

NEWSLETTER

SOCIETY FOR THE ADVANCEMENT OF MODELING AND ROLE-MODELING

Volume 12, No. 2 July, 2002

Conference Highlights:

Building, Applying and Disseminating Holistic Nursing Knowledge Within the Context of Modeling and Role-Modeling

Camp Buckner, Marble Falls, Texas was the setting for the 9th Biennial Conference of the Society for the Advancement of Modeling and Role-Modeling. Those in attendance heard stimulating presentations and thought-provoking discussions, participated in renewing self-care activities, set the direction for future activities of the society, enjoyed the beauty of the Texas country side and explored the shops and restaurants of historic Marble Falls. As promised, the retreat nurtured body, mind and spirit.

Here is just a sample of the topics discussed at the conference: integrating energy concepts within MRM, theory-based curricula as a way to link education, research, and practice, communication from persons with dementia, promoting self care in older adults and construct validity of the revised self-care inventory. Helen Erickson presented the keynote address: Contemplation of the Past, Present and Future: Challenges and Opportunities. Information from conference presentations will appear in this and future newsletters.

Newsletter Features

Included in this newsletter are articles from our newly elected president, Betty Jensen and past-president Micky Erickson. Barb Durham, first-time conference attendee and nursing student shares her experience using MRM. Summaries from two conference presentations are also included: Adaptive Potential Assessment Model Applied to Small Groups and Communication for Persons with Dementia.

Newsletter Deadline

Please send articles for the next newsletter to Susan Bowman by email to gshowman@oregontrail.net by September 30, 2002.

MESSAGE FROM OUR NEW PRESIDENT

Betty Jensen

It hardly seems possible that two months have passed since the MRM conference in Marble Falls, Texas. It was a wonderful time. I wish you could ALL have been there! We heard from practitioners, educators and students who are using the Modeling and Role-Modeling theory in their research and clinical settings. We received massages, learned breathing techniques, and walked a labyrinth (thanks to Ellen Schultz). We even conducted a small research study using the Delphi method.

Participating in the Delphi Study was a fascinating experience and helped give the MRM Society direction for the future. Top priorities identified through this process included the need for MRM society members to:

1. publish on MRM theory in fundamental and theory nursing texts;
2. maintain a centralized list of articles and dissertations on the MRM web site;
3. develop collaborative research;
4. include anecdotal articles in the newsletters;
5. develop a list of speakers;
6. offer CEs based on the theory of MRM in health journals;
7. publish an updated book on MRM theory;
8. develop a strategic planning committee for the society;
9. offer conferences to promote healing among nurses.

Finally, committees were organized to begin working on the identified priorities of the society. If you would like to serve on a committee, please let me know. We can never have too much help.

Drs. Helen and Lance Erickson were made honorary members of the Society for their incredible contributions. Helen Erickson is the author of the MRM theory and one of the founders of the Society for the Advancement of MRM. Lance Erickson, Helen's husband, has been an invaluable support to the society and to many of us individually through the years. Thanks to both of you!

In conclusion, we are looking into the possibilities for a working cruise for the next MRM conference. We'll keep you posted as plans are solidified. I am looking forward to working with all of you over the next two years. This is an exciting and challenging time for the nursing profession. Together we can make a difference.

**MESSAGE FROM OUR IMMEDIATE
PAST PRESIDENT**

Micky Erickson

Dear Colleagues and Friends,

It has been a pleasure working with you during the last two years. The conference was exciting and provided insight and direction for the Society's future. As the past president of the MRM society I now look forward to working along with the president elect in supporting Betty Jensen as she helps us work towards the goals identified at the conference. In addition, I am working on the plans for the next conference. This will be the Tenth National MRM conference and it was decided that we should do something special. Please tentatively put the third week /weekend of May 2004 on the calendar for the next MRM conference. By group consensus this time was chosen. I am looking into 3-5 day cruises. Destinations from the West and East Coast will be considered. Families and spouses are invited to join us as we network, celebrate and grow during this exciting conference. Please plan to join us in this adventure start planning now to attend with you and your loved ones. It will be a once in a lifetime opportunity. Feel free to contact me with any questions you might have. Take care and remember to take time to smell the roses along the way.

