

Scientific Tracks & Abstracts



Girls, trauma, and the institutional maze: The challenges of navigating institutional control

Sanna King

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It is well documented that the majority of girls involved in the juvenile justice system have experienced some form of trauma (Chesney-Lind 1999; Simkins, Hirsch, McNamara Horvat, and Moss 2004; Morris 2016; Belknap & Holsinger 2006). This paper comes out of a five-year qualitative study examining youth punishment in Hawai'i at a high school and various programs within the juvenile justice system on O'ahu. This paper focuses on the challenges girls experienced with navigating institutional control in Hawai'i. Girls in my study had similar demographics, yet a range of experiences with trauma and engagement with support services. I found that girls who had strong social support networks had more resiliency, an increase of engagement with programs, and were able to find their way out of the "institutional maze". I argue that an expanded definition of trauma combined with strong networks of social support and services that incorporate appropriate cultural models can impact girls ability to engage in institutional programs that encourage desistance to delinquency.

Biography

Sanna King Ph.D. received her Doctorate in Sociology from University of Hawai'i at Mānoa, USA, with a focus on feminist criminology, colonial criminology, and social stratification-specifically juvenile justice, incarceration, re-entry, school violence and punishment, police misconduct, deviance, and social control. Her M.A. from Columbia University is in American Studies, which followed her B.A. in Ethnic Studies from University of California, San Diego. Her training includes youth development and therapeutic curriculums, crisis intervention and mediation, domestic violence, focused curriculum development and facilitation, among several others. She also has trained in working with incarcerated youth from intake and case management to discharge planning, reentry preparation, program development and planning, and best practices research. She has taught various undergraduate criminology and social stratification courses in the Sociology Department at University of Hawai'i and in the Criminal Justice Department at San Diego State University. Her position as Assistant Professor of Sociology at Mississippi State University begins in the Fall of 2019. Her career, research and study have been focused on at-risk youth. In addition to teaching at multiple universities, she also introduced writing workshops to incarcerated youth at Riker's Island Correctional Facility in New York for several years before moving to Hawai'i. In Hawai'i she continued working with incarcerated and at-risk youth through facilitating writing workshops and therapeutic group-counseling programs using the girls circle curriculum at juvenile detention facilities and a high school on O'ahu, Hawai'i.

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Utilizing spirituality as a bridge to mitigate social stigma of mental health in the urban and underserved communities: An exploration within telehealth

Vernita Marsh

The Marsh Clinics® & Dr. Vernita Marsh & Associates, USA

It is widely recognized that there are certain communities that the social stigma of receiving mental health is greater than other communities. Thereby telehealth is an excellent option in destigmatizing mental health, especially in marginalized populations. However, the exploration of the client's spirituality is a critical consideration in bridging this gap between compliance to treatment versus noncompliance. Historically, persons of color comprise a significant proportion of those in the underserved communities. And these communities tend to have or had strong spiritual roots. Commonly, the mental health community has largely ignored one's spirituality in the context of mental health. This author suggests that excluding the patient's religious affinity may result in poor therapeutic outcomes despite the use of telehealth, especially within those of disfranchised communities. In fact, in addition to utilizing telehealth, it is recommended that exploring one's spiritual history and connection can serve as an avenue to strengthen the level of rapport, to reduce the social stigma of mental health care, and to engage the patient in the therapeutic process to produce positive therapy outcomes. Ways in which spirituality can be optimized with the use of telehealth are discussed. Recommendations in which telehealth can be further expanded to be more inclusive of patient's spirituality needs are also elucidated and suggestions for further research are discussed.

