2422nd Conference

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Special Session

## Day 1

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# *Lorinda Brink Bergh*

*Medipark Medical Centre, South Africa*

## Experience of my own developmental process while working in the field of psychology over a period of more than 30 years

Completed my Master's in Psychology at the University of Pretoria in South Africa in 1972. Started working as a clinical psychologist at Correctional Services in Pretoria at the age of 22 where I obtained my experience knowledge and skills "hands-on" basis. There was no specific training to work in this specialized environment-it was just expected that you know how to work with all kinds of offenders. Work entailed the provision of psychotherapy to all kinds of people e.g. robbers, rapists, pedophiles, murderers, serial killers and those that needed to be executed. Provision of interesting examples of cases that I deal which will be shared. I was appointed the first female Brigadier (Senior Management) in a male-dominated environment and worked in a managerial position for 17 years until my retirement in 2010. I did my research for my PhD on Sexual Offenders. My thesis was "The Development and Implementation of a Treatment Programme for Sexual Offenders". Much of the work and research did for this, now assist me in doing forensic work and sentence recommendations for the Courts as well as assisting victims of rape. After retirement in 2011, I decided to continue working as a clinical psychologist in the private sector on a fulltime basis. Here my work mainly focuses on dealing with many different issues such as anxiety, depression, couples and family therapy and stress management on a daily basis. My work in these areas involves the provision of coping skills and management techniques. I can illustrate how I deal with some of these issues by providing examples or techniques that work for me. Due to work constraints, I have no time for extensive research. I sincerely hope that my experience will assist others when dealing with mental health issues in their own working environment.

### Biography

Lorinda Bergh completed her Master's Degree in 1974 and her PhD in Psychology in 2002 at the University of Pretoria in South Africa. She worked for more than 30 years in the Department of Correctional Services and retired as a Brigadier (Senior Manager) in 2009. Assisted in the compilation of the Uniform National Guidelines for Sexual Assault Offenders, presented papers nationally and internationally and published in the Russian Journal of Psychiatry, wrote chapters for a book that addresses "Violence in South Africa" and the other for "International Perspectives on Sex Offender Assessment and Treatment: Theory, Practice and Research".

lorinda.bergh@telkomsa.net

**Notes:**

2422nd Conference

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Workshop

## Day 1

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

*Gisele Fernandes*

*California Institute of Integral Studies, USA*

## Care for the caregiver: An integral approach to sustaining wellness and preventing compassion fatigue

Caring for others is a gift. Most people in the health and healing field find a deep sense of meaning in their work and consider it a vocation, a personal and purposeful path. At the same time, giving, caring and healing can take its toll: burnout and compassion fatigue are genuine dangers that can derail or shortcut practitioners' careers. Whether you are a nurse or another care provider, being with the pain and suffering of others cannot only be draining at times but lead to a general sense of overwhelming, disenchantment and exhaustion. This presentation presents a model of holistic and integral intervention in preventing compassion fatigue in health care providers working in the clinic and hospital settings. The integral approach presented here originated out of a need to support psychological, physical and spiritual health and well-being in individuals and groups who are vulnerable to secondary traumatization and chronic stress in the workplace. It involves the use of yoga, guided imagery, breathing techniques, as well as discussions and psycho-education about compassion fatigue and effective self-care. The presentation addresses the use of cognitive and experiential practices to support healthcare providers in better-utilizing self-awareness and boundaries to prevent compassion fatigue.

### Biography

Gisele Fernandes is a licensed psychotherapist, clinical supervisor, organizational consultant and graduate school professor. She has extensive training and clinical experience in body-oriented approaches to psychotherapy, using an integrative method that is rooted in somatic, humanistic-existential and transpersonal psychologies. Originally from Brazil, she began her career as a counselor in a hospital setting in Rio de Janeiro. From the beginning, she was interested in the body-mind connection and in holistic ways of understanding and treating the complexities of the mind-body system, both from the patient as well as the provider's perspective. Since 2001, she has been working in the bay area in community mental health and private practice settings. Her therapeutic work integrates sensorimotor trauma approach, attachment-based psychotherapy and mindfulness. She is a core faculty member at the California Institute of Integral Studies and has been teaching in academic settings since 2008.

gfernandes@ciis.edu

**Notes:**

2422nd Conference

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Scientific Tracks & Abstracts

## Day 1

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# A synthesis of 5 years of research on the influences of PTSD and TBI on community reintegration in OEF/OIF veterans

**David P Graham**
Baylor College of Medicine, USA

**Statement of the Problem:** Community reintegration (CR) describes the process of an individual's adjustment and return to participation in their major social roles at home, work and in the community. Estimates suggest of the 2.3 million Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) US service members deployed, over 300,000 have mild TBI and at least 300,000 have PTSD. Negative consequences for CR in Veterans associated with mild TBI have included increased rates of apathy, depression, anger and disinhibition and increased risk of being victims of violence and abuse. The negative consequences for CR associated with PTSD have included decreased quality of life, increased self-reported medical and physical symptoms, increased substance use and suicide. PTSD also has negative economic and interpersonal consequences for Veterans including decreased work performance, increased homelessness and impaired family relationships.

