognitive function over time” (p. 13).

In a study done by Greece (2003) she identifies her aim to provide “one example of how art therapy can be useful for an adult SCT or BMT patient in isolation”. In her work art therapist Greece implemented art therapy with one veteran patient. As a result of her work and research, Greece writes “Mr. A received many benefits from art therapy while hospitalized for his SCT, as stated earlier, which included an increased support system as well as an opportunity for self-expression and self-examination” (p. 238).

Curry & Kasser (2005) aimed to examine the effectiveness of art activities in the reduction of anxiety. After their participants underwent a brief anxiety induction exercise, they randomly assigned each participant to color a mandala, a plaid form or a blank piece of paper. Curry and Kasser’s results showed that the participant’s anxiety levels decreased equally when they colored in the mandala and the plaid form. Their findings implied the usefulness that coloring in shapes in promoting a meditative state. The authors suggest that these findings support the use of coloring in complex geometric shapes in providing organization for the chaotic mind that manifest in an anxious person. The authors conclude by stating that “Further research with other individuals varying in age, education, and mental health status is warranted to determine the generalizability of these findings (p. 84).

Dewdney, Dewdney & Metcafe (2001) present an article that outlines the use of an art-oriented interview as a tool in psychotherapy. The authors emphasize the
therapeutic and assessment value of art therapy. They assert that art aids the client and the therapist “to see therapeutic goals and progress with clearer eyes”. (p. 81). Dewdney, Dewdney and Metcafe identify techniques of establishing rapport, dealing with resistance and handling the termination phase of treatment as therapeutic techniques offered by art therapy. They conclude by emphasizing that other therapists no matter their backgrounds, may find art therapy useful.

**Implications for Practice**

A review of the available literature indicates that there are a growing number of therapies identified that are working to clarify the therapeutic role of the PMHNP. Those therapies most prominent in the literature review that supported use among PMHNPs were CBT and IPT. In particular, there is support for integrating therapeutic art in the form of an effective nursing intervention. Specifically, the findings highlight the effective use of therapeutic art in the adult oncology, geriatric and prisoner patients. Although, before this implementation can occur, it is vital that the ANA, schools of nursing and finally nurse researchers work to understand and differentiate between art therapy and therapeutic use of art in nursing practice both at a generalist level and at an advanced practice level. Doing so will better prepare nurses in supplementing their practice with therapeutic art. In order for this to occur, psychiatric nursing will have to identify what is unique about its profession both at the generalist and the advance practice level. This writer suggested the exploration of current nursing models as a starting point and eventual development of a nursing model that is unique to psychiatric nursing. Development of such a model will help to clarify psychiatric nursing, which will then
carry over into cultivating and defining the PMHNP role. With the current movement
towards Doctorate of Nursing Practice (DNP) this movement of cultivating and defining
will be especially vital to the future of psychiatric nursing. As represented by the
literature reviewed in this project, there is a need for continued research in this area to
further demonstrate the effectiveness of therapeutic art utilization among nurses. With the
research, we will need to identify and articulate how and why the supplementation of
therapeutic art into nursing works. To date there is no literature available that documents
the use of art among PMHNP’s. There is however, research available in the three art
therapy journals that supports the effectiveness of art therapy among the research subjects
of art therapist. And, as presented in this paper there is evidence that therapeutic art is
effective with medical patients as a nursing intervention. Furthermore, given this finding
there is a need for more art therapist and PMHNP collaboration in deciding what man
delineate the art therapy role from the PMHNP’s role in therapy.

The implication here is that the psychiatric nurse at all levels can supplement their
practice with therapeutic art. Through supplementing psychiatric nursing with art, the
nurse will be working to strengthen their practice and produce improved outcomes for the
patient. This is an implication that is supported in this writer review of the literature. For
example, as the nurse works to assess the psychiatric patient’s mood, the nurse may offer
the patient coloring pencils and paper and ask the patient to attempt to use art to express,
explore and or cope with that emotion. The nurse may begin asking the patient to depict
that emotion with the materials provided. In this example the nurse would be using
therapeutic art in such a fashion that they are using therapeutic art to supplement practice.
Without the use of art, the nurse would be engaged in a therapeutic “one to one” where they might collect the same assessment information, produce a nursing diagnosis, counsel and provide health teaching. The addition of art would bring a new dimension to the therapeutic interaction between nurse and patient. The assumption in the example where therapeutic art is a supplement is that both the patient and the nurse will have a creative therapeutic tool, art. The outcomes of the nurse’s work will hopefully be improved with the supplementation of therapeutic art as a tool. The hope being that once the patient is given the opportunity to use art in a therapeutic manner, a therapeutic alliance and the nurses psychotherapeutic strategies will be that much more effective.