COMMUNICATION FROM PERSONS WITH DEMENTIA

Symposia presentation, MRM 2002

<p><i>Gayle J. Acton, Ph.D., R.N.</i> <i>The University of Texas at Austin</i> <i>School of Nursing</i> <i>gayle.acton@mail.utexas.edu</i></p>	<p><i>Sheryl Yauk, Ph.D., RN.</i> <i>Scott and White Santa Fe Center</i> <i>Temple, Texas</i></p>
<p><i>Barbara Hopkins, Ph.D., RN.</i> <i>Director, Clinical Staff Development &</i> <i>Nursing Research</i> <i>Scott and White Hospital</i> <i>AMU Health Science Center</i> <i>Temple, TX</i></p>	<p><i>Patricia Mayhew, Ph.D., R.N.</i> <i>Georgetown, TX</i></p>

Manytimes communication from persons with dementia is discounted by others as theramblings of a confused person and is judged to have little meaning or significance.However, theoretical propositions from Modeling and Role-Modeling (MRM) theorypurport that all behavior has meaning and that client communication isimportant in developing a model of the client’s world. In fact, receivingcommunication from persons with dementia is essential to adequately assessingneeds and planning interventions to meet those needs.

Littleresearch exists examining communication *from* persons with dementia. Most communication research is geared towardteaching the caregiver (family or professional) how to best talk *to* the person with dementia. This symposium will presenta program of research regarding communication from persons with dementia basedon MRM theory and Kitwood’s theory of Dementia.

Study1 was a secondary analysis of 20 interviews with persons with dementia. Thesedata indicated that persons with dementia can communicate their needs, theseneeds can be interpreted, and thus their world can be modeled makingclient-centered interventions a possibility with this population.

Study2 evaluated both verbal and non-verbal communication episodes from persons withdementia. Fifteen interviews with persons with dementia were videotaped andeach videotape was evaluated for evidence of meaningful verbal and non-verbalcommunication. Again, evidence was clear that persons with dementia cancommunicate their needs and these needs can be interpreted. Analysis of thesedata also included a search for indicators of personhood (self-awareness andwell-being). Even the most severely affected subjects (MMSE scores 0-7) expressed indicators ofself-awareness and well-being.

Study3 was a secondary analysis of interview transcripts from Preliminary Study IIIfor evidence of phrases from the interviewer that facilitated or blocked communicationfrom the PWD. The researchers noted in the transcripts that at times theconversation flowed evenly and effortlessly between the interviewer and the PWDwhile at other times, the PWD seemed to have trouble maintaining theconversation. Thus the research team examined each statement from theinterviewer to determine those types of statements that facilitated continuedconversation or blocked communication efforts from the PWD. Five interviewswere examined. Analysis and synthesis of these interviews and consultation witha communications expert yielded four categories of interviewer prompts openleads, focused leads, minimal cues, and supportive statements. On examinationof interviewer data, it was clear that there were patterns of response frompersons with dementia. Some persons responded better and talked more followingfocused leads while others responded better to open leads and minimal cues.These data show that individuals communicate in different ways and responddifferently to communication from interviewers. Thus, individualizedcommunication prescriptions

might increase collaborative social interactions with PWDs.

Study 4 is being proposed at present. This research will incorporate Kitwood's dementia theory with MRM theory to under grid the study of communication from persons with dementia. Kitwood's theory includes the following propositions and conclusion: 1) persons with dementia (PWDs) are dependent upon communication with others to maintain personhood, 2) when personhood is maintained in PWDs, well-being is increased, 3) when personhood is maintained, symptoms of dementia (memory and behavior problems) may be lessened (or not exacerbated by the stress of being treated less than a person), 4) thus, communication interactions that facilitate personhood may increase well-being and perhaps, decrease memory and behavior problems. MRM theory provides a way to view human beings and guides practitioners to formulate client-centered nursing interventions through building a mirror image of the client's 'world. This process is dependent on communication from PWDs. Current research has demonstrated the meaningfulness of communication from PWDs and future research will build on this knowledge. Procedures for testing actions to promote personhood and to interpret expressed needs will be developed and tested in the next phase in this research program.

