



# Nursing NETWORK

*Creating Connections*

## A TMS Patient Loses Hope Midway Through Her Treatment

*By Amy Widding, RN*



*Amy Widding, RN*

definition, we care for people with treatment-resistant depression. They are among the strongest people I will ever meet. By the time we see them, most have tried everything and anything to feel well again. They are often at the point in their illness where they think, “if this doesn’t work, then nothing ever will.” In addition to caring for our patients’ bodies, we have to gently care for their spirits too and encourage hope when they are unable to do this for themselves.

oriented realities of daily nursing.

Transcranial magnetic stimulation is a newer, noninvasive treatment for patients with depression who are not responding to antidepressants. A magnetic coil is placed on a particular part of the patient’s scalp, electrically stimulating a part of the brain that may be responsible for mood. Patients typically undergo 36 treatments—every day for four weeks, then several weeks of twice- and then once-a-week treatments after that. For certain types of TMS treatment, I will sit across from the patient — at close proximity because the room is so small. It’s a

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**M**y name is Amy Widding and I have been working as a nurse in the Psychiatric Neurotherapeutic Program (PNP) for almost three years. I work two days a week in the electroconvulsive therapy (ECT) clinic and once a week in the transcranial magnetic stimulation (TMS) clinic. I began here as a new graduate and feel lucky to have started my career under the wings of the outstanding nurses in the PNP. They taught me not only how to be a nurse—in the clinical sense—but also how to develop my own version of the art of caring.

Our patients can be a challenge: by

About a year ago, I began working in TMS. When I was first asked, I was apprehensive for a variety of reasons. Does this actually work? I wondered. I’m going to be stuck alone in a dark room with a patient for how long? As a newer RN, I felt compelled to say “yes” to any opportunity to learn a new skill. So I began working in TMS once a week. The happiest surprise of the work is that it takes me back to the early days of nursing school when we learned about the different approaches — or paradigms— in nursing. I have always been drawn to the humanistic model, which is lovely and empowering, but sometimes challenging given the urgent, task-

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FROM THE DESK OF LINDA FLAHERTY, RN, MS, PCNS  
Senior Vice President for Patient Care Services

## “Proud to Be a Psychiatric Nurse”

**T**his issue of Nursing Network celebrates the skills and accomplishments of our staff.

You will read about two award-winning caregivers, a compassionate clinician, and our hardworking scholarship winners.

At the same time this issue was in development, Susie Adams, PhD, RN, PMHNP, FAAN, President of the American Psychiatric Association, sent out a communication to APNA members on, “Why I am Proud to be a Psychiatric Nurse”. I thought her comments were so well done that the letter should be shared.

She writes:

*When posed the question, “Why are you proud to be a psychiatric nurse?” I initially paused, feeling uncomfortable to identify anything that reflected on my professional accomplishments. Upon further reflection, what I feel proudest of is my sense of*

*gratitude for being in a profession that offers hope to individuals at their most vulnerable moments.*