Biography

Vernita Marsh completed her Ph.D. in Clinical Psychology from Michigan State University and her predoctoral and postdoctoral training from Harvard Medical School, Beth Israel Hospital. Following this training, she completed a fellowship at Massachusetts General Hospital. For several years, she was a clinical psychologist with Kaiser Permanente of Oakland, CA and there she served as the Co-Chief of the Adult Psychiatry Department. Additionally, she has served as a consultant for the Department of Defense for the military and military families overseas. Previously, she has also served as a consultant and therapist for the National Football League treating the players and family members while also serving in the capacity of consultant to the Oakland Raiders. Now for several years, she continues to serve as a therapist for the NBA, for their players and spouses. Currently, she is the founder of a group clinical practice, Dr. Vernita Marsh & Associates. Also, she is the founder of The Marsh Clinics® an organization that addresses the disparities concerning mental health care. Most notably she has served as a consultant, supervisor, and mentor for clinicians. She has published, presented, and offered several trainings on the various topics of mental health.

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Relationship between insight and cognitive dysfunction among patients with schizophrenia

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Government Medical College and Hospital, India

Statement of the Problem: Unawareness of mental illness has been commonly observed in schizophrenia and has been recognized as a potential barrier to treatment adherence and a risk factor for a range of poorer outcomes. There are some of the potential causes behind poor insight, including deficits in neurocognition, social cognition, meta-cognition and heightened self-stigma.

The purpose of the study: Study was conducted to look at the relationship of neurocognition, social cognition with insight in schizophrenia, as there is paucity of research in Indian literature.

Methodology and theoretical orientation: A cross-sectional, single assessment design was used to study 60 participants with a diagnosis of schizophrenia as per International Classification of Diseases (ICD) – 10 fulfilling inclusion and exclusion criteria at Government Medical College and Hospital (GMCH), Sector -32b, Chandigarh (INDIA).

Findings: Only one – sixth of the patient had complete insight. Significant cognitive dysfunctions were present in majority of patients in the domain of attention, working memory, mental speed, verbal fluency, category fluency, set shifting, abstraction and intelligence as well as social cognition. No association was seen between levels of insight and neurocognitive functions and social cognition.

Conclusion and Significance: In this study, we have found that insight was not associated with any of the cognitive functions.

Biography

Shikha Goel has done MD in Psychiatry from Government Medical College, Chandigarh, India. During her tenure as a resident she took up the research work on assessing the relationship of insight with neurocognition and social cognition in patients with Schizophrenia. Dearth of Indian literature on the topic sparked her interest in the topic. Lack of insight has been an important factor determining the adherence to treatment and prognosis of Schizophrenia; hence the determinants of insight are very pertinent in management of Schizophrenia. The research work was completed over a period of 3 years and has produced interesting results and merit further investigations into the subject.

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Childhood, adolescence and social media: How the 'oversharing' generation worsens stigma and promotes mental illness

Valerie-Claire Überbacher

Karl Landsteiner University, Austria

The Problem: Since the uprising of the social media culture our youth is facing more complications around mental health, illness than ever. The problem with stigma around mental health isn't new but now, it's gotten even worse. These young people can now 'create' a digital support system on social media by posting about self harm, abandonment, suicidal thoughts, etc. The very real and present danger we are facing is that while these kids were able to create a false imagine of mutual support that allows them to put their inner feelings out there by still being an anonymous user ("oversharing") makes them not only less likely to share their struggles and insecurities with others ("undersharing"), but it also worsens their existing struggles to a high degree. An example of this would be the countless Instagram accounts by kids age 10 to 25 who post very graphic images of themselves performing self-harm. It all creates a big downwards spiral which is moving faster than ever.

My age allows me to inform about this in a more or less objective matter since I've experienced this time, this new era from my own observations and experiences. I am currently working together with the Austrian department of health and psychological organization funding, with the chief of an Austrian hospital with whom I have developed a concept for a first national, soon international project concerning education, destigmatization, information for mental health/illness for children and adolescents in the educational system, and I also recently met with the technology/engineering firm "RISE", and we talked about developing an algorithm for an artificial intelligence program that forms the base, I like to call it the skeleton for social media and the internet in general and filters out information from servers with which users searched for alarming keywords and makes it able to get them the best help possible eventually.

