

Implementation of the Dual-Certified Advanced Nurse Practitioner Ten-Step Brief Psychosocial Interventions in Primary Care

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OBJECTIVES

- Discuss the need for Psychiatric Care in the Primary Care setting
- Barrier to Psychiatric care in the Primary Care setting
- Implementation of the Psychiatric Nurse
 Practitioner in the Primary Care
- Ten Step Psychosocial Interventions



Primary Care Providers can use psychosocial interactions such as provider-patient dialogue to promote healing, relieve patient concerns, and reinforcement knowledge of disease processes, improve communication and decrease malpractice risk (Kurtz, Draper, and Silverman, 2016).



CALL FOR PSYCHIATRIC CARE IN PRIMARY CARE SETTING

- Research support
- Reduction of dysregulation
- Key task
- Comfort and Reduction of Stigma



UTILIZATION OF PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) SKILLS IN PRIMARY CARE SETTING

- PMHNP vs Dual Certifications
- Advantages
- Barrier of understanding
- PMHNP and M.D/owner contract



PSYCHOSOCIAL INTERVENTIONS

- 1- Establish rapport
- 2- Ask/make open-ended questions
- 3- Restate to promote clarity
- 4- Incorporate PQRSTU
- 5- Incorporate Intensity rating



PSYCHOSOCIAL INTERVENTIONS

- 6- Provide Witness to Suffering, offer reassurance
- 7- Identify internal competencies
- 8- Educate, discuss treatment options, return demo, modify
- 9- Discuss future visits
- 10-Document future needs, impressions, areas for exploration, med increases, and therapy



Clinical practice that provides both affective reassurance (creating rapport, showing empathy) and cognitive reassurance (providing explanations and education) increases patient self-management of illness and decreases time-consumption and frustration for providers (Pincus, Outvote, Underwood, Savage, Walsh, & Taylor, 2013).



SUMMARY

- Empirical evidence of good outcomes through practice
- Discuss good outcomes with new patients
- Model caring for other providers
- Current research



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