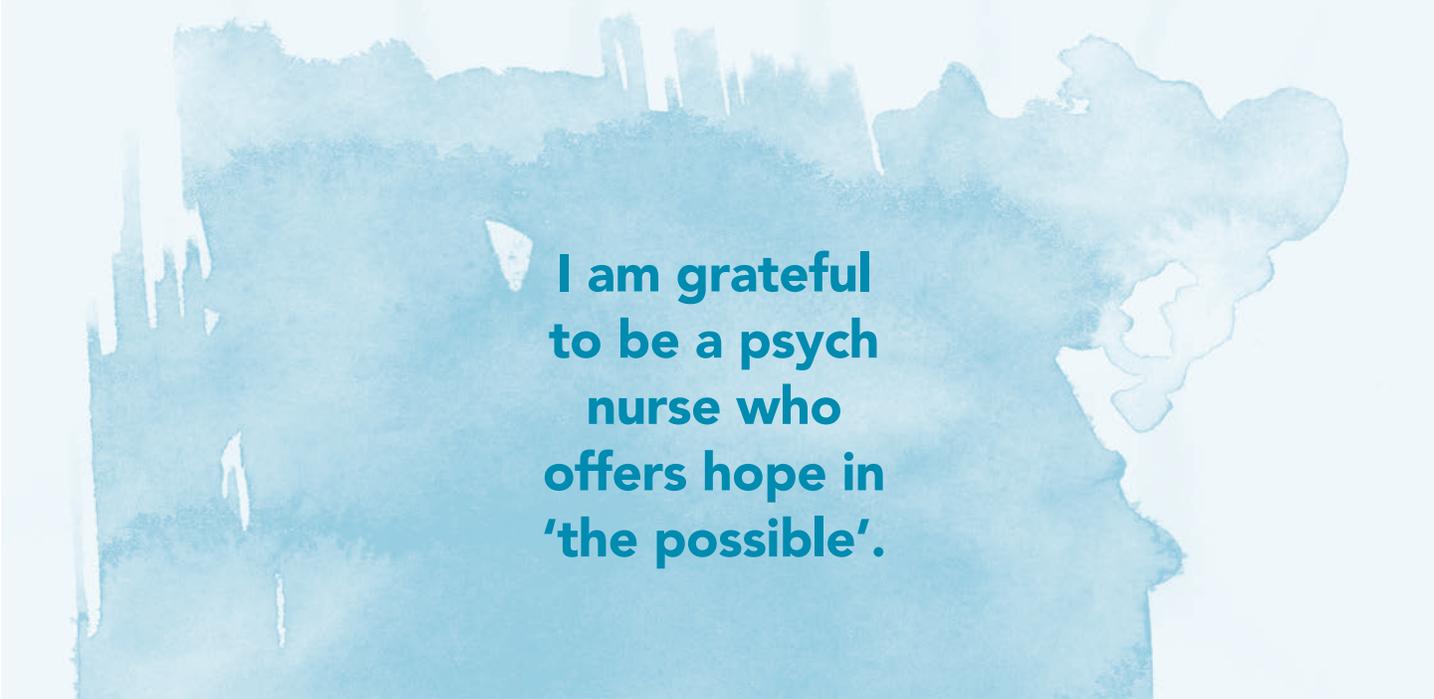
*Regardless of circumstances or situation, as a psych nurse I suspend judgment, listen with empathy, affirm differing abilities, engage in a dialogue to help that person find meaning and purpose to their life, respect and support that individual’s mental health recovery journey, grieving process, or end-of-life transition. Collectively, my intent is to offer hope- the critical factor in recovery. “Hope is the anticipation of a desired event or condition- the expectation of something good happening in the foreseeable future. Hope springs from a sense of ‘the possible’...and having someone who believes in you and can envision you accomplishing personal goals” (Adams & Partee, 1998, p. 31).*

*I have been humbled and inspired by individuals and families’ resilience coping with mental health and/or substance use disorders, traumatic life events, and*

*disadvantaged home, educational and community experiences. I am similarly humbled, inspired, and proud of the collective work of psych nurses across the country in initiatives to reduce the use of seclusion and restraints, improve suicide risk assessment and management, promote safe inpatient psychiatric treatment environments, support integrated and holistic health care delivery systems, reduce stigma and advocate for and with individuals with mental health and substance use disorders.*

*I am grateful to be a psych nurse who offers hope in ‘the possible’. I invite you to share your stories of gratitude, hope and pride in being a psychiatric nurse. Your stories enrich our shared history and sense of humanity.*

As you congratulate your colleagues, please take the opportunity to reflect on why you are proud to be a psychiatric nurse. ■



**I am grateful  
to be a psych  
nurse who  
offers hope in  
‘the possible’.**

## My Professional Journey at McLean

By Stefanie Sugrue, MHS

**M**cLean Hospital has provided me with countless opportunities to exercise and improve my leadership and healthcare skills. I began working as a mental health specialist on SB1 in August 2011 and it has been one of the most rewarding experiences of my life. McLean Hospital has given me the best possible training for a career as a nurse; I am able to work directly with patients and serve as a member of a treatment team.

In June of 2013 I was selected to join the Care Experience Committee, a committee which allows hospital staff to meet monthly with former patients and patient families to make decisions regarding standards of care for future patients. The work on the Care Experience Committee is vital in ensuring that patient voices are heard and that their comfort is put first while at the hospital and that it continues even after their discharge. In line with the work being done on the Care Experience Committee I have also started conducting surveys through the Clinical Measuring Initiative (CMI) to newly admitted patients on SB1. This electronic survey allows us to evaluate which type of mental health issues the patient is struggling with and helps us to better suit their needs. The CMI tool has been especially useful as an indicator for at-risk patients who may not feel comfortable communicating their suicidal ideation verbally; many times we have found patients report suicidal thoughts on the computer survey and we are able to facilitate the help they need by gathering this information electronically.