What is worth mentioning here is that it is not the intention of the author to suggest that the PMHNP can take the place of the art therapist. What this project aims to suggest is that the PMHNP, in an effort to further clarify the PMHNP role, should consider implementation of therapy into his or her practice. Just as PMHNPs have begun to implement Mindful Cognitive Behavioral Therapy (MCBT), it will be important for PMHNPs to continue to be informed and educate fellow PMHNPs about how to implement the most effective care to the mental health patient in a way that is unique to nursing. As the PMHNP role evolves, unique applications of therapeutic art by the nurse may be identified. As the author of this project, this writer suggests that PMHNP make efforts to educate themselves through literature as well as consultation with Art Therapists and other PMHNP’s who have successfully implemented therapeutic art into his or her practice. It will also be important for schools of nursing and the ANA to take a look and revising their programs and standards to include more information and
education regarding this shift to provide therapy. The amount of psychotherapy that the PMHNP carries out in their practice is certainly linked to his or her level of education and comfort. Therefore, in order for PMHNP’s to conduct psychotherapy in the form of therapeutic art will take time, effort, education and collaboration with art therapists.

As a professional student, this writer was able to consult with an Art Therapist who supports further inquiry about how the art therapist and the PMHNP can work collaboratively in an effort to understand more about how each can work together and produce positive outcomes for the mental health population. Ms. Johanna Czamanski, MA, ATR- BC, LPC indicates that there is also a need for more art therapy researchers to do more research to scientifically demonstrate art therapy’s effectiveness among the psychiatric population. She advocates for more research, including collaborative research among art therapists and PMHNPs. Lastly, Czamanski cautions that efforts to conduct psychotherapy in the form of art therapy should not be taken lightly. She clarifies that this caution is indicated in order to avoid the PMHNP from running into opening up the emotional floodgates without the necessary skills and tools to deal with such an event. She also cautions against the PMHNP from stepping into or over stepping into the role of the art therapist. She comments that the PMHNP should look to the Art Therapist as the expert and work in a way that is supportive of the art therapists and their domain.

Conclusion

As a result of this aesthetic inquiry, which also incorporates this writer’s personal knowing and professional experiences as a psychiatric registered nurse at the generalist level, this writer concludes that art and the therapeutic use of art in the advanced level
practice as a PMHNP has the potential to be uniquely effective given the nurses ability to holistically care for and treat the psychiatric mental health patient. This conclusion was a direct result of this aesthetic inquiry, as it forced this writer to think about what and why our interventions as nurses are unique to the profession. Essentially, this writer feels in order to maintain our unique nursing focus, we must see the therapeutic use of art as nursing too. It is vital that future nurses acknowledge the potential of utilizing a method consistent with the aesthetic pattern of knowing as outlined by Carper in 1978 so that efforts to recognize and articulate the creative components of nursing will continue. This pattern of knowing was especially helpful in this project as it guided this writer to better understand how and why therapeutic art has potential to be effective for the nurse and patient. This writer suspects that other nurses and nurse researchers will continue to utilize an aesthetic approach to better understand the creative and artistic perspectives of nursing, specifically as they apply to therapeutic art as a modality for PMHNPs. This writer does however realize that in order for this potential to be tapped much research and collaboration is necessary. It is this writer’s hope to encourage advance practice nurses to search out ways to complete this task and more effectively care for and treat the psychiatric mental health patient.

As APNs work towards these goals it will be vital to keep in mind those elements that are unique to nursing practice that are done within activities that are common across all health professions, such as assessment, diagnosis, planning, interventions and evaluation. All health professionals engage in these activities and identification of them by the standards’ documents does little to clarify the PMHNP role. The concern is to
identify what psychiatric nurses do beyond these basic activities that is the substance of a nursing focus. Our nursing theories and conceptual models provide a start for us in clarifying the uniqueness of nursing, in reference to how nurses view human beings, health, the significant environment, and the nurse-patient relationship. Hildegard Peplau (1952; 1988) initiated significant work in this area – clarifying the unique focus of the psychiatric-mental health nurse that is evidence-based and draws from all patterns of knowing (Reed, 1996). In the meantime, as we clarify the uniqueness of nursing practice in the psychiatric setting, it may be helpful to psychiatric mental health nurses to review the knowledge generated here regarding the way that therapeutic art can be used to reach our professional advanced practice psychiatric nursing practice goals.
REFERENCES