**Methodology & Theoretical Orientation:** This talk will be based on a synthesis of the presenter's work completed over the past five years and will highlight associations and points of clinical relevance among TBI, PTSD and CR.

**Findings:** Mild TBI and PTSD are indirectly associated with CR ratings through increases of depression symptoms. These associations are moderated by an individual's genetics and Ventral Striatum integrity.

**Conclusion & Significance:** Clinical providers struggle with assisting Veterans in their attempts to successfully reintegrate into their civilian lives. Recommendations will be made how to use the information to better assist Veterans with CR efforts.

## Biography

David P Graham is a native Houstonian who received a BS in Biology from Notre Dame, an MS in Zoology from Texas A&M (having studied the feeding behaviors of American Alligators as part of my field herpetology degree), before returning to Baylor College of Medicine to attend medical school. He completed his residency in Psychiatry at the University of New Mexico and a Health Services research fellowship at the MEDVAMC as part of the MIRECC program. He worked in the Mental Health Care Line as a staff psychiatrist. He is an avid researcher and his focus being on the overlap of traumatic brain injury and PTSD on community reintegration. As an Associate Professor at Baylor College of Medicine, he taught several courses to the 1st and 2nd year Psychiatry residents and mentor 3rd and 4th-year residents both in research and clinical services.

david.graham@va.gov

**Notes:**

Paul Maloret, Int J Emerg Ment Health, Volume 20
DOI: 10.4172/1522-4821-C5-023



# The lived experience of mental health inpatients with an autistic spectrum condition: A phenomenological study

**Paul Maloret**
University of Hertfordshire, UK

This qualitative study explored how mental health inpatients with autistic spectrum conditions experience and cope with anxiety when admitted to an acute mental health inpatient facility in the UK. Anxiety is a common characteristic for people who live with autistic spectrum conditions and whilst studies on anxiety in this population are common place and case studies correlate anxiety with mental health service experience, little is known about the actual triggers of anxiety and its manifestations. Despite growing acknowledgment that admission to acute mental health facilities should be a last resort, reported figures on admissions in the UK to continue to rise. During 2016-2018 audio-recorded semi-structured interviews captured the experiences of 20 adults from the East of England who was former psychiatric inpatients with an established diagnosis of autistic spectrum condition. Interpretative phenomenological data analysis enabled the identification of broad themes which explained in rich detail, participant reflections regarding the situations and events within the acute care mental health facility that triggered their anxiety, behavioral manifestations of anxiety and, responses to their anxiety. It was then possible to establish the broad behavioral patterns that could be associated with their anxiety i.e. isolating themselves from others, including patients and staff, ceasing to eat and sleep adequately and all too often self-harming or exhibiting aggressive and violent behaviors. The anxiety caused by the physical environment appears to be overlooked by mental health practitioners so attention to anxiety-inducing encounters is needed when planning acute care mental health service improvement and research is required to clearly understand the experiences of this group of vulnerable people.

## Biography

Paul Maloret has worked as a nurse in mental health and intellectual disability inpatient facilities for many years before joining the University of Hertfordshire where he is now the Head of the Centre of Learning Disability Studies and a Principal Lecturer in Learning Disability Nursing. This study is part of a Doctoral programme in Health Research.

p.b.maloret@herts.ac.uk

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Early detection of mental illness in the correctional setting with the use of correctional mental health screening tool for men

**Grashika Devendra**
WellPath, USA

The needs of patients with mental health disorders are being questioned in correctional facilities. According to Mental Health America (2016), between 300,000 and 400,000 people with mental illness are incarcerated in the jails and prisons in the United States. The importance of early detection of mental illnesses is crucial in the correctional setting to decrease mental health crises, for example, suicides and other psychotic episodes. The nursing staff working in the correctional setting need to be educated, trained and introduced to this population. A Mental Health screening tool must be utilized to help identify these inmates early on. This project was conducted to improve the number of mental health referrals by nursing staff in a corrections system of care, over three months period in a jail in California. The medical nurses, who did admissions or intakes, at the correctional facility were selected. The participants were trained to use the Correctional Mental Health Screening tool for Men (CMHS-M) at intake. The correctional mental health tool for men (CMHS-M), is a tool designed for the purpose of early detection of mental illness in the correctional setting. This tool helps assist in the early identification of mental illness so that appropriate interventions are made accordingly. Screening is important because it can distinguish if a patient/inmate is suffering from a mental illness, substance abuse problems, development delays or intellectual difficulties, or other deficits in their cognitive functioning. This tool showed evidence of reliability, validity and predictive utility in relation to the accurate identification of undetected mental illnesses (Gonzales, Schofield, Hagy & US Department of Justice Office of Justice Programs National Institute of Justice (NIJ), 2007). A paired samples t-test was used to gather pre-and post-data results. The overall results helped increase the mental health patient referrals by nursing staff through early detection of mental illnesses. The aim of this project was to utilize the CMHS-M tool with an adult male population in the correctional setting to determine whether this tool should be used as a screening instrument for the identification of mental health problems on a permanent basis. This project showed that the CMHS-M tool does screen for mental illness among male inmates resulting in increased referrals for mental health care. It is a guide for medical nurses to refer patients to the providers, which leads to early treatment and prevention of mental illness.

