

Mastering Care:

Amber Gilberto, RPN advanced her ability to treat people living with operational stress injuries by pursuing an innovative graduate program in psychiatric nursing.

It started out as a question she didn't know how to answer.

“Will I get better?”

As a nurse therapist primarily responsible for intake and assessment at Deer Lodge Centre's Operational Stress Injury (OSI) Clinic, Amber Gilberto, RPN could only look at her clients — military personnel currently serving in the Canadian Forces and RCMP, as well as veterans of both organizations and their families — and wonder, “What does *better* even mean? When you look at how the lives of these people will never be the same after what they endured in the line of duty, what exactly *is* recovery?”

Those questions would dog her for years — until an innovative masters program finally gave her the opportunity to pursue the answers.



Amber Gilberto, RPN

Fuelled by a “lifelong desire to understand what makes people tick,” Amber began her psychiatric nursing career in acute care at Grace Hospital. She joined the OSI Clinic in 2006. The clinic treats military personnel suffering from mental health conditions sustained while on duty, “whether those injuries are the result of deployment, operations, or training exercises.” Operational stress injuries include post-traumatic stress disorder (PTSD), substance abuse, family dynamics issues, physical pain, sleep problems, nightmare disorder, and anxiety.

“I knew very little about operational stress injuries when I started there,” she says. “I knew even less about the military and the RCMP.”

But she learned fast — and in the process, developed a profound appreciation for the special predicament of her clients.

“It's heartbreaking,” she says, “to sit with someone who has gone into the military or the RCMP, someone who has made a principled commitment to risking their life in order to make the world a safer or more just place, someone who has come away from that duty not only broken by the terrible things they've seen, but uncertain they've made any difference at all.”

The more she learned about PTSD treatments from on-the-job training, the more Amber yearned for a therapeutic role that would let her work alongside her clients beyond the intake process. However, formal training in the OSI Clinic's gold standard treatment protocols — including prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization reprocessing therapy — required something she didn't have: a master's degree.

So when her boss popped his head into her office one day and asked if she'd be interested in applying to the Masters in Psychiatric Nursing program at Brandon University, "the timing," she says, "was perfect."

A UNIQUE PROGRAM FOR A UNIQUE PROFESSION

Brandon University's psychiatric nursing graduate program — launched in 2011 as the first of its kind in Canada — is a crucible for students seeking to advance their career in clinical practice, education or leadership.

"It's a unique program for a unique profession," says Karen Clements, RPN, one of the program's thesis advisors and a member of its steering committee. "Because our discipline is so young and our scope of practice is so varied, we built in a lot of flexibility and self-direction."

Whether a student wants to teach, lead, specialize, or build an independent practice, the degree gives a definite boost. Most RPNs in advanced practice nearing retirement today grew their own jobs, Karen adds, "so the requirements to fill their shoes are going to be masters-prepared people ready to hit the road running."



Karen Clements, RPN MA, Assistant Professor, Faculties of Health Studies and Graduate Studies, Brandon University, thesis advisor for Amber Gilberto

Students have six years to complete the program, and can focus their studies on one of three streams — clinical practice, administration, or education. "It's a lot of work. You have to be driven," says Karen. "But then, nurses tend to be driven people."

Brandon University offers the courses through distance education. Everything happens online, including readings and assignments, group projects, blogging, videos, marking rubrics, and real-time chat. Because distance is no obstacle, the program draws students from as far away as "Cape Breton, Victoria, and everywhere in between."

Amber, who was raising a family and working full time when she enrolled in the program in 2011, says the flexibility was a must. "I could work at my own pace, and post a response to a class discussion at 2 a.m. if I wanted to or had to."

While some students in the program are just starting out in their nursing career, Karen says "you're more likely to see people like Amber who have a lot of experience in practice already." For established professionals, the program's ability to dovetail (virtual) classroom learning with actual practice presents a powerful advantage. "You're able to develop a program of study specific to your job, that helps your career jump ahead as you become a leader in your area of specialization."