The aims of the proposed study are:

1. To develop individualized communication prescriptions designed to promote collaborative social interaction between an interviewer and a person with dementia
2. To test the communication prescriptions to determine their effect on collaborative social interaction
3. To test the feasibility of an instrument to measure quality of life in persons with dementia
4. To assess the reliability of an instrument to measure well-being in persons with dementia.

The results of the proposed study will guide the development of interventions to increase collaborative social interactions between caregivers and persons with dementia. Such interactions should promote security, belonging, self-esteem, confidence, purpose, and hope within PWDs. These attributes may decrease stress and anxiety over the loss of memory and abilities and promote a sense of calm and well-being, thus reducing problematic behavior associated with the stress of memory and ability loss.

Study 1 was partially funded by RO1NR03032, NIH, NCI

Study 2 was funded by the Veterans Integrated System Network #17

USING THE MODELING AND ROLE MODELING THEORY: A STUDENT PERSPECTIVE

Barb Durham

I am a non-traditional student soon to graduate from Bemidji State University with a baccalaureate degree in nursing. We studied different theories in the classroom and as juniors gave presentations on how to apply a selected theory to a clinical situation. As I recall, my group selected the Modeling and Role-Modeling (MRM) theory and discussed how it might be used with clients with eating disorders. I remember being excited about how beneficial this theory could be with this group of clients. In our senior year, each student was expected to select a nursing theory and select a practicum site. I again chose MRM as the theory I wanted to practice. MRM just seemed to fit best with my philosophies on nursing and life. I had many "ah

ha” moments when studying the theory and finding that issues that I valued as a nurse were also valued through this theory. I no longer felt as if I needed to keep some of what I was doing in my practice a secret. It not only was okay to give time, respect, and unconditional acceptance to the client; these are essential elements that are necessary for MRM practice. I arranged my practicum experience to take place in a local hospice program. We were instructed to collect and read literature on both the theory and on our clinical area. I thought I had so much when I accumulated 50 articles in my notebook and had six books. Little did I realize that this was just the bare beginning of my collection. Our next assignment was to develop an assessment tool that we could use with this type of client and that would follow the premise of the theory. Each time we used the tool we critiqued it and refined it until we were satisfied that it was working fairly well. I had some unforgettable experiences with clients and using MRM theory. One clinical situation involved working with a baby with a rare and fatal genetic disorder. The mother was seventeen and single. Although the father was not involved, she had a caring family that was highly supportive and assisted with caring for the baby. They needed to feel unconditional acceptance and be able to open up to someone they trusted. At times, I felt extremely overwhelmed by the situation but continued to work at becoming that trusted person. The mother was so young and naïve. She never attended a funeral before and did not have experience with someone close to her die. Arrangements were made so that she could attend the funeral of a relative to one of her friends and she visited a local funeral home with the hospice chaplain. The beauty of the theory is in how it enables the clients to open up and talk about their lives and what they need. I also worked with a 51-year-old woman with colon cancer that metastasized to the brain. She was a wonderfully open and fun-loving person. She is quite close to her family of origin, which includes an identical twin. Through use of this theory we together discovered that the goal she most wanted to accomplish is to leave her story for her children. I started a life review process with her. She and her family are excited about the videotape that we are making. These are just a couple of the cases that I worked with and found that the theory benefits not only the client but also is extremely beneficial to the nurse as well.

At first, I felt awkward trying to use the theory, and then with time and practice it started to feel more natural. I have been a practicing associate degree RN for 15 years and I now ask questions that I never asked before and am learning so much more about the client and their world. This theory is so satisfying to use that I cannot imagine practicing nursing without it. Whatever type of setting I may work in it will be applicable. I now want to get other nurses interested in this theory. I think it could be appropriately marketed as a way to prevent burnout. It brings you back to the core reasons that got you into nursing in the first place.