## Biography

Grashika Devendra was born in the beautiful island of Fiji where she finished primary school. She moved to the United States and further finished high school and graduated with Associate Degree Nursing from Modesto, California and got her Bachelor's Degree from California State University, Stanislaus. She graduated from nursing school and got licensed and started her career in Psych Nursing. At first, she was scared and unsure of my career in Psych Nursing, but as the days went by, she became sure and her path became clearer. She gained her experience at inpatient and outpatient psychiatric facilities and then went into Correctional Psych Nursing. She wanted to further her career in the psychiatric field and gaining her Doctor of Nursing Practice, Psychiatric Mental Health Nurse Practitioner was the best option and career for her. Innovation in Psychiatry is her goal and passion.

devendragrashika@gmail.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# From anxious to empowered: How the messenger of anxiety can be used to help people move toward healing and purpose

**Jennifer L Fee**
Vanguard University, USA

The World Health Organization (WHO) estimates that approximately 264 million people worldwide meet criteria for an anxiety disorder, with nearly twice as many women afflicted than men. In the USA, anxiety disorders are the most common, with 18.1% of the population meeting criteria each year. While a great deal of anxiety treatment focusses on symptom management and reduction, there's one particular piece to the problem of anxiety that is often misunderstood and overlooked. For some, underlying a lot of anxiety issues is an unrecognized and unresolved experience of trauma somewhere in the sufferer's history. Unresolved trauma is a problem that can impact the sufferers emotional, relational and occupational functioning. Anxiety is a messenger that tries to point the sufferer to the deeper issue that needs to be addressed. While many assume that significant or "Big T" traumas cause one to be "damaged for life" or take many years of therapy to resolve, this belief is not always reality. Additionally, other events, known as "little t" traumas are often not even recognized as having a significant effect on one's mental health. Eye Movement Desensitization and Reprocessing Therapy (EMDR) is one highly effective therapy for addressing both "Big T" and "Little t" traumas. EMDR helps people to heal from paralyzing anxiety and trauma issues by using the brain's own capacity to process and move towards better mental health and functioning. Nearly 50 studies utilizing EMDR demonstrate positive treatment outcomes. However, many barriers keep people from obtaining treatment, including fear, stigma and access to services. There is much work to be done in terms of providing education regarding anxiety, trauma and treatment as well as encouragement and empowerment for those who are suffering from these issues to aid them to seek the treatment that they need.

## Biography

Jennifer L Fee is a Psychologist with over 25 years of training and experience helping people with anxiety, panic and trauma recovery. As an EMDRIA approved Consultant, she helps other professionals gain certification in Eye Movement Desensitization and Reprocessing Therapy (EMDR). She maintains a full-time private practice and works as a half-time Assistant Professor in the Graduate Psychology Program at Vanguard University in Costa Mesa, California. As an International speaker, she aims to break the stigma surrounding mental health disorders, educate the public regarding trauma and its treatment and inspire hope among those who are suffering.

drjenniferfee@gmail.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Resilience, caregiving burden and quality of life in Egyptian family caregivers of patients with schizophrenia

**Souzan Abd El-Menem Abd El-Ghafar Harfush** and **Hosam El-Din Fathalla Elsawi**
Tanta University, Egypt

**Introduction:** Caring for mentally ill patients affects the family caregivers' physical and mental health which leads to a lot of burdens. Consequently, family caregivers need resilience to help in relieve this burden and to regain their quality of life.

**Objective:** The present study was designed to assess the levels of resilience, burden and quality of life among family caregivers of patients with schizophrenia and their relationships.

**Setting:** The study was conducted at the psychiatric outpatient clinic of Mental Health Hospital in Tanta City (which is affiliated to General Secretariat of Mental Health) and Psychiatric Outpatient Clinic Affiliated to Tanta University.

**Subjects:** A descriptive correlational design was utilized in the study, using a convenient sample of family caregivers of patients with schizophrenia (N=109).

**Tools:** Connor Davidson Resilience Scale (CD-RISC), Burden of Care Inventory and the World Health Organization Quality of Life Scale.

**Results:** The present study indicated a significant positive correlation between resilience level and quality of life. On the other hand, caregiving burden was negatively correlated with each of resilience and quality of life. Moreover, family caregivers have a moderate level of resilience and around two-thirds of them have the poor overall quality of life and experiencing moderate to the severe burden.