On SB1 I enjoy running therapeutic groups with the eighteen patients. During the weekend these groups include support groups, relaxation groups, and fitness groups. I find that connecting with patients through the use of groups

builds a therapeutic relationship between patients and staff and also builds a strong relationship between patients and peers. On week nights I prefer to organize “movie nights”, I typically cast a vote among patients and determine a movie to pick up at my local library before coming to work. Patients seem to appreciate unwinding at the end of the day with a movie and snacks before bed. Over the past three years I have helped to orient new mental health specialists which has been a great teaching opportunity for me. On SB1 we have an amazing group of nursing staff and I enjoy helping new staff become acclimated to the unit.

In May of 2014 I was the recipient of The Julia Altschule Award. I was proud not only to be nominated but to receive such a prestigious award within the McLean Community. The award is presented annually to a McLean Hospital nursing staff member who delivers the highest level of humane care to patients, something I strive to do each and every shift. My unit also received the Partner’s in Excellence Award in December of 2014 for teamwork. Our unit has always been tight-knit and focused on providing exceptional patient care and I am grateful to be a part of the work we are doing on SB1.

Becoming a registered nurse is a decision I made after interacting with the nurses on SB1 over the past three and a half years. In the future, my goals as a nurse are to continue providing direct patient care as well as securing more of a leadership role within a treatment team. It is very important to me that I continue to be a patient advocate in my future endeavors which I believe becoming a nurse will allow me to do. Incorporating technology with direct patient care, like I have with the CMI tool, is something that I hope to continue in my future as a



Stefanie Sugrue, MHS

nurse as well. I believe patient care will always be my favorite part about health care and I hope to continue to provide compassionate care and build therapeutic relationships with my patients as a nurse. My ultimate goal, after I practice as a nurse for some time, is to become a nurse educator. I enjoy teaching others and believe I would find teaching future nurses rewarding and intellectually stimulating. Having a solid education leads to success in any career and I hope to one day provide that outlet to future nurses.

My time at McLean Hospital has proven invaluable during my training at the MGH Institute of Health Professions. I believe the work I have been a part of on SB1 has allowed me to grow as a healthcare provider and as a leader. The skills that I have developed while working as a mental health specialist are skills that I will continue to exercise in my career as a registered nurse. ■

*Editors note: Congratulations to Stephanie for receiving a 2015 Mclean Nursing Scholarship*

# Nurses Day Seminar 2015

**Friday, May 8th  
Pierce Hall**

**9:00 a.m. – 3:30 p.m.**

**6.0 Contact Hours**

**8:30 a.m. – 9:00 a.m.  
Coffee and Registration**

## **Morning Session (9:00a.m. – Noon)**

**“Using Positive Psychology and Principles of  
Coaching in Psychiatric Nursing”  
with Carol Kauffman, PhD  
Director of the Institute of Coaching**

**Presentation of the Margaret C. Tibbetts Award for Nursing Leadership  
to Abigail Rice, RN, Klarman Center**

**Noon – 1:00 p.m.  
LUNCHEON & DISCUSSION**

## **Afternoon Session I (1:00 p.m. – 2:00 p.m.)**

**“Advancing the Role of Nursing in Global Health Practice”  
with Barbara Waldorf, RSN, MPH  
Director of the Global Nursing Caucus**

## **Afternoon Session II (2:00 p.m. – 3:00 p.m.)**

**“Exemplars in Psychiatric Nursing”  
with McLean Staff Nurses:  
Ginybel Belgira- SB2  
Jeannie Kingsley- STU  
Kate Myers-Athens- ECT  
Amy Widding- ECT/TMS**

**McLean Hospital is an approved provider of continuing nursing education by the  
Massachusetts Association of Registered Nurses, Inc., an accredited approver by  
the American Nurses Credentialing Center’s Commission on Accreditation.**

**Please call x2500 to register**

## Abigail Rice Wins the Margaret C. Tibbetts Award



**O**n May 8th, Linda Flaherty, Senior Vice President for Patient Care Services, presented the Tibbetts Award for Nursing Leadership to Abigail Rice. Abigail started at McLean Hospital, on the EDU, as a new graduate over ten years ago. She has developed her nursing skills and outstanding leadership skills while helping to develop a new unit. Both Abigail and the eating disorders unit have grown immeasurably over the past years. “As Klarman’s only full time nurse, she is the “go to” person for many issues as she takes charge of emergent situations

in a calm and effective way. Abigail has met many challenges in having others value the unique contributions that nurses bring to a treatment team”, states one nominator, Paula Bolton, NP, ND.