ADAPTIVE POTENTIAL ASSESSMENT MODEL APPLIED TO SMALL GROUPS (Presented at MRM Conference, 2002)

Diane S. Benson, RN, EdD(c) Assistant Professor, Humboldt State University

Since joining the faculty at Humboldt State, where Modeling and Role-Modeling theory (MRM) forms the curricular basis, I have come to appreciate the theory. I have also thought MRM could have a broader application. The MRM theory component related to stress adaptation forms the subject of this report, which outlines a study in progress expanding the application of this model to small groups.

MRM draws from a number of other disciplines to create a holistic paradigm for nursing. “The sciences are increasingly interdisciplinary as even the boundaries between the natural and social sciences are less clear

than they used to be..." (Bentz & Shapiro, 1999, 9). Modeling and Role-Modeling theory utilizes the context of systems as its underlying framework. Based on that context, the model might be applicable to other disciplines and to groups as well as individuals.

Adaptive Potential Assessment Model (APAM) is the method used in the Modeling and Role Modeling theory to assess an individual's ability to mobilize internal and external resources to cope with stressors (Erickson, Tomlin, & Swain, 1983). Erickson (Erickson, 1976; Erickson & Swain, 1982) developed this model combining Selye's work on the physiological stress response (Selye, 1974) and Engel's work on the psychological stress response (Engel, 1962), thus creating a holistic model for coping adaptively to stressors. APAM categorizes one's capacity to mobilize biophysical and psychosocial resources in response to stressors, outlining three states: equilibrium (which can be either adaptive or maladaptive), arousal, and impoverishment. A central concept to the model is that there is a dynamic relationship between APAM states. Based on the physiological manifestations of Selye's General Adaptation Syndrome and Engel's responses to stressors, differentiation of APAM states use the following indicators: feelings of hope, fatigue, sadness or depression, tenseness or anxiety; motor-sensory behavior; and autonomic responses.

Testing of the APAM construct was done by Erickson (1976), Kleinbeck (1977), and Barnfather (1987). These construct validity studies agreed that a trained observer could reliably distinguish the three states as validated by accepted measures of the indicators for these states. The best predictors were fatigue-sadness (combined), hope, tenseness-anxiety, and motor-sensory behavior; but the order differed in regression analysis. Autonomic indicators demonstrated significant co-variance with tenseness-anxiety, thus were not statistically predictive. Barnfather recommended that the indicators of adaptive and maladaptive equilibrium be differentiated, which would be valuable for groups as well as individuals.

Research both testing and using the APAM construct has focused on the individual. While the APAM model has been applied to organizations intuitively (Frisch & Bowman, 2002; Frisch & Kelly, 1996), no research has been published evaluating the goodness of fit for the model on groups or organizations.

An intuitive application of APAM to groups is supplied by the nursing staff at a local hospital. Several years ago, management was stable and supportive to the nursing staff. Staff had little turnover, and good working relationships with a workload that promoted quality patient care. At this time, the staff was in adaptive equilibrium with a positive orientation (hope) and additional coping resources for times of extra stress. Over several years, management changed repeatedly. At the same time, the nurse-patient staffing ratios climbed and the acuity of the patients increased. Initially the staff maintained the standard of care, but absent days increased and dark humor dominated the break room cartoons. The staff had moved into maladaptive equilibrium. Eventually the majority became fatigued and unhappy. Staff turnover increased markedly. They became impoverished. Recently a group of newer nurses formed a union, exhibiting arousal or movement to take control and change their situation.

It appears that the APAM model, which originated with and is used for individuals, may also apply to groups. The theoretical basis for applying APAM to groups lies under the umbrella of systems theory. MRM theory is founded on belief that people are holistic beings with subsystems that are dynamically interrelated; this is a system. Originating in the physical sciences (Laszlo, 1972), systems theory has been demonstrated to be equally applicable to the social sciences (Stacey, 1996), and to the study of groups and organizations in particular.