**Conclusion:** The present study concluded that decreasing family caregivers' burden and enhancing their quality of life is imperative, this can be done by emphasizing the significant role of resilience.

**Recommendations:** A rehabilitation program and ongoing interventions for family caregivers should be established to enhance their resilience and consequently to decrease their burden and improve their quality of life.

## Biography

Souzan Abd El-Menem Abd El-Ghafar Harfush has completed her PhD at the age of 32 years (since 18 months) from Tanta University, faulty of nursing. She has published 2 papers in reputed journals. Occupy the position of lecturer in psychiatric and mental health nursing department, faculty of nursing, Tanta University

souzanabdelmenem@yahoo.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Equipoise: New dimensions of stress and its numerical modeling

**Fouad Ktiri**
Institute of Nursing Professions and Health Techniques, Morocco

In the present study, we introduce a new stress approach, which completes the transactional theory of Folkman and Lazarus (1984). It is a numerical model in which we take into account another variable named PSS (Previous State of Stress) that we estimate necessary to explain why the psychological state of stress occurs or not. In our model, stress is presented in the form of a mathematical function (equation) of three variables (PSS, SV, R). By evaluating each of these components, this equation enables us to evaluate the generated stress intensity of a person. By improving this formula, the present model enables us to take into account another type of stimulus (positive stimulus) and to evaluate it. Many instances of daily stress, that take into account these new dimensions, have been cited. The stress formula efficiency has been tested by applying it to these examples and to some concepts like violence and stress accumulation. RQSI (Required Quantity of Stress Index) is an index that we have introduced in our numerical model. The calculated RQSI enables us to evaluate the average amount of stress (positive or negative) that a person receives from each stimulus he has been exposed to during a period of time. A new definition of stress phenomena, on the basis of our new numerical data model, is proposed. .

## Biography

Fouad Ktiri is a Clinical Psychologist, a Psychology Teacher, a Researcher and a Yoga coach. His experiences in Clinical Psychology and Yoga-relaxation allowed him to publish, in 2015, a paper book entitled "Stress - How to prevent and fight it-New psychological, spiritual, body and cognitive techniques". From 2009, he has animated conferences and participated in many radio psychological programs. His experiences as a physics and computer graduate helped him to combine psychology and mathematics, which allowed him to elaborate a new stress numerical model and published it in 2016. Now, he is continuing to do researches in psychology and write articles weekly in Moroccan newspapers.

f_ktiri@yahoo.com

**Notes:**

World Summit on
**Psychiatry, Mental Health Nursing and Healthcare**
&
International Conference on
**Applied Psychology, Psychiatry and Mental Health**
November 26-27, 2018 | Los Angeles, USA

## Protection of disease/conditions induced memory impairment by novel pharmaceutical agents

**Karem H Alzoubi**[1] and **Omar F Khabour**[1,2]
[1]Jordan University of Science and Technology, Jordan
[2]Taibah University, Saudi Arabia

Memory impairment or dementia can be devastating and can lead to several complications. It can be precipitated as a result of various diseases or conditions including Alzheimer's disease, hypothyroidism, post-traumatic stress disorder, vascular dementia, chronic stress, obesity, aging, sleep deprivation and consumption of high-fat high-carbohydrates diet, whereas it can possibly be treated, various agents. The long-term goal of my studies is to explore novel pharmaceutical agents and interventions that prevent or restores memory impairment induced by various diseases or conditions. In this presentation, I will be discussing my latest results in a group of drugs including nicotine, L-thyroxin, pentoxifylline (PTX), caffeine, vitamin E and C, tempol, etazolate, etc. These agents showed protective properties against memory impairment induced by chronic stress, hypothyroidism, sleep deprivation, Alzheimer's disease, post-traumatic stress disorder and obesity-induced by consumption high-fat high-carbohydrates diet. Results presented are based on pre-clinical studies using standard or innovative animal models of the above diseases or conditions superimposed with chronic drug treatment. Thereafter, behavioral studies were conducted to test the spatial learning and memory using the Radial Arm Water Maze. Additionally, brain regions were usually dissected; and levels/activities of important signaling molecules or biomarkers related to oxidative stress and inflammation will be presented as possible molecular targets for the tested medications. Collectively, presented results will show the possibility of treating or preventing cognitive impairment in various diseases and conditions via the chronic use of novel pharmaceutical agents, which is probably achieved through normalizing the levels or activities of important signaling and biological biomarkers within the hippocampus.