Lovella Slusser, RN, PCNS, writes that “Abigail is a role model for many as she effectively manages a complex milieu with multiple moving parts.” “She has a direct and respectful communication style with patients who identify her as a consistent and important presence in their recovery journey,” adds Lovella. “Abigail has been a constant guiding figure in orienting,

mentoring and nurturing the staff; and is an excellent preceptor for students,” nominator Sheila Evans RN, PCNS, notes. Her three nominators all agree that she deals well with both psychological and medical issues and her strong presence and unflappable disposition have helped the staff and patients thrive. ■

## ***A TMS Patient Loses Hope Midway Through Her Treatment***

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,safety precaution because TMS carries with it a small risk of seizure. During the 20–45 minutes the treatment takes, some patients zone out, others read, some watch TV and others like to talk.

“Cherie” had a lot to talk about. One of the things I like about TMS, is that it provides the opportunity to know patients like Cherie as something other than a 31 yo SWF with MDD, TRD, GAD with social phobia, ADD, ED-NOS, BPD (Translation: a 31-year-old single white female with major depressive disorder, treatment-resistant depression, generalized anxiety disorder with social phobia, attention deficit disorder, eating disorder not otherwise specified and borderline personality disorder.) Although I understand the need for these “labels,” I worry that they are sometimes attached to people early in life and follow them— thanks to the ease of ‘cut and paste’—for the rest of their lives, whether or not they are still accurate.

Cherie had been struggling with mental illness since her teenage years, during which she was hospitalized twice after attempting to take her own life. She continued to struggle, but when she met a man and became pregnant with their son, she finally felt as though she had something worth living for. The father of her child ended up leaving Cherie, so she was left to care for their son, whom she cherishes, alone. Despite this disappointment, she picked herself up again and became relatively stable for a period, faithfully taking antidepressants and supplementing her regimen with a successful course of TMS about three years before she

presented at our TMS clinic.

One year before she arrived at McLean, possibly as a result of experiencing a period of higher self-regard, Cherie decided to do something about her weight. At the time, she weighed 252 lbs. She underwent gastric bypass surgery and lost more than 100 lbs., but as a result of her reconfigured digestive system, she was no longer able to take a slow-release antidepressant. She began to spiral down emotionally once again. Cherie blamed her medical team for her predicament, claiming they had misled her and not given her all of the facts. She told me she might have made a different decision if she had known she would not be able to take the same antidepressant. I imagined her team had probably warned her at the time, but that she hadn’t been focused on the issue of medication effectiveness post-surgery.

When I met Cherie for the first time on December 17, 2014, she was on her seventh TMS treatment and said she wished she was feeling better than she was. She was dressed nicely, her hair was groomed and she was wearing makeup. However I did notice that her fingernails were dirty and she smelled like cigarettes, which suggested to me that her presentation was somewhat an effort to “fake it till you make it.” She was a little overweight, but had obviously sustained most of the weight loss. She seemed to be a bright and open woman, with insight into her relationship struggles and fear of abandonment, but poor judgment when it came to where she chose to give away her energy and heart.

I enjoyed talking with Cherie as she underwent her treatment— with the rhythmic tapping of the TMS machine in the background. I view a large part of my role as giving hope to patients who have lost theirs. I try to

elicit memories of times they felt good and the things that make life worth living. For Cherie, that cherished “thing” was her son and because I also have a young boy, we bonded over our children. Cherie and I spoke very frankly about suicide and she said that her love for her son would prevent her from ever attempting to end her life again. Sometimes there are moments with patients that pierce right through my heart and I can only hope that I am relieving a little bit of their pain by being present and actively listening as they tell their stories.

I administered TMS to Cherie again after the holidays and she was cheerful, and had coped well since I had last seen her. But the third time I was her TMS nurse, a little more than two weeks later, she arrived in a hoodie, with no make up, and was quite down. She told me about another boyfriend leaving, but said she could handle it and recognized that her borderline personality disorder contributed to her intense feelings of abandonment. She was particularly saddened by her son’s inquiries about where the man had gone, which led to questions about his own father. “It was never supposed to go this way,” she said.

Then Cherie stopped coming. We tried calling her, but there was no answer (she would sometimes miss appointments and when we called, she would say her phone had been turned off.) Because we were not our patients’ primary treatment team, we feel that if someone chooses to stop treatment, there’s little we can do. The last time I saw Cherie, she told me that she knew she still had electroconvulsive therapy (ECT) as an option, but was terrified that if it didn’t work, she would have run out of options. And in this business, options are hope.

Working in the TMS clinic can be tough because at times it is hard

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to determine when the treatment is helping. Changes are incremental and it can sometimes feel like patients are taking two steps forward, one step back. I do remind myself that even if

progress seems slow, they might have sunk even lower into their depression without TMS. Although I'm sad that Cherie stopped coming, I do believe that TMS gave her a reason to get dressed and out of the house each morning and the boost that enabled her to get through the holidays.