Biography

My name is Valerie-Claire Überbacher, I'm based in Vienna Austria. The reason I want to speak at your event is probably the exact same one that makes you doubt having me. I want to speak because I'm probably one of the very few young adults who spent over 7 years researching/experiencing mental illness and the social difficulties it brings while always self-reflecting and having an urge to help all those who are still experiencing major inner pain and not knowing what to do, or where to go. My contribution to this event will be the role of reality and experience, in a lot of theory represented. Since I've started an online blog and a social media presence with the purpose of finally being someone to open up and speak about struggles publicly, I've gotten thousands of responses from kids, adolescents from countries all over the world. I've noticed that while I can deliver my honesty, passion, and experience, I need to find people who can contribute technology, scientific experience, rank, age and expertise. This is also why I want to speak at this event. I'm passionate about public speaking if it's about something that I'm devoted to and passionate about. And I have never been more passionate about anything else. It needs to be done.

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Regional issues and innovations related to psychiatric nursing and health

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Mental Health Specialist, Cameroon

Accessing mental health services is a critical step towards reducing the burden of mental distress/illness. The stigma of mental illness is one of the most common reasons for not seeking mental health care leading to negative health consequences and undue suffering for many individuals. Mental health suffers from the emphasis given to acute, hospital-based care, which continues to receive most of the resources and attention. Statistics have revealed that, the prevalence of mental health disorders is very high in Europe. Within the total population of about 870 million people living in Europe, at any one time about 100 million citizens are estimated to suffer from anxiety and depression; over 21 million to suffer from alcohol use disorders; over 7 million from Alzheimer's disease and other dementias; about Amillion from Schizophrenia; 4 million from bipolar affective disorders and 4million from panic disorders. Many countries especially in the European Region face enormous challenges in working to promote the mental well-being of their populations to prevent mental health related problems in marginalized groups and to treat, care for and support the recovery of people with mental health problems. Psychiatric disorders have growing priority across many regions, owing to the awareness of both the human and economic costs to society and the suffering of individuals. This project intend to aid in psychiatric nursing and health by bringing in modern and recent innovations which include: Promoting mental well-being to all by integrating mental health promotion components into existing generic health promotion and public health policies and programmes; Tackle stigma and discrimination by developing a coherent programme of policy and legislation to address stigma and discrimination incorporating international and regional human rights standard. From this analysis, we hope to provide a foundation for future work in the areas of Psychiatric Nursing.

Biography

Vernon A Oben had dreamed of becoming a Motivative speaker and Doctor since he was five years old. His love for humanity started at a young age, having grown up in a community of less developed medical services with people suffering from many diseases. When he was eight years old, his aunt became diagnosed with cancer and psychiatric health disorders and had to pass away after a few months of struggle, due to poor medical services in the community. After his aunt passed away, he became determined to become a doctor that would be able to treat the sick and ensure their comfort. He attended a Government High School, where he graduated with very impressive results, having his GCE Ordinary and Advanced Level Certificates. During his time in high school he was very active in human health and psychiatric nursing and was in one time the leader of the Health Club, where he led group efforts to develop health centers around the globe, tackle stigma and discrimination in the field of psychiatric nursing and more. He is currently a student health specialist in a medical center with very good reviews and hopes to start full medical studies soon. He has an extensive volunteering list which has given him the skills needed to identify and treat basic diseases like cancer, psychiatric disorders etc commonly seen in his community. He also volunteered at a Government Hospital, helping with respite care. He is also an advocacy blogger and motivative speaker, who writes to teach people better take care of sick and disabled persons.