### Biography

Karem H Alzoubi is a productive Scientist. He has published over 200 publications in distinguished international, scientific, peer-reviewed, indexed and refereed journals or international conferences. Additionally, most of the scientific production of his is in journals with high impact factor relative to its area of specialization as per the ISI Web Knowledge and Scopus databases. He has an H-index of 30 (Scopus, 2018). He has obtained his PhD degree in pharmacology from the College of Pharmacy at the University of Houston, Texas, USA. He is now the Dean of the Faculty of Pharmacy at Jordan University of Science and Technology. He has been awarded several national and international research and education excellence prizes. He had his pre-doctoral research in pharmacology, where he was trained on state of the art techniques in behavioral and molecular neuroscience/neuropharmacology of cognitive functions. He has PI-ed or Co-PI-ed over 80 research grants with success and published from every one of them.

khalzoubi@just.edu.jo

**Notes:**

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Workshop

## Day 2

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

*Ray Mathis*

*Chicago Institute for Rational Emotive Behavior Therapy, USA*

## The mental and emotional tool kit for life: Education that can be very therapeutic an ounce of prevention worth many pounds of cure

In a 1969 speech to the APA, AG Miller said: "I can think of nothing that would pose a greater challenge to psychologists and that would be more relevant to human welfare than to discover how best to give psychology away". The mental and emotional tool kit for life does that–gives psychology away. We have always had and continue to have too many people who generate more emotion than is helpful or necessary in response to their life events, more than they want to have, more than they know what to do with. Most mental illness is literally defined by generating a dysfunctional amount of emotion. This emotion drives and gives purpose to so many unhealthy, self-defeating, even dangerous behaviors, i.e. violence, abuse, alcohol and drug abuse, suicide. These behaviors in turn lead to other problems, i.e. addiction, disability, premature death. The "toolkit" is based on Rational Emotive Behavior Therapy (REBT) and Education (REBE) developed by the late Dr Albert Ellis. The "tools" can be taught to anyone and used by anyone to generate a more functional amount of emotion. They do so largely through cognitive restructuring. People can and will do much to help themselves if given the right "tools". One of the most important "tools" is developing an internal locus of control. The majority of people walking the planet have an external locus and wrongly blame the events of their lives for how they feel. This needlessly puts them at the mercy of events and causes them to feel worse than necessary. We miss a golden opportunity to correct this while people are in our schools. Teaching them that they have more control over their emotional destiny than they realize would do much to help people generate a more functional amount of emotion in their lives.

### Biography

Ray Mathis was a health education teacher for 33 years. He recognized early that the real problem was his students generated too much emotion in their lives. It's why he became trained in Rational Emotive Behavior Therapy (REBT) and Education (REBE). He developed the "Mental and Emotional Tool Kit for Life" for his students. Since retiring from the classroom, he has represented the Chicago Institute for REBT and spoken to teachers and students in school and universities and at state and national conventions to advocate for teaching the "tools" to all our teachers and students and parents if possible. He believes the "tools" would be a major ounce of prevention worth many pounds of cures for so many of the mental health and other problems both young and older people so often struggle with. Like Dr Albert Ellis, he believes therapy should be educational and education can be very therapeutic

naturesmasterpieces@yahoo.com

**Notes:**

Ray Mathis, Int J Emerg Ment Health, Volume 20
DOI: 10.4172/1522-4821-C5-023



*Ray Mathis*

*Chicago Institute for Rational Emotive Behavior Therapy, USA*

## The THINK-FEEL-DO thermostat model: A simple but helpful visual to use with patients and clients to help them generate a more functional amount of emotion and be more responseable

They say a picture is worth a thousand words. That's what makes the THINK-FEEL-DO thermostat model so helpful. It's based on the work of Dr Albert Ellis. He identified four basic types of irrational thinking: demandingness, awfulizing, can't stand it-itis and labeling and damning. the mistake people make is to start thinking they need things they simply want, treating simple preferences as necessities and demand what they simply desire. This creates a much bigger gap between their expectations and reality if they don't get what they want, lose it, or imagine doing either. This makes the perceived threat bigger than it is or needs to be and triggers more emotion than is helpful or necessary. That causes people to become reactive and less response-able, or less able to respond to life in the best ways. Many things in life are unpleasant, inconvenient and uncomfortable. By thinking we need things we simply want and demanding what we simply desire, we're more likely to see not getting it or losing it as awful and think we can't stand it, rather than simply not liking it. This contributes to generating more emotion than is helpful or necessary. We're also more likely to label and damn a person rather than simply dislike their behavior. The THINK-FEEL-DO thermostat visual allows people to assess quickly where they are emotionally and behaviorally, why they are there in terms of their cognition, where they might want to be instead emotionally and behaviorally and what it will take cognitively to get there. People can be taught simple ways to turn their thermostat down and ultimately keep it down more often, or turn it down quickly should it go up. We can create multiple variations of this simple visual, depending on what emotional issue someone is struggling with.