Amber agrees. "By choosing the clinical stream, I was able to focus on trauma-focused treatment training. The information I shared in courses was pulled from my experiences here at the clinic, and the information I was getting from my peers in the program was informing what I was doing at work. All of it was relevant and valuable. Whether it was a course in advanced clinical practice, or leadership,

or philosophy, it always fit. Every topic, every assignment.” Being able to share insights with peers working in other areas, such as admin or education, also proved “extremely valuable and helped broaden my views of our profession and think more critically about what we do.”

Their coursework complete, students cement their new-found skills and knowledge in two practicums, says Karen. “You design your own learning contract and set up something in your home community that is customized to you.”

Now that Amber had masters-level coursework under her belt, her practicum at the OSI Clinic took the form of training in and practicing the advanced therapeutic techniques that would take her clinical work to the next level.

Which is when the question that started it all began to raise its head again.

“The more I progressed into therapy with my clients, the more I found myself asking, again, what does recovery mean? I noticed that trauma therapy was a big part of getting well, but sometimes a client would come to me and say, ‘I just discovered something else that helps!’ For example, maybe they’d started painting again after 20 years, and it was helping them stay in the present moment instead of dwelling on a traumatic event. I began to see these things in their lives that weren’t part of the therapeutic protocol we were following, but were just as important to the recovery process. I wanted to examine these outside elements in a way others could tap into and make use of.”

Which led to the final step in her graduate degree: a research thesis analyzing the “lived experience of recovery for veterans of the Canadian Forces.”

RESEARCH WITH IMPACT

“Studying *lived experience* is an approach to research that says your personal knowledge of your own experience is as important as academic or professional knowledge about your experience,” explains Amber.

“My research begins with the belief that the true experts in recovery are the people living through it. They are helping inform what we need to do to help them now and in the future. We know that the therapeutic protocols we follow are important, but we need to consider the actual experiences of the people going through them, to give them a voice.”

Her research involved face-to-face, semi-structured interviews with three Canadian Forces Veterans who had each completed PTSD treatment at the Operational Stress Injury Clinic. Amber recorded the interviews and transcribed them, then set about scouring their content for prevailing themes.

Amber deliberately chose to conduct qualitative research in order to balance out and complement the vast weight of quantitative research — numbers and statistics — already informing therapeutic practice at the OSI Clinic.

Karen says Amber’s approach embodies the masters program’s highest aims. “She’s in lockstep with the people she works with and the people she serves, noticing things that haven’t been acknowledged on other levels, and doing groundbreaking research that fills a gap in our understanding. Ultimately she’s making it possible for herself, her clinic and other therapists to provide better care.”

Although Amber says it’s too early to share any conclusions from her research, she’s identified three major themes her findings

will follow:

“First, treatment does not equal cure,” she says. “It’s one piece of the puzzle, but we have to look at other pieces and see that they’re included in the recovery process.”

Second, relationships are a key, complex part of the recovery journey — especially relationships within the Canadian Forces. “There’s camaraderie between members of the military quite different from any other kind of relationship, and this needs to be accounted for in the recovery journey.”

Her third theme underscores the influence of military culture on recovery. “It really is a separate culture distinct from our own, and that can make it difficult to integrate back into the civilian world, even when you don’t add recovery from a traumatic event to the equation,” she says. “Something utterly unique becomes deeply ingrained in you when you become part of those kinds of organizations. When you leave, you’re walking away from your identity.”

Amber plans to finish her thesis and graduate in May 2017, at which point she’ll expand her study to include the lived experiences of veterans of the RCMP. But her master’s degree has already had a profound impact on her psychiatric nursing practice in a way she never expected when she started out.

“It gave me confidence. Being here for almost 10 years, I’ve inevitably become well-versed in my field and my scope of practice. The master’s program formalized it for me, gave me the confidence to call myself an expert in what I do. And it gave me permission to feel self-assured that I can do even more with it in the future.”

As for the answer to the question *Will I get better?*, Amber is always hopeful.

“For people who have seen the worst of the world, we sometimes have to be creative in how we reframe their experience to help them through it. All the time, though, I see people change. Somehow, they stumble upon what they need. It’s rewarding to be there when they discover they no longer have to live a certain way in order to cope with their PTSD, their anxiety, their depression. Their operational stress injury is something that happened to them, but it doesn’t define them. And that’s truly inspiring.”