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Workshop



No more nightmares: How to use planned dream intervention to end nightmares

Beverly Ann Dexter

Licensed Clinical Psychologist, USA

Planned Dream Intervention (PDI) is a highly effective, rapidly learned skill that teaches the dreaming brain how to sleep through nightmares. Developed by Dr. Beverly Dexter in 2001 and taught to thousands of clients (including in an active combat zone), health care providers and educators around the world. PDI is dramatically different from previous therapies that require multiple sessions, an established therapy relationship, continued follow up if more disturbing events occur, and is much more acceptable to the large percentage of nightmare sufferers who would never pursue traditional therapy or who might not have in-person access to therapy. Briefly, the successful PDI is: **1)** an intuitive emotion-gut creation; **2)** may not necessarily be the first thing the individual thinks of; **3)** the ‘emotional volume’ of the effective PDI matches that of the dream at the point where the dreamer woke up; **4)** the successful PDI is not re-writing the dream—it kick-starts the person back into the dream with a sense of mastery; **5)** if the dream is about a real life event, the PDI that will work may not necessarily appear to be related to what the dreamer would like to have happen in real life; and **6)** effective dream interventions can be created from physical sensations or emotions, even when the individual does not remember actual dream content. PDI training creates a mastery experience allowing the dreamer to sleep through any dream without waking or acting out dream content, now and in the future.

Biography

Beverly Ann Dexter, a US Navy Commander (Retired) with over 35 years of military experience, served on 4 shipboard tours, and tours with US Marines and Special Forces stateside, and Joint Service with US Marines and US Army in Iraq. As a leader in the treatment and prevention of trauma, she founded Military Special Interest Groups for the International Society for Traumatic Stress Studies and the EMDR International Association. In continuing humanitarian work, she also has provided Planned Dream Intervention training at no cost, to groups in England, Germany, India, Israel, Zimbabwe, Australia, Canada and across the US.

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Journey to self- healing: Biofield therapies, spirituality and body-mind health

Rauni Prittinen King

Pacific Pearl La Jolla, USA

Statement of the Problem: The human biofield, or energy system, has been studied in various cultures for thousand of years. The Greek physician Hippocrates noted an energy transfer, "a force flow from people's hands as they touched". This energy vibration is now known as Chi in China, Prana in India, Ki in Japan and Mana in Polynesia. In the USA, biofield therapies are increasingly used in hospitals and other healthcare settings. The challenges faced by biofield practitioners include a lack of a common scientific definition and educational standard of practice. In addition, research and scientifically validated devices and standardized mechanisms are needed.

Methodology and Theoretical Orientation: Multiple studies will be presented on the efficacy of biofield therapies as an adaptive and integral component of enhanced healing; particularly in relation to stress, anxiety, depression and Post-Traumatic Stress Disorder (PTSD). A focus on Healing Touch (HT), a form of hands-on healing program founded by former Navy nurse Janet Mentgen RN, will be highlighted. HT is a continuing medical education program offered by the American Holistic Nurses Association (AHNA). HT has been practiced in the USA since 1990 and is taught around the world.

Findings: The human biofield is composed of chakras and meridians. Therapies that balance and treat the energy system promote relaxation, decrease pain, and accelerate healing. Using ones' intent and compassion, a practitioner can balance energy as a tool for healing. Energy/vibrational medicine seeks to understand this energetic matrix and how it facilitates healing.

Conclusion & Significance: Our bodies are always looking to return to their natural state of health or homeostasis. For the body to function at its absolute peak performance, all parts of the body-mind, spirit and emotions must be in balance. Treating the human biofield is an overlooked aspect of conventional medicine that is embedded in all other global healing traditions. Healing Touch have been shown to improve stress, anxiety and PTSD along with other medical conditions. Reviewing the evidence and training, nurses/clinicians will result in incorporating these important therapies in patient care.

Biography

Rauni Prittinen King, RN is Co-founder and Executive Director of Guarnieri Integrative Health, Inc. at Pacific Pearl La Jolla; Founder and President of Holistic and Integrative Medicine Resources Inc. and Miraglo Foundation, a non-profit charitable organization. She is the Board Member of the Academy of Integrative Health and Medicine (AIHM) and has 20+ years' experience in critical care nursing, has a Masters in Integrative Health, is Certified in Holistic Nursing, Hypnosis and Interior Design and is a Certified Healing Touch® Practitioner and Instructor. She coordinated Healing Touch® workshops at Scripps Hospitals since 1993 been the lead instructor for the Greater Los Angeles VA Healthcare System. She is the creator of Healing Touch® of Finland in 1998, she has taught Healing Touch® in Europe, India and throughout North America. She served four years as Board Member of Healing Beyond Borders and was Co-founder and former Director of Programs and Planning at the Scripps Center for Integrative Medicine in La Jolla, California.