### Biography

Ray Mathis was a health education teacher for 33 years. He recognized early that the real problem was his students generated too much emotion in their lives. It's why he became trained in Rational Emotive Behavior Therapy (REBT) and Education (REBE). He developed the "Mental and Emotional Tool Kit for Life" for his students. Since retiring from the classroom, he has represented the Chicago Institute for REBT and spoken to teachers and students in school and universities and at state and national conventions to advocate for teaching the "tools" to all our teachers and students and parents if possible. He believes the "tools" would be a major ounce of prevention worth many pounds of cures for so many of the mental health and other problems both young and older people so often struggle with. Like Dr Albert Ellis, he believes therapy should be educational and education can be very therapeutic.

naturesmasterpieces@yahoo.com

**Notes:**

2422nd Conference

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Scientific Tracks & Abstracts

## Day 2

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Mathematical proof of the therapeutic effect of relaxation

**Fouad Ktiri**
Institute of Nursing Professions and Health Techniques, Morocco

In this paper, we present a mathematical proof of the positive effects of relaxation therapy. We mathematically demonstrate that relaxation, practiced during a period of time, could relieve stress and even make us feel joyful. Based on our tri-transactional theory of stress, our demonstration uses the Ktiri-stress equation (S=PSS+ST) and the positive-negative stimuli notions. Our evidence of the positive effect of relaxation is based on the psychological fact that this therapy generates positive and reduces negative stimuli numbers. This phenomenon, meaning that a person practicing it will be able over time to be exposed to more positive and less negative stimuli, is mathematically expressed by using increasing and decreasing mathematical functions (x=at+b). This demonstration is applied to an example of a stress situation in which a person, supposed so much stressed, is much less exposed to positive stimuli which could fight his stress and much more to negative stimuli. From this demonstration, which was possible by using mathematical notions, we deduced and developed mathematically two concepts. This latter, we called crisis and critical stress periods, correspond to intervals of time at the end of which the value of a person stress state starts to be reduced and to become neutral respectively.

## Biography

Fouad Ktiri is a clinical psychologist, a psychology teacher, a researcher and a yoga coach. His experiences in clinical psychology and yoga-relaxation allowed him to publish, in 2015, a paper book entitled "Stress-How to prevent and fight it-New psychological, spiritual, body and cognitive techniques". From 2009, he has animated conferences and participated in many radio psychological programs. His experiences as a physics and computer graduate helped him to combine psychology and mathematics, which allowed him to elaborate a new stress numerical model and published it on 2016. Now, he is continuing to do researches in psychology and write articles weekly in Moroccan newspapers.

f_ktiri@yahoo.com

**Notes:**

World Summit on
**Psychiatry, Mental Health Nursing and Healthcare**
&
International Conference on
**Applied Psychology, Psychiatry and Mental Health**
November 26-27, 2018 | Los Angeles, USA

## Suffering in silence: Effect of a composite package of laughter yoga on perceived stress, quality of sleep and caregiver burden among caregivers of mentally ill clients in AIIMS, New Delhi

**Merin Thomas, Deepika C Khakha** and **Sujata Satapathy**
All India Institute of Medical Sciences, India

**Background:** The well-being of an ill person is directly related to the nature and quality of the care provided by their caregiver. These demands can bring significant levels of stress for the caregiver and can affect their overall quality of life.

**Aim:** To assess the effect of a composite package of laughter yoga on perceived stress, quality of sleep and caregiver burden among caregivers of mentally ill clients in AIIMS, New Delhi.

**Methodology:** A Quasi-experimental study of 60 caregivers of mentally ill patients split into control (n=30) and experimental group (n=30). The caregivers in the experimental group were administered 7 sessions of laughter yoga consecutively. The pre-test was taken before the intervention and post-test were taken on the 8th day and 14th day. Data was collected using Perceived stress scale, Pittsburgh sleeps quality index and Zarit caregiver burden.

**Results:** In the experimental group after 7 sessions of laughter yoga there was a significant reduction in perceived stress scores of the caregivers on 8th day ($p<0.001$) and 14th day ($p<0.001$); a significant reduction in quality of sleep scores on 8th day ($p<0.001$) and 14th day ($p<0.001$) and in the caregiver burden scores on 8th day ($p<0.001$) and 14th day ($p<0.001$) compared to baseline values.

**Conclusion:** Caregivers of mentally ill clients suffer from high levels of stress and caregiver burden as well as poor quality of sleep. Therefore, special attention should be given to managing the caregiver's stress and burden so as to improve the quality of care provided by them.

### Biography

Merin Thomas is a graduate of College of Nursing, All India Institute of Medical Sciences, New Delhi and is currently pursuing her MSc in Psychiatric Nursing from the same institute. She was awarded the best oral paper at the 21st World Congress of Mental Health (2017).

merins513@gmail.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Impact of a designed interpersonal problem-solving intervention on interpersonal problem-solving skills and self-esteem among patients with schizophrenia