Complexity theory, which evolved from systems theory, describes the interaction of systems with each other, and focuses on complex adaptive systems that are characterized by a number of interacting components. Components interact with each other according to sets of rules that require them to examine and respond to each other's behavior, in order to improve both their behavior and the behavior of the system they comprise (Stacey, 1996). This complex learning promotes adaptation. Since both individuals and groups share these characteristics, both are complex adaptive systems. However, groups are more complex due to interaction of individuals.

The study in progress is the author's dissertation, currently in the early research phase. This theoretical inquiry is designed to extend the application of the APAM component of Modeling and Role-Modeling theory to small groups. The research approach focuses on interdisciplinary integration, blending theories from different disciplines to create a fuller understanding of phenomena than can be created from a single discipline (Bentz & Shapiro, 1999).

The study uses the Delphi technique to establish expert validity for the theory expansion. The panel of experts will include experts in APAM/MRM, and small group dynamics. The questions for the panel focus on the research questions which hope to prove the assertions: 1/ The Adaptive Potential Assessment Model (APAM) can be applied to groups, 2/ Group behaviors in the APAM states will likely include behaviors similar to individuals AND behaviors which reflect the nature of the group as a system. Small group research literature suggests several possibilities for observable indicators of group APAM states: social support in the group; group cohesion; stability/instability of membership; perception of leadership; and dominant role relationships: dependent, independent, or interdependent; and task vs. role (relationship) focus of group function.

This report summarizes research in progress investigating theory expansion of the Adaptive Potential Assessment Model to small groups. The theoretical basis for this expansion lies in systems and complexity theory, which sees individuals and groups as complex adaptive systems. With this base, the study is using a Delphi methodology to establish expert validity to the theory expansion. The Delphi panel will include experts in MRM theory and in small group dynamics. Study results will hopefully be presented at the next SAMRM conference.

References

- Barnfather, J. S. (1987). *Mobilizing Coping Resources Related to Basic Need Status in Healthy, Young Adults*. Unpublished dissertation, University of Michigan, Ann Arbor, MI.
- Bentz, V. M., & Shapiro, J. J. (1999). *Mindful Inquiry in Social Research*. Thousand Oaks California: Sage Publications.
- Engel, G. L. (1962). *Psychological Development in Health and Disease*. Philadelphia: W. B. Saunders.
- Erickson, H. C. (1976). *Identification of States of Coping Utilizing Physiological and Psychological Data*. Unpublished Master's thesis, University of Michigan, Ann Arbor, MI.
- Erickson, H. C., & Swain, M. A. (1982). A Model for Assessing Potential Adaptation to Stress. *Research in Nursing and Health*, 5, 93-101.

Erickson, H. C., Tomlin, E. M., & Swain, M. A. (1983). *Modeling and Role-Modeling: A Theory and Paradigm for Nursing*. Lexington, SC: Pine Press.

Frisch, N. C., & Bowman, S. S. (2002). The Modeling and Role-Modeling Theory. In J. George (Ed.), *Nursing Theories* (5th ed., pp. 463-487). Upper Saddle River, NJ: Prentice-Hall.

Frisch, N. C., & Kelly, J. (1996). *Healing Life's Crises: a Guide for Nurses*. Albany: Delmar Publishers.

Kleinbeck, S. V. (1977). *Coping States of Stress*. Unpublished Master's Thesis, University of Michigan, Ann Arbor, Michigan.

Laszlo, E. (1972). *The Systems View of the World*. New York: George Braziller, Inc.

Selye, H. (1974). *Stress Without Distress*. Philadelphia: J. B. Lippincott Co.

Stacey, R. D. (1996). *Complexity and Creativity in Organizations*. San Francisco: Berrett-Koehler Publishers.

MRM Web Site

<http://www.mrmnursingtheory.org>

MRM Board Members

President:	Betty Jensen	bjj2@humboldt.edu
President Elect:	Gayle Acton	gayle.acton@mail
Treasurer:	Sharon Rogers	Sharon_Rogers@r
Secretary:	Cyndi Sofhauser	csofhauser@VINE
Past President:	Micky Erickson	MickyandRay@au