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Working with the nursing staff on an acute psychiatric admission ward

Antonio L S Fazio

Italian Psychoanalytical Society, Italy

The Problem: Psychiatric nurses working in an acute psychiatric admission ward, in a Central London teaching hospital, appeared to be under an enormous amount of psychological stress, with no support, and very little training. They seemed to be part of a more general institutional failure to take care of them.

Intervention suggestion: The high burn out risk to which the nursing staff seemed to be exposed, indicated that the help of an external consultant as a group leader, could probably help and support them through regular weekly staff groups. This paper is a clinical description of the main themes, challenges and issues, which emerged and were worked through in such a group, which lasted for about 7 years, uninterruptedly, and took place about 20 years ago. The group was run along psychoanalytically oriented lines, and within a group-analytic approach and framework. A central role in this work was played by the elaboration of the countertransference. This allowed the conductor to survive a very difficult situation. The projections which were being thrown onto him, allowed him to understand better how the nursing staff had been feeling, reflecting on his own emotional resonance. At the beginning of the group, the atmosphere was characterised by chaos, confusion, and negative transference on the conductor.

Conclusions: Through time, the general climate began to shift into something radically different. The transference on the conductor became much more positive, and even staff who had never appeared before to our meetings, began to active participate in all the sessions, including the consultant psychiatrists, the pharmacist and the social worker. The atmosphere became much closer to a therapeutic community, and a much more integrated multi-disciplinary team, than it had ever been before. People were now much more able to take risks with one another, and to disclose very personal feelings.

Biography

Antonio L S Fazio, after his M.A. in Sociology at Trento's University (Italy, 1969), was trained as psychoanalyst in London, at the Institute of Psychoanalysis, (1978). Back to Italy, he became Full Member of the Italian Psychoanalytical Society, and later child and adolescent psychoanalyst. He is also an Italian registered psychologist, on its psychotherapy section list. He also studied in London at the Institute of Group Analysis, in the seventies. He has worked extensively in the UK at Shenley Psychiatric Hospital, Claybury Hospital, University College Hospital London, Sutton Child Guidance Clinic. He has chaired the British Association of Group Psychotherapist first, and later a group psychotherapy Italian association "Il Cerchio", part of the Italian confederation of psychoanalytical group research associations "COIRAG". At UCH he was clinical associate in charge of the group dept. of the outpatient psychiatric and psychotherapy ward. Supervision, institutional work, groups and family work have been his main clinical interests. He now works in Roma, Italy.

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Life inside and out of the matrix – spiritual therapy approach

Danny Shandor

Tel Aviv University, Israel

We live in a matrix. Most of the time we are not aware of it. We think that what we refer to as “here and now”, is actually the whole existing reality. Living such life is living in total darkness. Apparently, our life is much richer and much more complexed. Much more then we can imagine. The first step is to realize that we have a spirit. We know about body and we know about soul. Spirit is unfamiliar to the most of us. Our spirit is ancient. It existed long before we were born and will continue its journey. Long after our current body will die. Our spirit carries a mission. Finding out what that mission is and implementing it, will bring inner joy and feeling of fulfillment. In the workshop we will explore our missions and try to get closer to them. We will meet the inner truth, that nothing happens by chance and everything has a reason. We will try to sense how the world out of the matrix works and get closet to inner balance and inner joy which should be our focus in this period of life.

Biography

Danny Shandor has completed her bachelor's degree in psychology and pedagogy at Haifa University and also has completed a strong healthcare services professional with a master's degree focused in Clinical Psychology from Tel Aviv University. With lots of expertise and experience in his career from 1983, he is now working as an experienced psychotherapist and group leader in private practice with a demonstrated history of working in the mental health care industry.

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