**Souzan Abd El-Menem Abd El-Ghafar Harfush** and **Shereen Mohamed Abo-Elyzeed**
Tanta University, Egypt

Effective interpersonal problem-solving skills have been identified as essential aspects for successful functioning in daily life. Patients with schizophrenia suffer significant psychosocial skills deficits which pervade all stages of illness. The ability to resolve interpersonal problems is a key aspect of the social functioning of adjustment, it is a skill in which many patients are deficient. However, a poor social competence is thought to be associated with less adequate behavior and vulnerability to relapse. If those patients learn interpersonal problem–solving skills from a systematic method and successfully apply them in their daily life, then the beliefs about self- competence in handling regarding interpersonal problems will develop and improve their adjustment and self-esteem. This study aimed to determine the impact of the designed intervention program on interpersonal problem-solving skills and self-esteem of schizophrenic patients.

souzanabdelmenem@yahoo.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Negative bias to sad facial expressions in depressive symptomatology: Considering the autism spectrum

**Anna Nakamura**
University of Tokyo, Japan

**Background:** Although depression as a state is qualitatively equal for both clinical major depressive disorder (MDD) and non-clinical groups, the state of non-clinical depressive symptomatology still has room for consideration. The negative bias of cognition in MDD has been intensively examined. In particular, negative bias in facial expression recognition leads to less satisfaction in the interpersonal relationship, which causes the aggregation of depression. Nakamura et al., first revealed that negative bias to sad facial expressions exists for non-clinical individuals with higher depressive symptoms. However, no research has examined the effects of the autism spectrum (AS) so far. Autism spectrum disorders involve a high risk of depression and facial expression recognition is a part of the "Theory of Mind", which is typically inhibited in AS. The purpose of this research was to discover the effects of AS on non-clinical depression and on the negative bias to sad faces related to depression.

**Methods:** Negative bias was measured using facial task, displaying the whole facial stimuli (happy/sad faces at 4 intensity level) and asking participants to label stimuli according to three options: happy, neutral and sad. Depression was measured by 2nd edition Beck Depression Inventory (BDI) and AS by Autism-Spectrum Quotient (AQ). Participants were 58 university students.

**Findings:** Although there was a significant correlation between AQ and BDI ($r=0.47$, $p=0.003$), AQ and the negative bias showed no correlation ($r=0.09$ns). Control of AQ, partial correlation of negative bias and BDI were significant ($r=0.36$, $p=0.03$), which indicates that AS does not affect negative bias in depressive symptomatology.

**Conclusion:** This experiment first considered AS's effects on negative bias in non-clinical depression and showed that the negative bias toward sad faces is independently due to depression. The findings can contribute to the understanding of non-clinical depression and its prevention.

## Biography

Anna Nakamura is a clinical psychologist and a PhD researcher in Japan. As a practitioner, she has been mainly working with cognitive and behavioral therapy to conditions such as depression and obsession. Through her clinical experience in hospitals and with education, her passion for improving mental health has increased and she learned the current status and issues in various clinical fields. As a researcher, she has a background of experimental psychology on perception and cognition. She has the ability to infer how the world is looked and felt by people that enables her to look from the depressed patient's point of view. Her clinical and academic skills are advancing interactively, which makes her a unique expert in depression.

annnnnakamaura@gmail.com

**Notes:**

2422nd Conference

World Summit on

# Psychiatry, Mental Health Nursing and Healthcare

&

International Conference on

# Applied Psychology, Psychiatry and Mental Health

November 26-27, 2018 | Los Angeles, USA

# Video Presentations

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

## Pragmatic psychology what abilities are hiding behind so called disabilities

**Susanna Mittermaier**
The Pragmatic Psychology Center, Austria

**Background:** Pragmatic psychology started with the question, what else is possible for people with the diagnosis. Are they truly disabled or are those disabilities hiding not yet discovered abilities? As a clinical psychologist and psychotherapist, I had started to investigate on this topic. I worked at the university clinic in Lund, Sweden with diagnosing, therapy, coaching, neuropsychological testing and method development. The patient group was very diverse. People with ADHD, ADD, autism, OCD, depression, anxiety, PTSD, substance addiction, psychosis, personality disorders came to me for evaluation and therapy.

**Objectives:** The target with pragmatic psychology is to empower clients to know that they know. Most clients are used to receiving answers from experts rather than being their own experts. Pragmatic psychology is about having no point of view what is right and wrong, sane and insane. Pragmatic psychology uses questions to facilitate the client to find out what strongness is hiding behind the wrongness to open the doors to truly creating their lives. Psychology used to be the study of knowledge and became the study of behavior, fitting in and adapting to normality. Pragmatic psychology takes psychology back to being the study of knowledge for people to create greater lives than what can be achieved by controlling behavior. Diversity is being used as a strength and resource.

**Methods:** The methods used with pragmatic psychology are questions and tools to empower the client to know what they know. Questions empower, answers disempower. Every true question unlocks what has not been available as a possibility the moment before.