I once heard a wise person describe

hope as the spark that comes from rubbing two small thoughts together. I like to think of my role as helping patients identify those small thoughts — the love of a child, the memory of a better time — that in turn ignite that most powerful of healers: hope. ■

## Mike Dolan, RN, Recipient of the American Nurses Association Excellence in Nursing Practice Award

*By Phyllis Moore, DNS, PMHCNS, BC*

**E**xcellence in Nursing Practice represents a wide scope of professional achievement and characteristics, including, but not limited to, advocating for patients, serving as a role model and leading nurses, nursing staff, and others in providing quality care to patients in need of mental health services. Michael Dolan, RN, AD, BA, has demonstrated excellence in both Nursing Practice and Leadership as the Unit Coordinator on the inpatient unit at Mclean Southeast. Mike, who received his Associate Degree in Nursing from Bristol Community College in 1975 and Baccalaureate Degree from Stonehill College, has been in a position of leadership since 2003. Prior to assuming the role of Coordinator, he held leadership roles at other hospitals.

The position at McLean Southeast in which he serves presently, is one that requires excellence in practice and leadership. He demonstrates excellence in practice which requires him to lead by example. In the many years I have observed his practice, he has set high standards for professional staff, including nurses, mental



*Mike Dolan, RN*

health specialists, case managers and physicians.

As an acute care unit where the length of stay is an average of five to seven days, leading by example is important. Helping staff to ensure safety, empathy, education and professional nursing care is essential. He effectively conveys a role model for what it means to care for a person in need of mental health services and address the needs of the patient and his/her family. Mike has helped many staff through educational programs that address quality care including group programs, staff development and

individual staff support, when needed.

This past year, McLean Southeast moved from the grounds of the Brockton Veteran's Hospital to Middleboro. The move involved an increase in census from 25 to 30, the addition of a fourth treatment team, increase and change in staff which required increased staff development and a change in medical staff which required acknowledging selected changes in the philosophy of care. His leadership and excellent practice made this change more effective for all involved. Mike is a very important and positive presence on the unit. His leadership style and role in patient care serve as a role model for providing "hands-on caring services to the patient and families". Qualities as a caring leader are essential to the care patients receive.

There is no question that Mike meets all the qualifications for the Excellence in Nursing Practice Award. I recommend him for this recognition. ■

*Mike received his award at the ANA business meeting in Dedham, on April 10, 2015.*



## NIGHT OWLS

*Night Owls features news of interest about McLean's Nursing night staff. Send submissions to Pat Brain, MHS, AB2.*

**Khumbah Tung, MHS**, received the 2015 Night Staff Recognition Award for Excellence. Nominated by his peers on NB2, Khumbah is acknowledged for his excellent patient care, quick problem solving skills, and his ever present positive attitude. ■



*Khumbah Tung, MHS*

## Staff Highlights

**Congratulations go out to the following graduates:**

### **Ian Bernhardt, MHS/SB1**

Ian is graduating this month from UMASS Boston with a Bachelors Degree in Psychology.

### **Joel Danforth, MHS/SB1**

Congratulations to Joel, also graduating in May from Boston College, earning his Masters in Social Work.

### **Maeghan Dillon, MHS/SB1**

Maeghan also graduates this month. She has earned a Bachelors of Science in Nursing from Boston College. Congratulations! As part of Maeghan's learning experience at BC, she went to Nicaragua in March as part of a community health experience with other BC students. They were sent to an impoverished area, where she helped with medical assessments, vital signs, and medications. Maeghan describes her experience as life changing, and now

will take this with her as she plans to begin graduate school for nursing at BC in the Fall.

### **Kassandra Farnum, MHS/SB1**

Kassandra received a certificate from Arlington Reiki Associates in April, certifying her as a first degree practitioner and a second degree therapist in Reiki.

### **Michelle Kelly, RN/SB1**

Michelle will graduate this month from MGH Institute of Health Professions with her Masters in Nursing.

### **Jessica Sommerville, MHS/SB1**

Jessica will earn her Masters in Social Work this month as she graduates from Boston College.

**Congratulations also go out to the following McLean Nursing Scholarship winners:**

### **Eseroghene Akporhonor, MHS/SB2**

### **Florence Morin, RN/RT**

### **Stephanie Sugrue MHS/SB1**

### **William Sutton RN/SB1**

### **Allie Walpert RN/NB2** ■



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