**Results:** Those are countless. ADHD patients being able to use their hyperactivity as a resource to create their lives and businesses. Depression and anxiety being discovered as extreme awareness that no longer, being overwhelming and having to be defended against, can be used as sources of creation. Patients coming for anger management discovering their potency that was covered by their labels. Everything is the opposite of what it appears to be. PTSD and abuse ceasing to haunt clients and the potency slumbering all those years behind the victimizing story being discovered. Clients saying that therapists having given up on them and who now see that they have what it takes to the greatness they truly are. Autism being discovered as a highly interactive and communicating group regardless of what is being said about that diagnosis. Client after client saying if I just had this perspective and those tools years ago my life would look totally different now.

**Conclusions:** What if having to have problems was no longer the paradigm to live and be on our planet? What if our past no longer determines our future but can be created and chosen as desired at every moment? What if we all knew what works for us no matter what is being put out there as conclusions and answers? Time to create a different world?

### Biography

Susanna Mittermaier is a licensed psychologist, psychotherapist and author of the #1 international bestselling book, Pragmatic Psychology: Practical Tools for Being Crazy Happy. As a global speaker, she offers a new paradigm on psychology and therapy called pragmatic psychology. She is known for her revolutionary perspective on mental illness and for inspiring people all over the world to access the greatness they are beyond abuse and disease. She offers a different, healing perspective on pain and suffering, unveils people's brilliance and guides others to see problems and difficulties instead as possibilities and potent choices. Growing up in Vienna, Austria, she learned an enormous capacity to facilitate lightness, joy and ease in a unique and profoundly healing way. She studied to become a psychologist at the university of Lund in Sweden and worked as a psychologist, therapist and counselor at the university clinic in Sweden both in children oncology and in the mental health department. She also conducted numerous neuropsychological testing's. She developed a new psychology, called pragmatic psychology. She has been featured in publications such as TV Soap, Maria Shriver, Women's Weekly, Empowerment Channel Voice America, Om Times, Motherpedia, Newstalk New Zealand and Holistic Bliss. She has hosted her own radio show and often appears on TV for expert comment.

info@susannamittermaier.com

**Notes:**

World Summit on
Psychiatry, Mental Health Nursing and Healthcare
&
International Conference on
Applied Psychology, Psychiatry and Mental Health
November 26-27, 2018 | Los Angeles, USA

# Comparison between methods of diagnosis re complex PTSD and their application in the 1960s and today

**Margaret Reece**
Hope Restored, UK

**Statement:** The traditional model of diagnosis, based on overt symptoms is outdated and leads to many misdiagnoses, inaccurate treatment and potentially ruined lives. Medical advances in the last 5-10 years relating to the diagnosis of C-post-traumatic stress disorder, using physical evidence by means of imaging and biofeedback would revolutionize diagnoses, but it will be in vain unless:

1. The knowledge is made available to health professionals at all levels.
2. The treatment is made accessible to the masses, not just the select few, who can afford it.

**Purpose:** To integrate personal and professional perspectives relating to diagnoses and treatments of C-PTSD in the 1960s and today. No predictable adult attachment figure in my childhood to provide the necessary nurture needed for me to develop healthy life-coping strategies led to cumulative trauma. At age 19, I shut down, could feel no emotion other than fear and was incapable of rational thought. I was hospitalized for 3-4 years, given inappropriate treatment and discharged to manage what I considered to be a hostile world alone. In the 1960s, the traditional DSM classification was used, based on overt symptoms. C-PTSD as a diagnosis was virtually unheard of by most professionals. Clients were guinea pigs; many lives were ruined by inappropriate treatment, some institutionalized for life. Today, DSM classification is still the main source of diagnosis. No one is exempt from trauma, albeit in varying degrees. But as each of us is unique, so are our responses. How can one method of diagnosis fit everyone? But doctors do need guidelines. There have been tremendous advances, especially in the last 5-10years, which would enable doctors to base their diagnoses on physical evidence using imaging and biofeedback.

**Result:** Diagnoses can be made, based on the root cause, not just overt symptoms.

**Conclusion:** Unless this knowledge is made accessible to all professionals and the treatment made affordable to the masses, misdiagnoses and ruined lives will remain as before.

## Biography

Margaret Reece BA Hons is passionate about helping people with C-PTSD overcome their struggles. Through her life experiences of C-PTSD and the research of leading trauma experts, she aims to narrow the gap between therapist and client. A childhood, devoid of any predictable adult attachment figure, plus cumulative trauma, led to both emotions and thought processes shutting down. She was hospitalized, aged 19, for circa four years, given 30-40 ECTs, insulin therapy and medication; no success. She divorced herself from professional help to avoid lifetime institutionalization. In her sixties, she sought professional help; she had been misdiagnosed, aged 19, with what would now be known as a schizo-affective disorder and inappropriate treatment given. Two further misdiagnoses followed within the last ten years. The antipsychotic medication she had taken for 56years became unavailable, no warning; no substitute available. She set out to transform herself and others. Her book, Hope Restored: A guide to embracing the storms of C-PTSD is self-help, interspersed with memoir. It is being published later this year.

margaret.reece@btinternet.com

**Notes:**